



Quality Service Review Ingham County

Review Conducted
February 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 Ingham County on February 26-March 1, 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 as well as 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 using two distinct domains or sets of 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. Any indicator scoring at a four or higher is viewed as acceptable. Indicators that are scored as 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 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 or substantially inadequate. Performance	Status/practice is fragmented, unreliable, lacking necessary	Status/practice may be insufficient, inconsistent, or not well matched	Status/practice is minimally or temporarily adequate to meet short-	At this level, the status/practice is functioning reliably and appropriately	At this level, there is exceptional, steady, and

may be missing or not done. Strategies may be inadvisable and in need of immediate action to address the situation.	intensity, or validity. Performance warrants prompt attention and improvement.	to need. Performance may be falling below the acceptable range and there is a need for adjustment at the present time.	term needs or objectives. There is a reasonable prospect of achieving the desired outcomes if this performance level continues or improves.	under changing conditions and over time. Performance has continued to be generally effective and dependable with signs of stability being apparent.	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 tool 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.

Ingham County is primarily made up of rural communities, with the exception of the city of Lansing that houses the State Capitol and covers approximately 560 square miles. Michigan State University is located in East Lansing and is the state’s largest public institution. Ingham County is part of Business Service Center (BSC) 2 and is within the mid-state region of the Lower Peninsula. In February, at the time of the review, Ingham County was providing care for 605 children in the foster care system. This accounted for approximately 4.5 percent of the total number of children in the State of Michigan’s foster care population¹.

At the time of the review, female youth accounted for 44 percent and males 56 percent of the foster care population¹. Children under the age of 9 represented 62.6 percent of the foster care population, 63.6 percent of children were temporary court wards and only 25.1 percent were state wards¹. Young Adult Voluntary Foster Care services accounted for almost 6 percent of the overall foster care population in Ingham County¹.

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

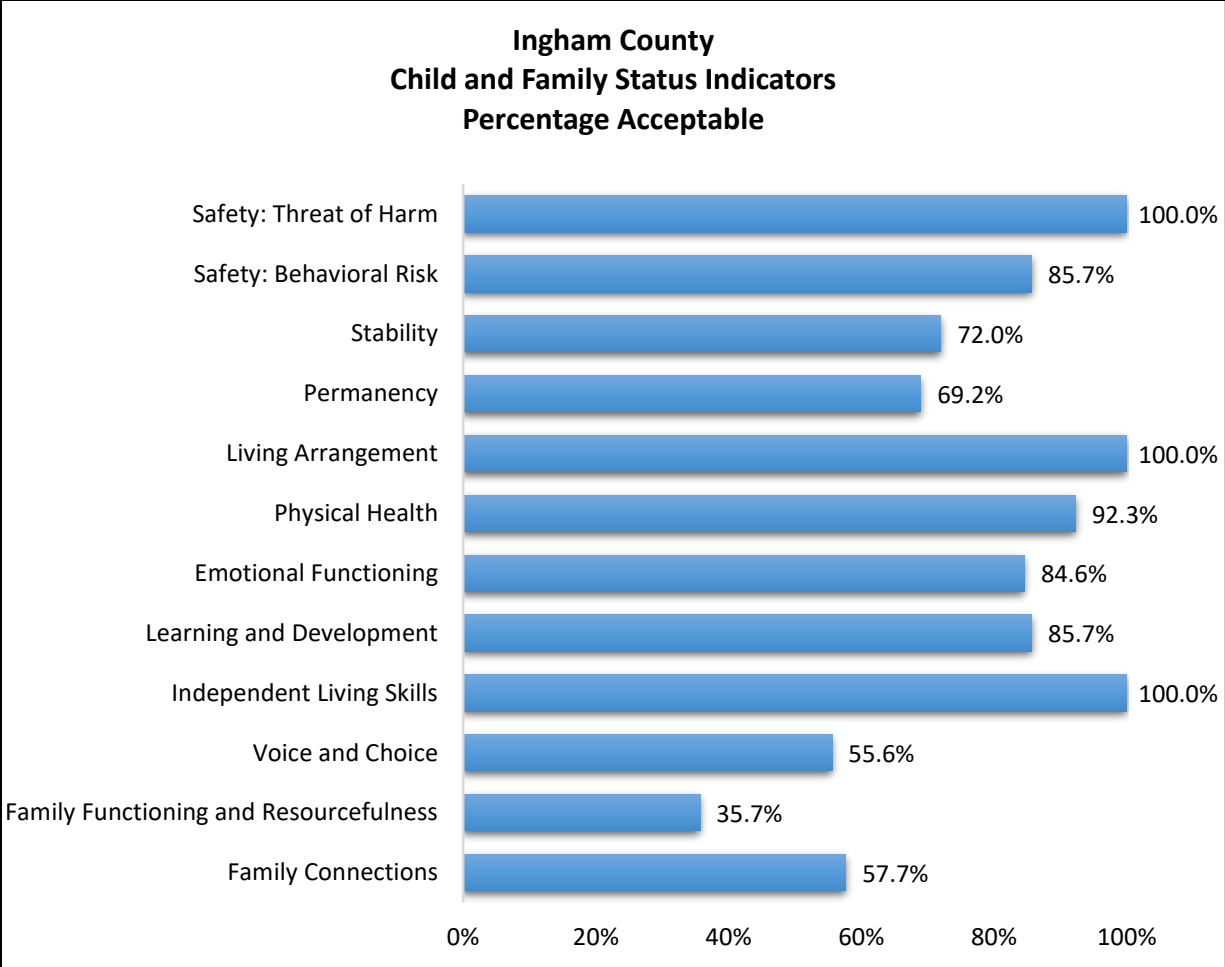
Findings

Fourteen cases were randomly selected from a sample that was stratified based on children's age, placement type and case status representative of the county's current child welfare population. Twelve foster care cases and two child protective services on-going cases were reviewed as reflected in the chart below. Additionally, there were 101 case participant interviews conducted, six stakeholder interviews conducted as well as six stakeholder focus groups with 58 participants.

Age of Children	# Cases
0 to 4 years old	4
5 to 9 years old	5
10 to 13 years old	4
14 to 17 years old	1
18 to 21 years old	0
TOTAL	14
Time in Care	# Cases
4 to 6 months	3
10 to 12 months	2
13 to 18 months	2
19 to 36 months	7
TOTAL	14
Type of Placement	# Cases
Parental Home	2
Unlicensed Relative	2
Licensed Relative	1
Unrelated Licensed Foster Home	5
Pre-Adoptive	2
Residential	1
Fictive Kin	0
Independent Living	1
TOTAL	14

Child and Family Status Indicators

Child and Family Status Indicators provide a picture of where 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 table scores reflects those scores that fell in the acceptable (4-6) range.

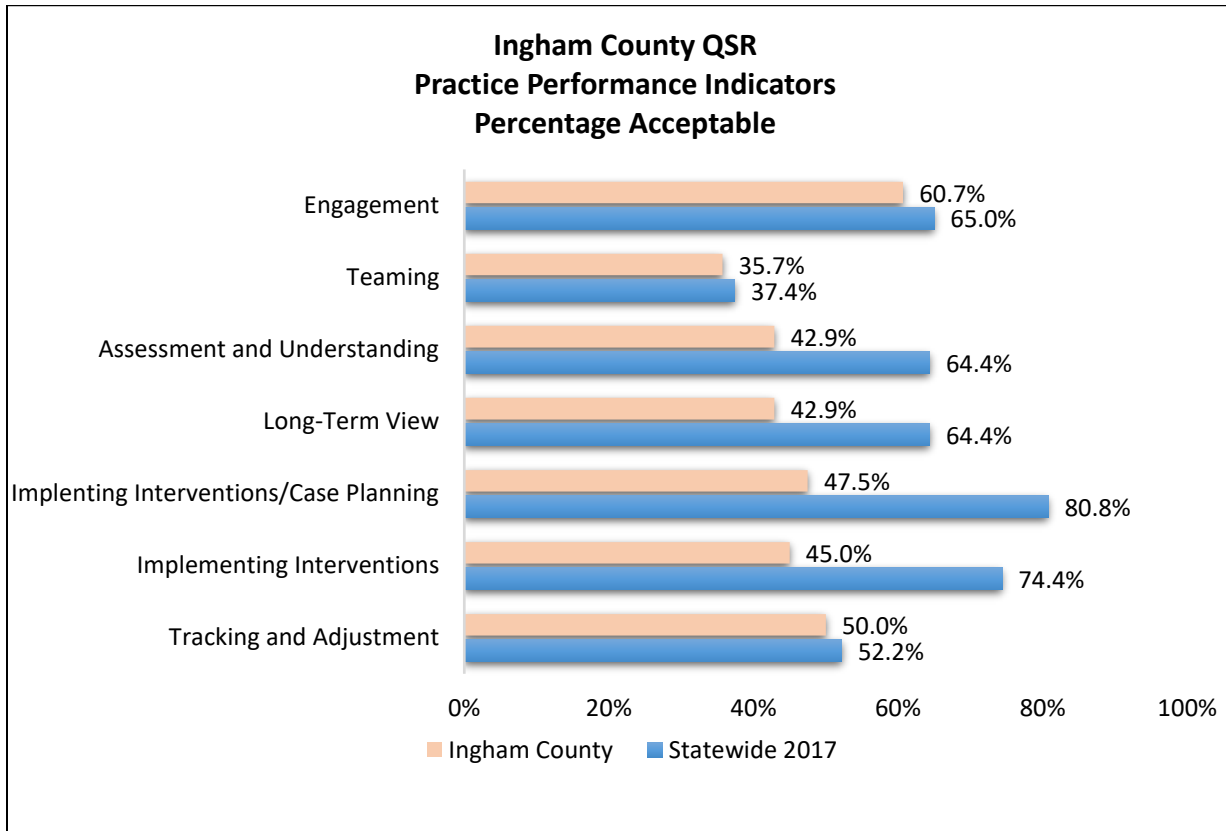


In Ingham County, children appear safe in their current placements. Caregivers are vested in the lives of the children placed in their care. Children are receiving appropriate educational services and their medical needs are being met. Children are placed in appropriate settings with caring providers that are capable of meeting the children’s needs as outlined in the high rating within the status indicator, Living Arrangement. For the cases reviewed, many of the placements were unwilling or unable to provide a permanent home for the children, thus providing challenges to achieve timely permanency. Assessment and consideration of case circumstances at the time of placement may prove to be beneficial for the case and concurrent planning. When possible, case planning should include a slow transition from the caregiver’s home that includes a plan to allow the foster family to remain part of the child’s life. This would provide stability and a positive long-term view for the children.

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 practice performance indicator table reflects only scores 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.*

For Ingham County, the areas of Assessment and Understanding, Case Planning and Implementing Interventions all scored as an opportunity for improvement. The QSR identified a pattern of excluding fathers in the case planning process. This included minimal efforts to locate or engage with fathers. The primary focus of the team was often placed on the mother, which limits placement opportunities and/or supports for the child and family. The fathers scored lower than mothers in all Child and Family Status and Practice Performance Indicators, as demonstrated in the comparison table below:

Child and Family Status Indicators	Father	Mother
Voice and Choice	0.0%	57.1%
Family Functioning and Resourcefulness	0.0%	25.0%
Family Connections	16.7%	50.0%

**Percentages represents the number of cases that scored within the acceptable range (4-6)*

Practice Performance Indicators	Father	Mother
Engagement	0.0%	57.1%
Assessment and Understanding	0.0%	25.0%
Case Planning	14.3%	25.0%
Implementing Interventions	0.0%	25.0%

**Percentages represents the number of cases that scored within the acceptable range (4-6)*

Summary from Focus Groups and Stakeholder Interviews

Six individual stakeholder interviews were conducted as well as six stakeholder focus groups with 58 participants. The findings from the individual focus groups are outlined in Appendix A.

Ingham County has many strengths leading to positive outcomes for children and their families. All the focus group participants shared there is wide range of services that were available within Ingham County. Some areas identified were court programs for families that specialize in particular areas of need including Drug Court and Phoenix Court which addresses human trafficking. Another highlighted service was the Intensive Neglect Services (INS) funded through the family court. It is designed to provide an enhanced treatment approach with intensive case manager services. The program was identified as a prevention program but is also used as an after care program for reunification services when children return to the parental home prior to case closure. Many participants noted the INS program as a unique opportunity for families and stated the program has a high success rate. The Supportive Parenting and Community Mental Health (CMH) programs were identified as useful in assessing and servicing families. Although challenges were noted in obtaining these services, staff identified them as a strength within the child welfare community. Some additional strengths identified during focus groups are listed below:

- Strong collaboration was described between MDHHS and the private agency partners.
- Peer to peer support and teamwork was also identified as a strength where private agency workers reported how they do reach out to MDHHS workers on complicated or challenging cases. MDHHS staff are very helpful and provide assistance.
- Peer-to-peer support between all programs. Staff members assist new workers with learning hands-on job experiences in hopes to improve staff retention and reduce job related stressors.

There were some systematic and individual barriers also identified in Ingham County. A service need was identified for psychiatric assessments and on-going medication reviews. An improvement was noted with timely completion of the psychological examinations; however, court officials stated that a barrier still exists when workers do not follow through with the identified recommendations. This causes delays within the status indicators Permanency and Family Functioning and Resourcefulness; as well as practice indicators Case Planning, Implementing Interventions and Tracking and Adjustment. It is unclear why the lack of follow through has occurred; a contributing factor may be due to the waiting lists or a lack of a particular service in that area.

Some other areas identified as opportunities for improvement are listed below:

- The Pre-Service Institute (PSI) or the new worker training was identified as an area that could be improved upon.
- Staff turnover was identified as a barrier across the entire child welfare community and Ingham has attempted to provide peer on peer support to assist with addressing this barrier.
- Multiple agencies sharing case responsibility. Limited understanding of which agency had full family responsibility.

Ongoing Monitoring Systems

The QSR is one-step in measuring and monitoring the ongoing progress within the child welfare system statewide. Although the QSR uses a unique and qualitative approach, other monitoring systems examine the compliance of statewide standards.

The Fidelity Tool is used to ensure that the main competencies of the case practice model: teaming, engagement, assessment and mentoring, are being implementing and used effectively by field staff. Key Performance Indicators (KPI) 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).

The CFSR assesses the outcomes of services provided to children and families. The CFSR examines systemic factors that affect the ability of the state to help children and families achieve positive outcomes. The CFSR includes a review of the Michigan Adoption, Foster Care Analysis and Reporting System (AFCARS) data and National Child Abuse and Neglect Data Systems (NCANDS) data, statewide self-assessment, case reviews conducted by federal and state reviewers and interviews with key stakeholders.

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 areas 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
- Foster and adoptive parent licensing, recruitment, and retention

Measuring and Monitoring Progress

Practice Model Competencies FIDELITY
 Data Source: Fidelity Tool November 2018

Teaming

Engagement

Assessment

Mentoring

Quality Performance QUALITY SERVICE REVIEW
 Data Source: QSR Results
 18 Counties Comprise the State Data - FY 2017

Selected Practice Performance Indicators

	<u>Ingham</u>	<u>State 2017</u>
•Engagement	60.7%	65.0%
•Teaming	35.7%	37.4%
•Assessment & Understanding	43.9%	64.4%
•Long Term View	42.3%	64.4%
•Case Planning	48.7%	80.8%
•Implementing Interventions	46.2%	74.4%
•Tracking & Adjustment	50.0%	52.2%

Selected Child and Family Status Indicators

	<u>Ingham</u>	<u>State 2017</u>
•Safety: Exposure to Threat	100.0%	97.7%
•Safety: Behavioral Risk	85.7%	93.5%
•Stability	72.0%	86.3%
•Permanency	69.2%	84.1%
•Living Arrangement	100.0%	97.8%
•Physical Health	92.3%	98.9%
•Emotional Functioning	84.6%	94.9%
•Learning & Development	85.7%	86.4%
•Voice & Choice	55.6%	57.5%
•Family Function Resourcefulness	42.9%	31.4%
•Family Connections	50.0%	62.3%

QSR values have been rounded to the nearest percentage

Behaviors KEY PERFORMANCE INDICATORS
 Data Source: CSA MMR 01/2018

Face to Face CPS Initial Worker Contacts
 State 91%
 Ingham 93%

Face to Face Worker-Child Social Work Contacts
 State 77%
 Ingham 84%

***Timely Initial Home Studies Licensing Waivers**

Medical & Dental Care
 State 81%
 Ingham 75%

Timely & Thorough Completion of Case Plans
 State 82%
 Ingham 82%

Parent-Child Visitation
 State 44%
 Ingham 48%

***Formal 90 Day Discharge Planning for Older Youth/Semi-Annual Transition Meetings for Youth 14 & Older**

Results OUTCOMES
 Data Source: U of M As of 01/31/2018

***Maltreatment in Foster Care**

*** Recurrence of Maltreatment**

Permanency in 12 Months for Children Entering Foster Care
 State 30.9%
 Ingham 36.2%

Permanency in 12 Months for Children in Foster Care 12-23 Months
 State 45.4%
 Ingham 41.4%

Permanency in 12 Months for Children in Foster Care for 24 Months or More
 State 39.6%
 Ingham 31.7%

Re-Entry to Foster Care in 12 Months
 State 4.8
 Ingham 4.2

Placement Stability
 State 3.4
 Ingham 4.3

** Data not yet available*

** Data not yet available*

The University of Michigan with the collaboration of the MDHHS has developed a monitoring tool. The Child and Family Services Review (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, on a monthly basis. The dashboard can be found at <http://ssw-datalab.org/project/cfsr-in-michigan/>.

Next Steps

The Ingham County 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 PIP to address identified areas needing improvement. The BSC director will provide oversight 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 Services Agency.

It is recommended that Ingham County establish a Continuous Quality Improvement (CQI) team to explore ways to address staff retention and staff training. Some other areas of focus for the Ingham County CQI team may be:

- Staff performance could benefit from a concentrated training effort aimed at coaching key caseworker activities outlined in Michigan's case practice model.
- Team members need to focus on the teaming process that includes informal and formal supports during family team meetings.
- Regular meetings with the private agencies to discuss individual case concerns.
- Improved relationship with court personnel to enhance case practice in Ingham County.
- Also address the need for additional transportation and housing resources for families.

Appendix A

Ingham County Interviews and Focus Groups

Individual Stakeholder Interviews

Individual stakeholder interviews were held with MDHHS Ingham County director, three family court judges, the family court referee and the family court head referee.

Strengths: A strength identified through stakeholder interviews was the usefulness of the court offered trainings for petition writing and court testimony for workers. Most participants believed that this helped workers better prepare for their court experience.

A wealth of services were noted to be available within the child welfare system. Two services were highlighted in the discussion; INS program and some identified domestic violence programs. These services were reportedly helpful to families and individualized for the parent's needs.

The stakeholders acknowledged a strong relationship with the assigned LGALs. Each courtroom is assigned two LGALs, which allows a relationship to be established. It was reported that LGALs have regular contact with their assigned children and can be a support to the workers.

Opportunities for Improvements: The biggest challenge that was noted within the child welfare community was staff turnover. Stakeholders explained how it affected case practice and presented challenges to the court. The primary reasons that were noted for staff turnover was the amount of work required, MiSACWIS issues and lack of support from the court. Timeliness of reports were also noted as a challenge.

Many services were noted as a strength in the child welfare community, but stakeholders believe that additional mental health services are needed. More specifically, psychiatric services were noted as a need. Stakeholders also pointed out the struggle that exists when a lack of insurance or a disruption in insurance benefits occur for foster parents which then causes a delay in services.

Stakeholders stated that additional trainings would be helpful for workers. They shared there was a recent change in law when dealing with parents that have compromised intellectual capacity. The standard and requirements for services have increased and the court personnel did not believe these standards were being met. The stakeholders noted that additional training in this area would be useful for both the judicial and child welfare providers.

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. Focus groups were conducted with the following groups:

Foster Youth

A total of 11 youth participated and provided feedback in this focus group. The youth who participated had a length of time in care ranging from four months or longer.

Strengths: Identified strengths within the child welfare community are that most youth stated they had a relationship with their assigned LGAL and had engaged in conversation with them on several occasions. It was often explained that this occurred right before a court hearing, but the youth still found this helpful.

All youth identified the Michigan Youth Opportunities Initiative (MYOI) group as useful. It provides them opportunities to meet new people, find support and gain confidence when talking about their current situations. Most youth stated MYOI has also assisted them with earning money.

Many youth stated they are encouraged to attend and participate in their court hearings. This provides the youth an opportunity to have a voice and choice in their case planning and permanency.

Opportunities for Improvement: Some identified opportunities for improvement were that many youth stated they do not believe workers are truthful when speaking to them. They provided the example of workers telling the youth they would “only be in care for 30 days.” Therefore, the youth only grab a few items at removal thinking they will be returning soon. In the end, the youth is left unprepared with few clothes and items for a more extended stay in care.

Many youth also identified having limited or no visitation with siblings while in care. They explained this is important to them in maintaining a connection to their siblings. The youth feels the workers do not listen or appear to not care when the youth discusses this with them; the youth also does not believe that it is fair and, feels more emphasis and effort should be placed on sibling visitation.

Most youth stated a need for more foster care placements that are willing to take in adolescent youth. With the limited resources, the youth reported they are often forced into placements that are not appropriate to meet their needs.

Foster Parents

Five individuals participated and offered feedback in this focus group. The participants have a history ranging from two to nine and half years of being licensed foster parent(s). All participants were currently licensed through private agencies.

Strengths: Many foster parents reported they have an ongoing strength within the child welfare system being the positive relationship with foster care workers. Workers are described as “friendly.” Workers reportedly work after hours without any reimbursement. Workers have regular contact and visitation with the children.

Foster parents report attending all court hearings. The referees are appreciative of the foster parents, acknowledge, and thank them during court hearings. It was however also mentioned that the foster parents do not get to talk to the judges.

All foster parents agreed the agencies assist foster parents, children and families during the case. Early On, Community Mental Health and Holt Public Schools are service providers that were described as being helpful and having a good understanding of the foster care system to assist with reunification. Foster parents are invited to family team meetings and some indicated participating.

A wide variety of trainings is provided and useful to foster parents.

Opportunities for Improvement: Staff turnover was identified as an opportunity within the child welfare system. Turnover among caseworkers makes engagement difficult with foster parents; however, the overall relationships with caseworkers was described as good.

Some foster parents noted that it appears that trauma assessments are difficult to get approved by MDHHS. It is unclear why it is so challenging to get these assessments approved. A foster parent resource book was identified as a need. They would like this resource book to include daycare how-to, renewal process instructions, information on WIC, transportation requirements and respite by churches.

The foster parents reported that LGALs do not visit children in their home. They further explained that there is a lack of day care assistance for working foster parents. When a child moves to a new placement, the open WIC case does not follow, and the new foster parent has to start from the beginning. This can be time consuming and is very frustrating. Last, the foster parents reported that Determination of Care requests are denied, regardless of need.

MDHHS and Private Child Welfare Supervisors (CPS and Foster Care)

Twelve individuals participated in this focus group. Three CPS supervisors, four MDHHS foster care supervisors and five private agency foster care supervisors provided feedback in this focus group. The experience within the participants ranged from three months to 10 years.

Strengths: A strength noted was good collaboration between the private agencies and MDHHS. Private agency supervisors stated that MDHHS has provided support with MiSACWIS and addressing any identified needs. A strong team among supervisors was described in each individual office. The senior staff within MDHHS works extremely well with the private partners.

Another identified strength is that all supervisors reported having a dedicated staff and explained that staff are willing to work long hours, including after hours, to complete paperwork and ensure that all job duties are met. Staff complete the required visitation with parents and children on any day and at any time. Most supervisors stated they believe their role is to lead by example and be a strong support.

Overall, a large number of supports and services are available for children and families, but more prevention services and more child specific mental health services are needed.

Opportunities for Improvement: Supervisors shared an opportunity for improvement being a need for additional training for new supervisors. They stated that no real professional development exists for the supervisor level unless the individual seeks it out. Most supervisors reported that they would like to see the Leadership Academy reinstated and saw this as a useful tool.

A noted opportunity was that supervisors reported the highest priority is on metrics and less about the quality of work. They explained that this would often cause issues with staff retention and burn out.

The relationship with the court was described as poor. It was explained that an inconsistency between each courtroom and their expectations could make it challenging for staff. Court is very stressful for staff as they are unsure how to prepare. Often “the work” is done behind the scenes by the prosecutors that leave the worker unsure of how the case will proceed.

MDHHS and Private Agency Foster Care Workers

Six individuals participated in this focus group. Three MDHHS foster care workers, one MDHHS Health Liaison Officer (HLO), one Purchase of Service (POS) monitor and one private agency foster care worker provided feedback in this focus group. The experience within the participants ranged from three to 15 years.

Strengths: Foster care staff identified the MDHHS director as a strength. They stated that the MDHHS director “is for the workers, supportive, a good leader and gives good direction.” Co-workers are described as supportive and assist new workers in navigating through their job duties and within the MISACWIS system.

Another identified strength is that second and third level management were described as “open, direct and offer no surprises and they set very clear directions.” This allows workers to

know what is expected and plan their daily tasks and responsibilities. The private agency staff can reach out to MDHHS staff and supervisors for assistance on difficult or challenging cases.

Workers also report that they put in extra hours and overtime without compensation. Often, they stay up late to ensure the data entry gets completed. This demonstrates how dedicated workers are and that they have the best interests of the children and family. Caseloads reportedly remain in compliance, although many workers believe the number should be lower to make their job expectations more manageable.

Opportunities for Improvement: The relationship with court is a great opportunity for improvement. It was reported that some jurists delay legal permanency because they will not accept or authorize a termination petition even though children have been in care for an extended period. Inconsistency was reported between each courtroom and judge. Expectations of the court can sometimes be “unreasonable” for workers.

Parenting time expectations are noted as a large barrier for workers. For children under the age of five years old, the expectations are extremely high and consumes a large amount of the assigned workers time. The county does have a supportive visitation service, but it often has no availability or a long waiting list. This service is only available to MDHHS workers and is not accessible for private agency workers.

Many foster care workers reported that worker morale and turnover is an opportunity for improvement. Many reported that they find it hard to find a balance between paperwork and fieldwork, when metrics seem to be more of a priority. The workers stated that the requirements of the Implementation, Sustainability, and Exit Plan (ISEP) makes sense, but that there is not enough staff to do all the work. Service gaps were specifically noted in parenting classes and psychological assessments.

CPS Workers

Five CPS workers participated in this focus group. The group of participants had a range of experience from three and a half to eight years. The group consisted of both CPS investigators and on-going workers.

Strengths: Some identified strengths in the child welfare community are that workers support one another by lending a hand when necessary, to assist with a transport or supervising a child when needed. Supervisors were described as, “very knowledgeable,” and supportive to staff. Overall, CPS workers reported things are “going well.”

A number of trainings are offered to staff in the Ingham County office and CPS workers get regularly notified of trainings offered in the communities. Regular supervision was reported between CPS workers and supervisors.

Several law enforcement agencies exist within Ingham County. The overall relationship with law enforcement was reported as “good.” There are differences among each jurisdiction. The Michigan State Police recently provided a training to CPS workers and the number of local patrols has increased. Law enforcement attended the MDHHS Child Welfare Safety Conference as an active attempt to build a collaborative relationship.

Opportunities for Improvement: Improvements were noted regarding the relationship with the court. CPS workers reported the relationship with the court has been a struggle due to inconsistency between each courtroom. This is challenging for CPS workers to prepare for court. No training is provided to assist CPS workers with the expectations of each individual courtroom expectations on how to testify and prepare for that jurist. It was reported that this has been requested, but not received.

CPS workers described the first priority as standard of promptness (SOP) and reported that county management focuses on the numbers, not quality of services.

Although the county has a wide variety of services, additional services were identified as a need specifically, there is a need for additional domestic violence, community mental health services, public transportation in rural areas, and affordable daycare for families.

Service Providers

Seven individuals participated and offered feedback in this focus group.

Strengths: Most providers viewed the variety of service providers as a strength within the child welfare community. The relationship with CMH has improved and they are reportedly helpful in emergencies. Most participants agreed that the collaboration with MDHHS staff and the court was good. Communication between workers and providers has improved using email or phone and occurs on a regular basis.

The local domestic violence program was identified as a strength as it was reported to have a long lasting and high impact to the family stability. All providers are invited and attend the family team meetings at which time they are asked to provide input and feel like they have a voice.

Opportunities for Improvement:

Service gaps noted for families included housing and detox programs. Parents struggle with the use of methadone and detoxing. The drugs of choice were noted to be methadone, opiates and marijuana.

A need for therapeutic foster home placements was also noted. Without appropriate placements for younger children, they end up hospitalized for intensive services. There is a need for these services to be more home based so children can be serviced in the community.

A system of care network was identified as a need. Within the contiguous counties, a system of care network has been developed and has been identified as a valuable resource for that child welfare community.

Private Agency Directors

Six individuals participated and provided feedback in this focus group.

Strengths: Some strengths identified within this group was a strong and collaborative partnership with MDHHS staff on all levels. Purchase of Service (POS) monitors were described as “receptive.” The court was identified as extremely timely with the adoption filing process and finalization. A positive relationship was also reported with clerks and referees. A useful resource identified was the Mid- Michigan Trauma Coalition. It was stated that they focus on best practice and work directly with schools and the community to provide trauma screenings.

Strong recruitment is occurring through collaborations between the licensing departments in three neighboring counties. The local CMH, doctors and Early-on programs have a positive working relationship with the private agencies and MDHHS.

The LGALs were identified as visiting their assigned children on a regular basis. They are knowledgeable of the child’s case and the family’s current situation.

Opportunities for Improvement: Service gaps were reported in crisis services for children ten years old and younger. This age group seems to have significant behavioral problems due to past trauma and appropriate placements who can meet the children’s needs are needed.

The relationships with judges vary and each courtroom has different requirements. Workers often feel unprepared due to the lack of consistency between the judges.

MiSACWIS is viewed as task driven and time consuming and presents as a challenge for workers. The system is reported useful for data but not for knowing content of the case. Help desk tickets are sometimes delayed and this causes frustrations for workers when things are not corrected. Although trainings are offered on good topics, unfortunately workers do not have time to attend. Locations are limited, and travel is not possible for all workers. Additional trainings on MiSACWIS would be helpful.

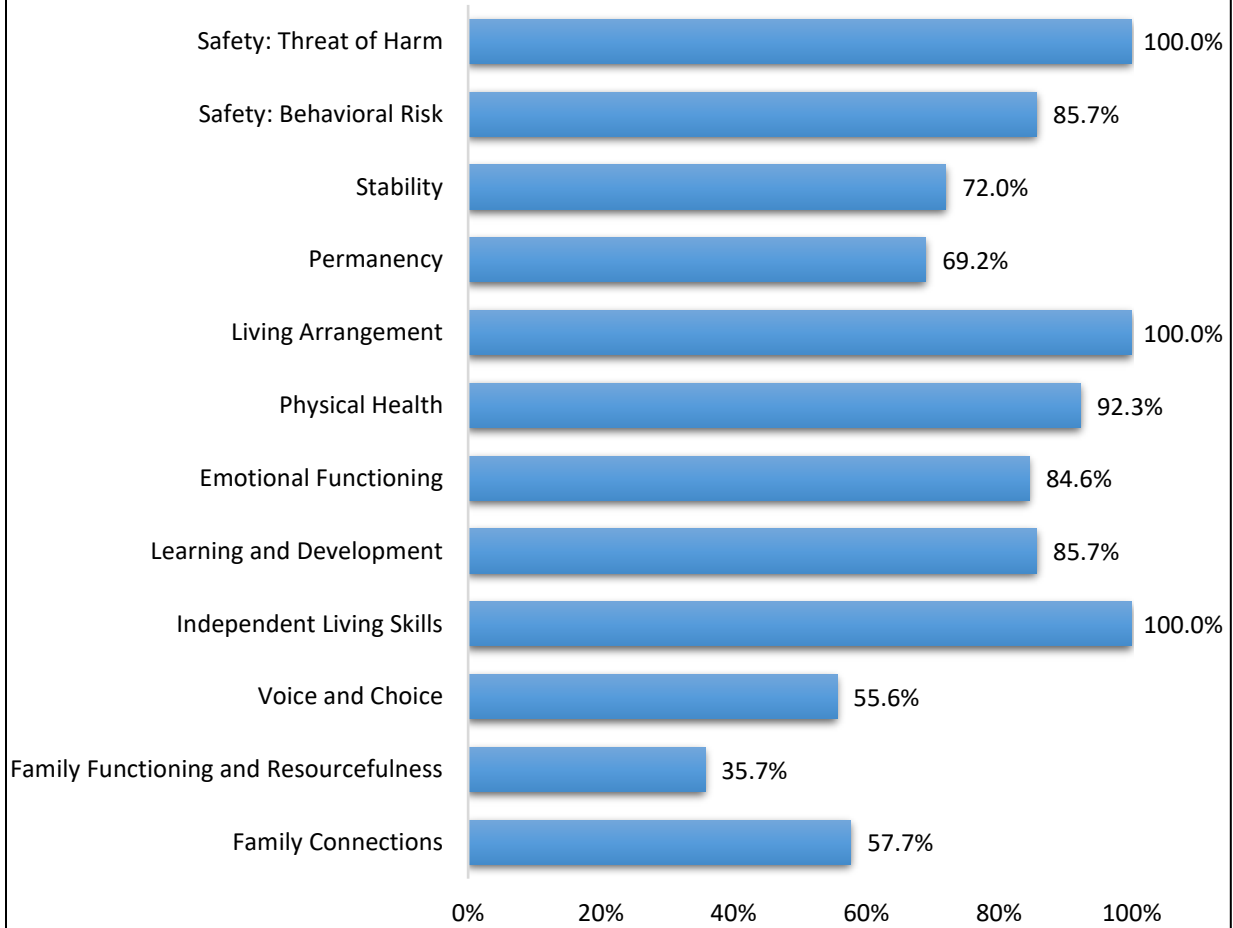
Appendix B

Child and Family Status Indicators

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

Category	Item	2017	Ingham County
Safety: Exposure to Threats	a. Home	91.7%	100.0%
Safety: Exposure to Threats	b. School	87.5%	100.0%
Safety: Exposure to Threats	c. Other Settings	100.0%	100.0%
Safety: Behavioral Risk	a. Risk to Self	91.7%	85.7%
Safety: Behavioral Risk	b. Risk to Others	91.7%	85.7%
Stability	a. Home	83.3%	71.4%
Stability	b. School	100.0%	72.7%
Permanency	a. Placement Fit	91.7%	N/A
Permanency	b. Security & durability	83.3%	N/A
Permanency	c. Legal permanency	50.0%	N/A
Living Arrangement	Living Arrangement	100.0%	100.0%
Physical Health	a. Physical Status	100.0%	N/A
Physical Health	b. Receipt of Care	100.0%	N/A
Emotional Functioning	Emotional Functioning	90.0%	84.6%
Learning & Development	a. Early Learning / Development	83.3%	100.0%
Learning & Development	b. Academics	83.3%	80.0%
Learning & Development	c. Prep for Adulthood (14-17)	100.0%	N/A
Learning & Development	d. Trans to Adulthood (18+)	N/A	N/A
Independent Living Skills	Independent Living Skills	N/A	100.0%
Voice and Choice	a. Child/Youth	50.0%	80.0%
Voice and Choice	b. Mother	16.7%	57.1%
Voice and Choice	c. Father	75.0%	0.0%
Voice and Choice	d. Caregiver	66.7%	60.0%
Voice and choice	e. Other	N/A	33.3%
Family Functioning/Resourcefulness	a. Mother	14.3%	25.0%
Family Functioning/Resourcefulness	b. Father	44.4%	0.0%
Family Functioning/Resourcefulness	c. Other	N/A	100.0%
Caregiving	a. Family Setting	100.0%	N/A
Caregiving	b. Residential Care (Group Setting)	100.0%	N/A
Family Connections	a. Mother	50.0%	50.0%
Family Connections	b. Father	71.4%	16.7%
Family Connections	c. Siblings	50.0%	77.8%
Family Connections	d. Other	83.3%	80.0%

**Ingham County
Child and Family Status Indicators
Percentage Acceptable**



Practice Performance Indicators

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

Category	Item	2017	Ingham County
Cultural Identity and Need	Overall	91.7%	N/A
Engagement	a. Child/Youth	50.0%	80.0%
Engagement	b. Mother	33.3%	57.1%
Engagement	c. Father	75.0%	0.0%
Engagement	d. Caregiver	66.7%	70.0%
Engagement	e. Other	0.0%	50.0%
Teaming	a. Formation	41.7%	N/A
Teaming	b. Functioning	33.3%	N/A
Teaming	c. Coordination	16.7%	N/A
Teaming	Overall	37.4%	35.7%
Assessment & Understanding	a. Child/Youth	83.3%	64.3%
Assessment & Understanding	b. Mother	33.3%	25.0%
Assessment & Understanding	c. Father	50.0%	0.0%
Assessment & Understanding	d. Caregiver	88.9%	60.0%
Assessment & Understanding	e. Other	66.7%	25.0%
Long-term View	Long-term View	58.3%	42.9%
Planning Interventions	a. Safety/Protection	91.7%	N/A
Planning Interventions	b. Permanency	58.3%	N/A
Planning Interventions	c. Well-Being	66.7%	N/A
Planning Interventions	d. Transition/Life Adjustment	0.0%	N/A
Case Planning	a. Child/Youth	N/A	71.4%
Case Planning	b. Mother	N/A	25.0%
Case Planning	c. Father	N/A	14.3%
Case Planning	d. Caregiver	N/A	55.6%
Case Planning	e. Other	N/A	50.0%
Implementing Interventions	Overall	66.7%	45.0%
Implementing Interventions	a. Child/Youth	N/A	64.3%
Implementing Interventions	b. Mother	N/A	25.0%
Implementing Interventions	c. Father	N/A	0.0%
Implementing Interventions	d. Caregiver	N/A	60.0%
Implementing Interventions	e. Other	N/A	50.0%
Tracking and Adjustment	Tracking and Adjustment	52.2%	50.0%

**Ingam County QSR
Practice Performance Indicators**

Percentage Acceptable

