



## **Quality Service Review**

### **Monroe County**

Review Conducted  
March 2019

# 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 Monroe County on March 18-21, 2019.

The QSR is a real-time assessment of how children and their families are benefiting from services, identifying practice strengths, and 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 sets of indicators, “Child and Family Status Indicators” and “Case Practice Performance Indicators.” Child and family status are 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 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 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		
<b>1 – Adverse Status/ Performance:</b>	<b>2 – Poor Status/ Performance:</b>	<b>3 – Marginally Inadequate Status / Performance:</b>	<b>4 – Fair Status/ Performance:</b>	<b>5 – Good Ongoing Status/ Performance:</b>	<b>6 – Optimal &amp; Enduring Status / Performance:</b>
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.
<b>IMPROVEMENT</b>		<b>REFINEMENT</b>		<b>MAINTENANCE</b>	

Michigan has developed a four-prong approach to illustrate the connection between the implementation of the MiTEAM case practice model to positive outcomes for children and families in the areas of safety, permanency and well-being. 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 (CFSR) 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 CFSR in the areas of safety, permanency and well-being can be achieved.

Monroe County includes several small rural communities and is centrally located between the cities of Detroit, Michigan and Toledo, Ohio bordering Lucas County in the State of Ohio. The city of Monroe is the most populated and largest city in the county and houses Monroe County Community College. Monroe County is the home of La-Z-Boy's world headquarters. Monroe County is part of Business Service Center (BSC) 4 and is in the southern region of the Lower Peninsula. In March, at the time of the review, Monroe County was providing care for 226 children in the foster care system. This accounted for one percent (1%) of the total number of children in Michigan's foster care population.<sup>1</sup> Children under the age of nine represented 65.9 percent of the foster care population and 66.8 percent of children were temporary court wards.<sup>1</sup>

In Monroe County, the small community has a hometown feel which can not only be seen in the child welfare community but also in the local MDHHS office. Everyone interviewed stated the greatest strength was the teamwork and support by co-workers, supervisors and second level managers. Approximately three years ago, Monroe County MDHHS initiated a Trauma team. This team offers support to co-workers, special events, resources and monthly trainings.

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<sup>1</sup> Data provided in the Monthly Fact Sheet March 2019 produced by the Data Management Unit within the Division of Continuous Quality Improvement.

An emphasis has been placed on secondary trauma for workers and self-care is a key priority of the management team.

Monroe County’s MDHHS office has numerous collaborations with community partners. The licensing department works directly with private partners to maintain recruitment and retention efforts. Management and staff members participate on multiple committees to ensure participation in all out-reach efforts.

Challenges exist with the working relationship of child welfare staff and the prosecuting attorney’s office. These challenges present barriers in case planning and lead to conflicting points of view with attorneys and jurists. Many individuals reported cases are kept lingering in the court process which delays permanency. Jurists stated the lack of representation from the prosecutor’s office and poor petition writing creates barriers to achieving permanency. Permanency was assessed with an overall rating of 66.7 percent and is seen as an opportunity for improvement. In the cases reviewed, 50 percent of the children remained in care for 13 months or more.

A need for additional substance abuse treatment options, parenting classes and parent aid services were listed as a priority in most focus groups.

## Summary of Findings

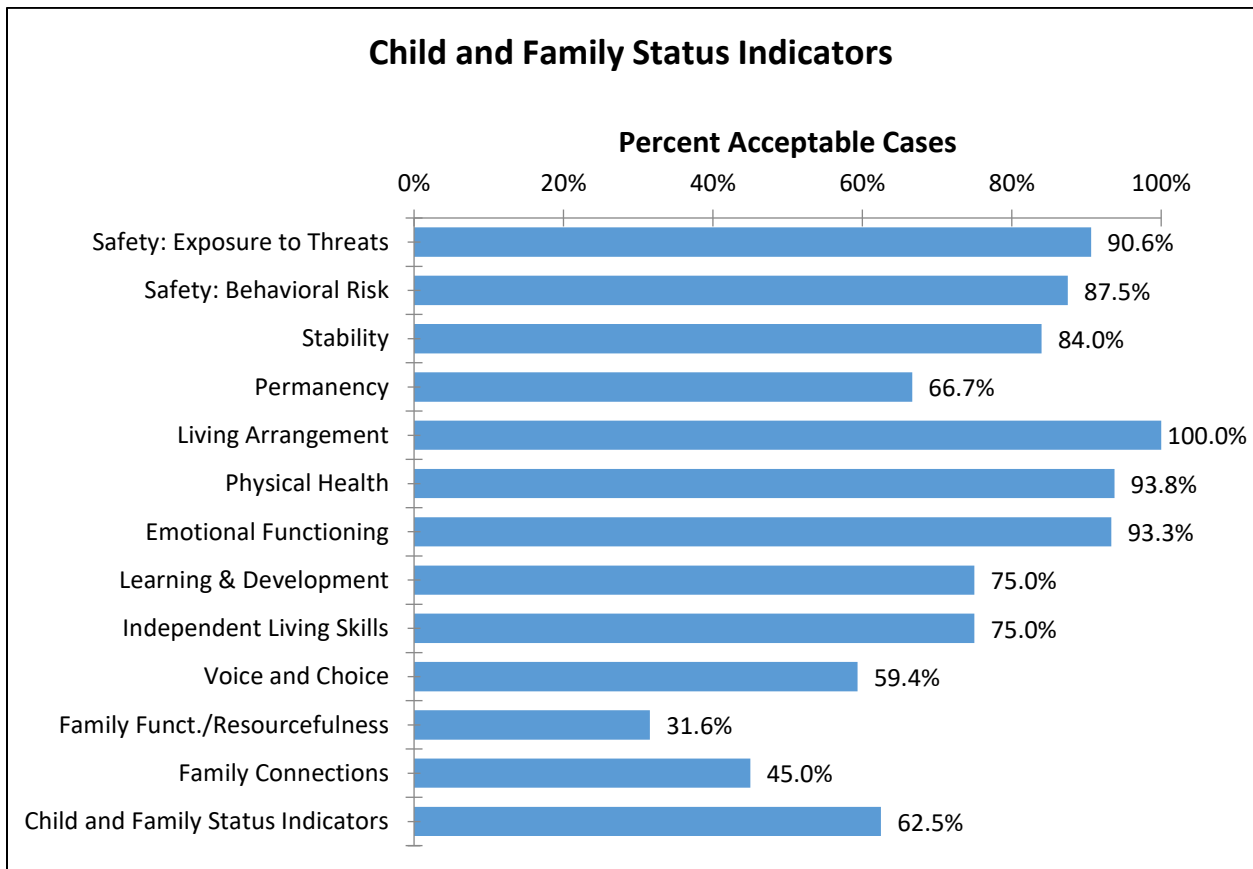
Sixteen cases were randomly selected from a sample that was stratified based on children’s age, placement type and case status representative of the county’s current child welfare population. Twelve foster care cases and four child protective services on-going cases were reviewed as reflected in the chart below. Additionally, there were 114 interviews conducted with case participants.

Age of Children	# Cases
0 to 4 years old	7
5 to 9 years old	3
10 to 13 years old	2
14 to 17 years old	3
18 to 21 years old	1
TOTAL	16
Time in Care	# Cases
4 to 6 months	1
7 to 9 months	6
10 to 12 months	1
13 to 18 months	3
19 to 36 months	4
37 + months	1
TOTAL	16

Type of Placement	# Cases
Parental Home	4
Unlicensed Relative	2
Licensed Relative	2
Unrelated Licensed Foster Home	5
Pre-Adoptive	1
Residential	1
Fictive Kin	0
Independent Living	1
TOTAL	16

## 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 permanency. The following table scores reflects those scores that fell in the acceptable (4-6) range.



In Monroe County, children are safe in their current placements. In one case reviewed, some risk was identified as the mother had recently reunified with an allegedly abusive partner and the situation had not been assessed by team members. The focus child did identify some fear as a result of the mother's relationship. This risk was discussed with the assigned caseworker and supervisor and a plan was developed to address the concern.

Living Arrangement was assessed at 100 percent. Children in Monroe County are placed in appropriate living arrangements with caregivers who can meet the children's needs and provide a supportive environment. Many children have remained in their same initial placement since entering care. This provides stability and allows for children to build a strong relationship with care providers. Due to the low number of placement changes, Stability was assessed as a strength at 84 percent.

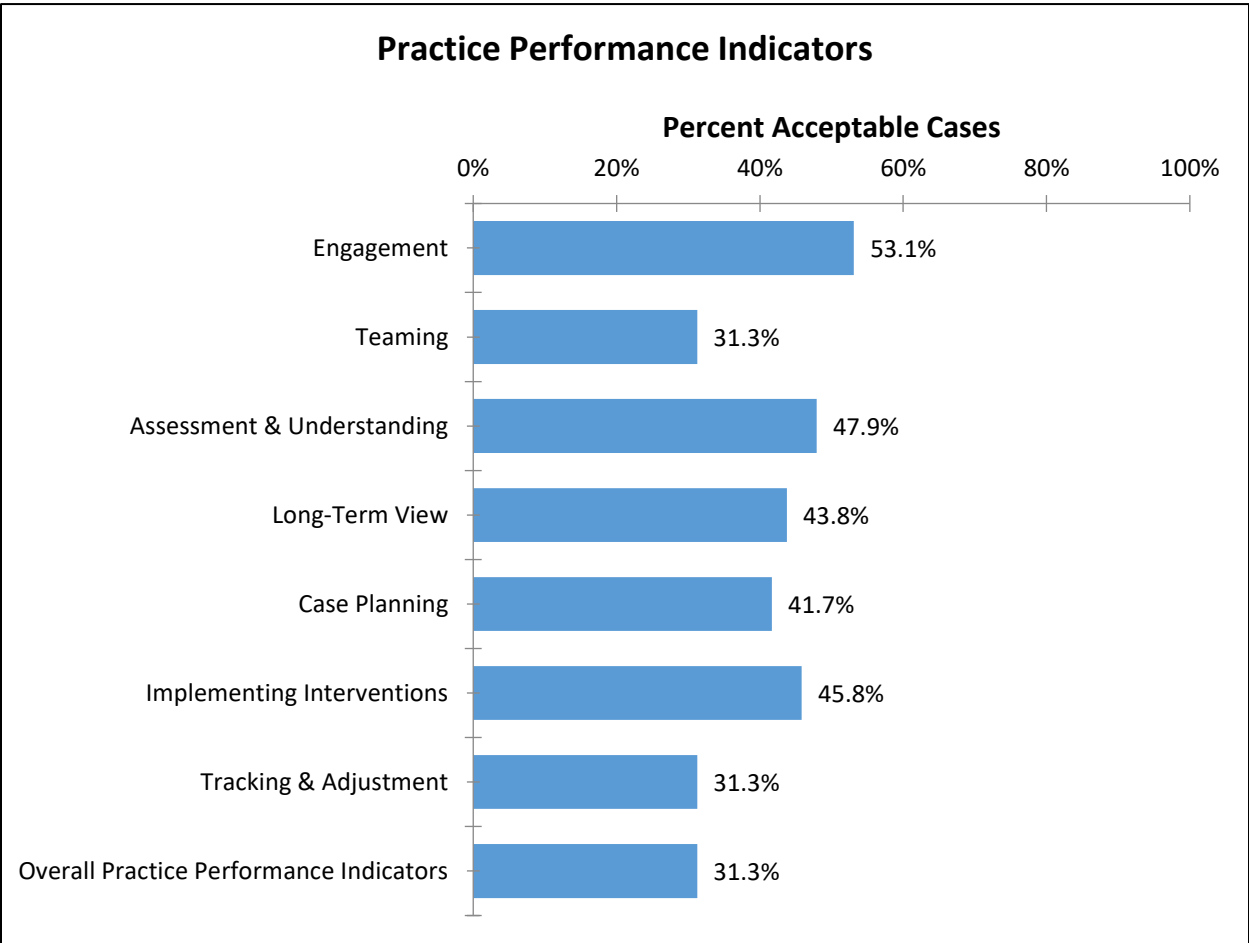
Children are receiving appropriate medical and dental services. One focus child had significant health needs, but the caregiver did an extraordinary job of maintaining all health appointments and ensuring the child's medical needs were met. The assigned worker provided respite and other services to ensure the caregiver was allowed a break as needed.

Most parents reported not feeling as if they had a voice when it came to case planning. They reported not being provided with options or open discussion during the case planning process. Parents chose to take a passive role as they did not feel engaged.

Visitation with family members were inconsistent but more frequent with mothers and siblings than with fathers. Younger children are being provided with Early-On and other services as needed.

## **Practice Performance Indicators**

Practice Performance Indicators are a set of activities that correlate with the seven MiTEAM competencies and are 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 Monroe County, Teaming appears to be a challenge. It appears teams have been developed however; team members are not fully engaged or communicating. Family team meetings (FTMs) are being held but attendees do not include all relevant formal or informal supports which lead to key team members not participating in FTMs. Meetings are held with little notice and in non-convenient locations. With the lack of teaming, engagement can be a barrier. Families are feeling disengaged resulting in lower scores in the area of Assessment and Understanding, Case Planning and Implementing Interventions. An identified systematic barrier was a high number of staff turnover. This presents challenges in the engagement and teaming process. Families report that they must “tell” their stories over and over with each new worker.

Assessment and Understanding for the child scored in the acceptable range at 75 percent. It appears team members are doing well at identifying a child’s trauma history and other identified needs. Strong case planning is leading to appropriate services that are meeting children’s needs. Multiple parents interviewed reported lengthy trauma histories that had not been assessed during case planning. Team members often focused on only issues resulting in the direct contact with MDHHS. Parents were not reassessed as a case progressed or declined.



Monroe County does an excellent job of using formal assessment tools. On many cases, multiple assessments were completed. However, the information from these assessments are not fully utilized. Caseworkers get a basic understanding of the needs of the family but the information is not communicated with all team members or re-assessments are not completed. Family members interviewed reported that the services they did receive were “helpful.” Monroe County has a wealth of services to offer children and families. Workers interviewed did report a need for additional Families First and Family Together Building Solutions services.

Long-Term View was assessed at 43.8 percent and identified as an opportunity for improvement. In 10 out of the 16 cases reviewed, families had either a prior foster care case or CPS ongoing case within the last three years. Engagement and Teaming is key when developing a strong case plan and implementing appropriate services. Teaming allows families to feel empowered and take control of their case plan and develop strong support systems which should include informal and formal supports that will remain after case closure. This would provide the family with the necessary resources to maintain after case closure. Thus, decreases the chance of the family having contact with MDHHS in the future.

For Monroe County, much like the rest of the state, an increase in scores were seen in all indicators for mothers versus scores accessed for fathers; as demonstrated in the comparison table below:

Child and Family Status Indicators	Father	Mother
Voice and Choice	33.3%	75.0%
Family Functioning and Resourcefulness	12.5%	50.0%
Family Connections	37.5%	50.0%

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

Practice Performance Indicators	Father	Mother
Engagement	33.3%	62.5%
Assessment and Understanding	20.0%	30.0%
Case Planning	20.0%	30.0%
Implementing Interventions	20.0%	40.0%

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

One of the cross-cutting issues identified by the State of Michigan resulting from the Child and Family Service Review (CFSR) was a need for overall Engagement. But more specifically, engagement with fathers. If engagement is lacking, it has direct effect on all aspects of case outcomes. In order to appropriately service families, team members must first engage and establish a good working relationship. This will allow for honest sharing and a well-informed assessment to occur. When an individual does not feel engaged in the process they often will stop participating resulting in poor outcomes for children and families.

## Summary from Focus Groups and Stakeholder Interviews

Two individual stakeholder interviews and nine focus groups were conducted with a total of 55 participants. Specific findings from the focus groups are outlined in Appendix A.

### Strengths:

- Positive work environment for staff and supervisors. Workers feel supported within units and across programs. Teamwork was identified as a strength.
- Implementation of the Trauma Team was identified as a strength. The focus on secondary trauma and self-care provides a comfort for staff members.
- A strong and supportive collaboration between MDHHS, private agencies and service providers was identified.
- Supervisors were described as experienced, knowledgeable and supportive.

### Opportunities for Improvement:

- Staff turnover lead to higher caseloads for staff and present challenges to meet all job expectations.
- Improvement is needed with training for new workers. Staff report not feeling prepared for job responsibilities. Training focuses on “book” work and policy. More local training opportunities for staff and supervisors was reported as a need. Staff must travel to visiting counties for training opportunities.
- Additional resources are needed for services. Service gaps were noted with transportation, access to mental health services, case aids and substance abuse services (inpatient/outpatient).
- Additional support is needed for staff as a challenging relationship was described with the prosecutor’s office, attorneys and jurists. Many workers interviewed reported feeling like “they are on trial” when attending court hearings.

## 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 to the desired outcomes as measured in the 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 AFCARS and 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:

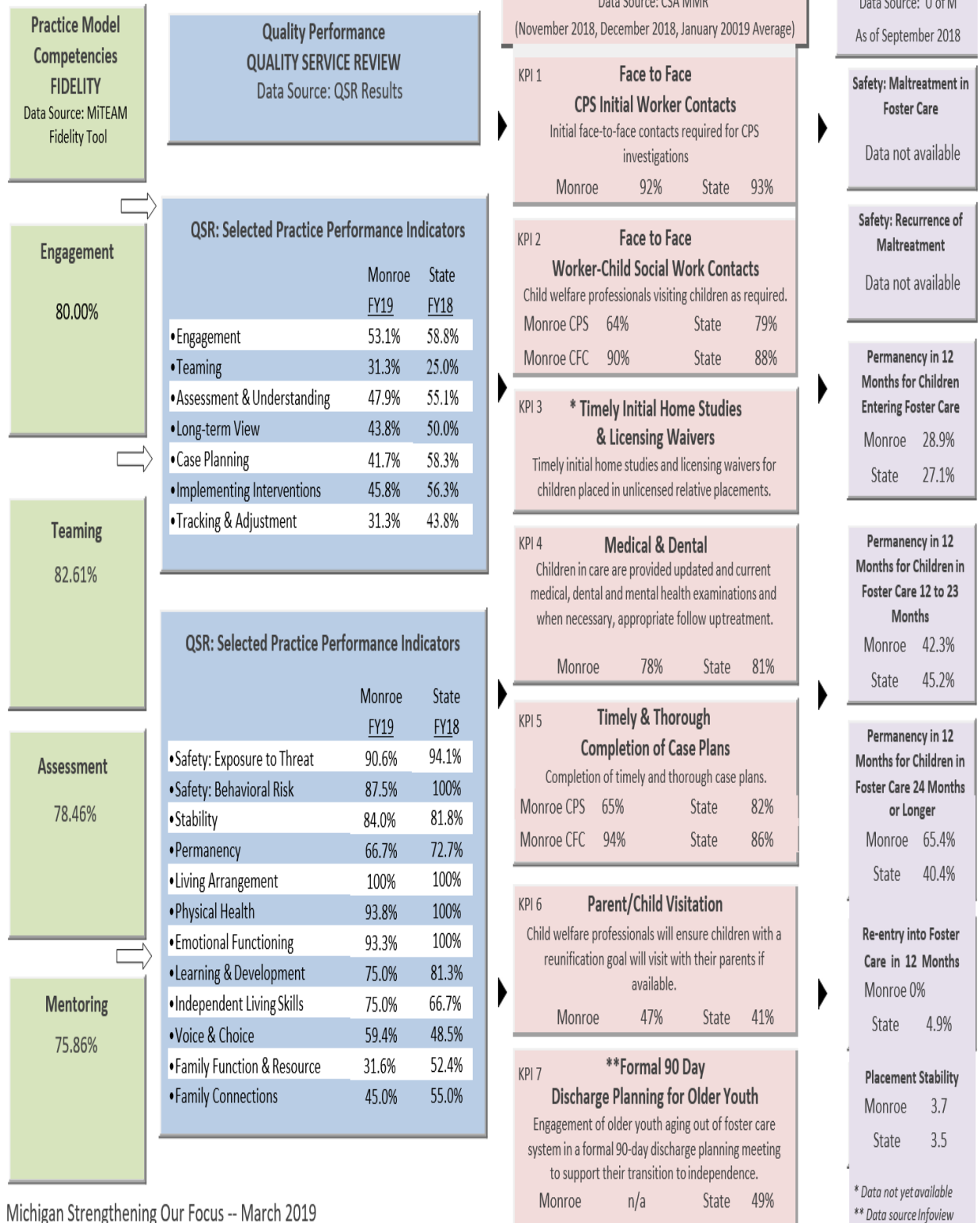
- Safety Outcome 1: Children are first and foremost, protected from abuse and neglect.
- Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate.
- Permanency Outcome 1: Children have permanency and stability in their living situations.
- Permanency Outcome 2: 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 the following seven systemic factors:

- 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

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

# Measuring and Monitoring Progress - Monroe



Michigan Strengthening Our Focus -- March 2019

## Next Steps

The Monroe 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 Practice Improvement Plan (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 Monroe County use their Continuous Quality Improvement (CQI) team to explore ways to address staff retention and staff training. Some other areas of focus for the Monroe County CQI team may be:

- Ongoing training and implementation of the case practice model: With the staff turnover, an ongoing schedule or plan would be beneficial to ensure that all staff understand and implement the case practice model appropriately. This would allow staff to discuss challenges and direct a solution focused discussion to identify possible steps to assist with a resolution. Focus should be in the areas of engagement, teaming, case planning and service implementation. This may assist in closing the gap in the Fidelity tool scores and the scores of the QSR and CFSR.
- Specialized focus on the teaming process: Monroe County has strong collaboration with many community partners. Building on these established relationships and participation on formed committees could be an accent in moving the teaming process forward.
- Active efforts to engage fathers in the case planning: Identify challenges and develop steps for team members to decrease these barriers.
- Address the identified service gaps, including the need for additional transportation and resources for families: The team should problem solve and brainstorm additional resources or expanding resources that would be useful in the implementation of services. A forum where all service providers could participate and provide information to all workers, public and private, could be beneficial with service implementation.
- Consider having legal representation for MDHHS in court proceeding: The local CQI team should consider all available options and develop a plan to assist with addressing this barrier.

## **Appendix A**

### **Monroe County Interviews and Focus Groups**

#### **Individual Stakeholder Interviews**

The QSR process allows an opportunity for participants to share their perceptions in individual interviews. Stakeholder interviews were conducted with MDHHS Monroe County director and program manager.

#### **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 three youth participated in this focus group. Youth ages ranged from 15 years to 19 years.

Strengths: Most youth identified positive opportunities available in Monroe County, specifically Michigan Youth Opportunities Initiative (MYOI) and Youth in Transition funds. Youth receive training in financial literacy, saving money, credit reports, doing taxes, preparation for job interviews, and getting a driver's license.

Most youth report a strong relationship with their Lawyer-Guardian Ad Litem (LGAL). Their LGAL visits them prior to court hearings and the youth state their LGAL speaks up for them in court.

Most youth feel supported by their workers. Youth also shared that workers are meeting with them privately during visits and asking them about their safety.

Opportunities for Improvement: Youth identified family team meetings (FTMs) as an opportunity to improve. Specifically, youth feel bullied and told how to behave in the meetings. One youth reported never having had an FTM. Overall, youth reported not having a voice and feeling judged by their actions.

Youth identified worker training as an area for improvement. Although most youth reported a positive relationship with their worker, they felt that workers would benefit from trainings on how to communicate with teens, which would enhance their overall experiences with their worker.

Youth identified the length of time in care as an opportunity to improve. Youth wish the length of time in care could be reduced.

### **Foster Parents**

Five foster parents participated and offered feedback in this focus group. The participants have experience ranging from less than one year to seven years as a licensed foster parent. One foster parent was still in the process of being licensed.

Strengths: The foster parents report a very strong relationship with their caseworker and licensing worker. It was reported that caseworkers go above and beyond; often visiting monthly, bi-weekly, or more if needed, assisting with transportation for parenting visits, and calling or texting with updates. Foster parents state that their “worker feels like family,” engaging with them, their foster children, and other members of their family, including their grandchildren. Licensing workers were described as willing to help even when they don’t have to, with one foster parent sharing that their licensing worker “got me through it” after getting a CPS complaint and three children placed into their home.

Another strength the foster parents identified was the use of technology. Foster parents appreciate being able to communicate not just by phone, but also through texts and emails.

The foster parents identify the MYOI group as a fabulous program. Foster parents believe this service is underutilized, but available if the youth choose to access it.

Opportunities for Improvement: Training is an area that was identified as an opportunity for improvement. Foster parents would like to see more trainings offered close to home, a more in-depth PRIDE training; as well as, access to an in depth and detailed trauma training. In addition, foster parents feel they could benefit from trainings that address parenting all age groups.

The foster parents identify the need for support groups or meetings. Foster parents believe this would provide a much-needed support not only when they take initial placement of foster children, but ongoing.

Service gaps were reported by foster parents as an area for enhancement. Clothing and medications for youth are not consistently provided at initial placement and foster parents find it difficult to locate psychiatric and pediatric services that accept Medicaid. Foster parents also requested that Community Mental Health (CMH) accept foster children for services, since not all are eligible, despite their need for services.

## **MDHHS Foster Care Workers**

Four individuals participated in this focus group. Members include a the MYOI worker and a purchase of service (POS) worker. Members who provided feedback had experience ranging from three years to eight years.

### Strengths:

Foster care staff identify their relationship with coworkers as a significant strength. They describe their team as supportive and assist each other out when needed, check in on each other, and help with self-care. Foster care workers stated, “we are a team.”

Another strength is the positive relationship between workers and supervisors. Foster care supervisors were identified as caring, supportive and always available, no matter the reason. Supervisors are assisting with reading and learning policy, enhancing organization skills and problem solving; supervisors are also mentoring and teaching staff to become strong workers.

The foster care workers identify the trauma team as another significant strength since it began approximately three years ago. The team meets monthly and workers appreciate that it provides not only resources, but an ability to debrief with the team if they are struggling with a tough case.

Opportunities for Improvement: Workers report the number one challenge is time. Workers do not have enough time in the day to complete all required tasks of the job and find it extraordinarily difficult to balance crisis situations, holding parenting times, transporting families, and holding visits after hours.

Training was also an area identified unanimously as an opportunity to improve among workers. Workers report the initial training did not prepare them for the job. Although it covers policy, some needed topics were not adequately addressed. Workers believe case examples would enhance the training, as well as more mentors. Youth in Transition and Young Adult Voluntary Foster Care training would also be beneficial, in addition to trainings on how to “deal” with secondary trauma of workers.

Another area for improvement identified by foster care staff was the relationship with the court. Workers state it is “challenging” and “we feel we are on trial.” Workers report the court is always questioning their decisions and feel MDHHS is not trusted. Workers believe there is a they are being asked to do things that are impossible.

## **CPS (Investigative and Ongoing) Workers**

Seven CPS workers participated in this focus group. The participants had experience ranging from six weeks to eight years. The group consisted of CPS investigators and one on-going worker.



Strengths: CPS workers identify teamwork as a strength. Teamwork is taking place across units and there is a good relationship between CPS workers and service providers.

CPS workers describe the services available as quality. Families First of Michigan (FFM), Hands Across the Water, and substance abuse services were among three that the CPS workers felt strongly about in providing effective service delivery to families.

The caseload ratio was identified as being within the expectations for most CPS workers. This gives workers time to manage their cases and complete required paperwork. Workers report using teamwork to meet expectations and the support of an intern to help with entering social work contacts and making CPS packets.

Opportunities for Improvement: Most CPS workers identified supervisor support as an area needing improvement. Workers report being shuffled between supervisors, not feeling comfortable to speak at meetings and inconsistent expectations among supervisors. Most report a strained relationship with their supervisor and found their team to provide the necessary help rather than their supervisor.

CPS workers identified training as an area for enhancement. Although workers “feel more prepared than not,” they find the initial training as “basic training” which does not assist them with their job. Workers requested more trainings on policy skills on how to complete everyday job requirements (example: input into MiSACWIS), and more hands-on training. Workers feel they are “sent to the wolves after training” and not fully prepared.

The relationship with the court was identified as a need for improvement. Workers report court as needing to have more transparency, and workers feel they benefit from increased knowledge regarding discussions held between MDHHS and court personnel. CPS workers report a need for improved representation by the Prosecuting Attorney’s (PA’s) office, significant turnover of PA’s, and an inability to get in contact with your PA.

### **MDHHS Foster Care Supervisors**

Four individuals participated in this focus group. The experience of participants ranged from ten years to thirty-one years in child welfare.

Strengths: Supervisors identified teamwork as a strength. Foster care supervisors work well together, are a cohesive group and have a team approach where staff can go to any supervisor for assistance.

Supervisors identified second line supervision as a strength. Meetings are held two times per month and include all supervisors. Problem solving occurs when needed and are supportive with difficult employees. Foster care supervisors also appreciated that second line supervision is very supportive of their personal life.

The trauma team was another strength reported by foster care Supervisors. Supervisors value the support and education on secondary trauma.

Opportunities for Improvement: One of the biggest challenges reported by foster care supervisors was having enough time to complete all that is required of them. Foster care supervisors report always feeling behind. In addition, they report the Communication Issuance's time consuming and the number of communications to be excessive, finding it difficult to keep up.

Supervisors identify the relationship with court as an area they would like to see improved. Supervisors report communication with the court as inconsistent. They believe the court has a lack of trust in their recommendation, and workers feel "they are on trial," leading to an "uncomfortable" relationship with the court.

Lastly, foster care supervisors find the policy manual as a big challenge. Due to the number of pages, supervisors are finding it overwhelming.

### **MDHHS CPS (Investigative and Ongoing) Supervisors**

Three individuals participated in this focus group. The experience within the participants ranged from nine years to eleven years in child welfare.

Strengths: CPS Supervisors identified teamwork as a strength. Supervisors see each other "like family" and describe how they help each other out and step up to assist one another, from removals to face to face contacts.

The trauma focus groups are another strength identified by CPS Supervisors. CPS supervisors appreciate the workshops and activities, as well as the concentration on secondary trauma.

CPS Supervisors also find the relationship with community partners, private agencies and law enforcement as a positive one. Frequent collaboration was described among partners, including out of state collaboration. Police officers are referred to on a first name basis and are very responsive to assist and respond.

Opportunities for Improvement: CPS supervisors report a need for improvement with service array. There service gaps for supportive visitation programs, foster home agencies, parenting classes, substance abuse assessments, transportation, and outreach counseling. Wait lists were also reported.

Another opportunity for improvement was the relationship with the court. CPS supervisors state that previously the relationship was supportive. Although there is a good relationship with the judges and referees, an improvement in the relationship with the prosecuting attorney's office would be beneficial.

Training was identified as another area of improvement. CPS supervisors report that trainings can be difficult to find due to limited space and travel time. It was also noted that trainings for data warehouse, report writing, and petition writing would be beneficial.

### **Licensing (MDHHS and Private Agency)**

Thirteen individuals participated in this focus group. The experience of the participants varied from six months to thirty years in child welfare, comprising of both workers and supervisors, a majority representing private agencies.

Strengths: Licensing staff identify a positive relationship among MDHHS and licensing staff. It was stated that Monroe is very big on communication and there is always someone available.

Another strength reported by licensing participants was the contract with Judson Center and their collaboration. Participants see PRIDE and recruitment efforts being positive.

Licensing staff identified a strength in the “Community Days” and the booth at the fair. It was stated that everyone pitches in and works together.

Opportunities for Improvement: Most of the licensing participants agreed that enhanced training is an area needing improvement. It was reported that PRIDE training is too basic, Office of Workforce Development and Training could be more helpful, and workers need more than one week of shadowing.

Licensing staff report the need for additional support to foster families; many foster parents do not understand the system and need assistance throughout the case. Foster parent trainings on trauma, parenting, discipline for children with mental health and behavioral needs, and medical conditions were all identified as a need, in addition to in home services to foster parents.

Licensing staff report it is difficult to keep up with caseloads. Workers report a cap of thirty homes, but when adding special evaluations and recruitment and retention, it is difficult. It was reported that staff turnover impacts caseload sizes negatively, and uploading documents is taking up a lot of time.

### **Service Providers**

Ten individuals participated and offered feedback in this focus group. Participants represent eight different providers throughout the community and have many years’ experience in child welfare.

Strengths: Service providers identify collaboration as a strength. There is great collaboration amongst community partners who share trainings and work together to meet service needs. Trainings are provided to both MDHHS and outside service providers.

Service providers report a good relationship with jurists. The court is willing to collaborate and has Court Appointed Special Advocates (CASA) as volunteers. The court administrator participates on some of the collaborative partnerships within the community to assist with getting some of the children services who may not otherwise receive them based on eligibility.

Service providers find the Handle with Care program as a strength and are pleased it has now begun in Monroe County.

Opportunities for Improvement: The service providers report an opportunity for improvement within the relationship of MDHHS and service providers. Team consults occur to discuss problem cases; however, challenges arise with respecting one another's policies and procedures. Service providers report MDHHS does not always understand that process or procedures for State of Emergency Relief, emergency funds, etc. The relationship can also be difficult for service providers who do not have an office in the county.

Service providers identify training as an area for improvement. Report writing and technical assistance versus global training would be beneficial. Service providers would like trauma training to include a focus on the parents and the adults, in order to understand the impact of trauma and how to deal with the trauma. Group trainings to learn how to deal with behaviors and upon reunification.

FTMs were identified as an opportunity for improvement. Most of the service providers report not being invited. CASA workers and Intermediate School District (ISD) are also not routinely invited. Service providers believe that wraparound through Community Mental Health (CMH) should not be used as the FTM process.

### **Court (Judges and Referees)**

Three individuals participated in this focus group. Participant experience ranges from five years on the bench to seventeen years.

Strengths: Participants report the relationship with MDHHS as a strength. There is good communication, collaboration for trainings, and quarterly meetings occurring.

The participants report that services being provided are positive. Services are adequate and meeting the needs of children and families. There is a lot of collaboration in the community and the child advocacy network has a good team that is working through, problem solving and solution focused.

Participants report there will soon be an enhanced legal representative, which they identify as a strength for Monroe County. It will be a pilot program soon.

Opportunities for Improvement: Worker turnover was identified as challenge by group participants, with higher turnover within private agencies. Turnover is also occurring within the prosecuting attorney's office, leaving no continuity for the family. Judges and referees report an immediate impact on families and their outcomes.

Improved representation by the prosecuting attorney's (PA) office was reported as another opportunity. They report little oversight by the PA office, leading to insufficient quality petitions and court reports.

Participants report court intervention needing to occur sooner. By the time court intervention occurs, damage has been done. Participants report this leading to criminal justice and other related issues.

### **Child Welfare Directors and Program Managers**

Three individuals participated in this focus group. Participants represent private agencies within Monroe County.

Strengths: Positive communication and a mutual trust have been built with services that are adoption related useful and successful. Participants reported the relationship with MDHHS and the court as a strength.

Open communication with upper management was identified as a strength. Transparency was highlighted.

Participants identify case practice as a strength. They report a team approach with collaboration, group texts for workers, and everyone helping each other out.

Opportunities for Improvement: The relationship with the court was identified as an opportunity for improvement. Participants report that jurists can be inconsistent and "unpredictable." Experiences vary, depending on the jurist.

Experiences with the attorneys and GAL's was noted as an opportunity for improvement. GAL's could improve their level of involvement.

Worker training was also reported as an opportunity for improvement. Participants would like to see better trainings, enhancement of the Pre-Service Institute training with the possibility of working a case from beginning to end, and MiSACWIS training to include day to day worker activities.

## Appendix B

### Child and Family Status Indicators

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

Category	Item	Monroe County	Statewide 2018
Safety: Exposure to Threats	a. Home	87.5%	97.4%
Safety: Exposure to Threats	b. School	100.0%	96.1%
Safety: Exposure to Threats	c. Other Settings	85.7%	88.5%
Safety: Behavioral Risk	a. Risk to Self	87.5%	91.4%
Safety: Behavioral Risk	b. Risk to Others	87.5%	91.4%
Stability	a. Home	81.3%	83.1%
Stability	b. School	88.9%	82.4%
Permanency	Permanency	63.6%	75.4%
Living Arrangement	Living Arrangement	100.0%	97.4%
Physical Health	Physical Health	93.8%	94.7%
Emotional Functioning	Emotional Functioning	93.3%	93.4%
Learning & Development	a. Early Learning / Development	85.7%	96.9%
Learning & Development	b. Academics	66.7%	73.8%
Independent Living Skills	Independent Living Skills	75.0%	80.0%
Voice and Choice	a. Child/Youth	66.7%	77.3%
Voice and Choice	b. Mother	75.0%	44.4%
Voice and Choice	c. Father	33.3%	23.3%
Voice and Choice	d. Caregiver	60.0%	68.9%
Voice and choice	e. Other	50.0%	33.3%
Family Functioning/Resourcefulness	a. Mother	50.0%	44.0%
Family Functioning/Resourcefulness	b. Father	12.5%	38.9%
Family Functioning/Resourcefulness	c. Other	0.0%	50.0%
Family Connections	a. Mother	50.0%	48.4%
Family Connections	b. Father	37.5%	53.3%
Family Connections	c. Siblings	50.0%	60.7%
Family Connections	d. Other	50.0%	68.0%

## Practice Performance Indicators

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

Category	Item	Monroe County	Statewide 2018
Engagement	a. Child/Youth	66.7%	78.3%
Engagement	b. Mother	62.5%	55.6%
Engagement	c. Father	33.3%	26.7%
Engagement	d. Caregiver	50.0%	75.6%
Engagement	e. Other	50.0%	30.8%
Teaming	Teaming	31.3%	24.7%
Assessment & Understanding	a. Child/Youth	75.0%	74.0%
Assessment & Understanding	b. Mother	30.0%	48.1%
Assessment & Understanding	c. Father	20.0%	30.4%
Assessment & Understanding	d. Caregiver	50.0%	77.8%
Assessment & Understanding	e. Other	50.0%	21.4%
Long-Term View	Long-Term View	43.8%	55.8%
Case Planning	a. Child/Youth	56.3%	70.1%
Case Planning	b. Mother	30.0%	48.1%
Case Planning	c. Father	20.0%	36.2%
Case Planning	d. Caregiver	50.0%	77.3%
Case Planning	e. Other	50.0%	30.0%
Implementing Interventions	a. Child/Youth	62.5%	70.1%
Implementing Interventions	b. Mother	40.0%	40.4%
Implementing Interventions	c. Father	20.0%	23.9%
Implementing Interventions	d. Caregiver	50.0%	80.0%
Implementing Interventions	e. Other	50.0%	33.3%
Tracking and Adjustment	Tracking and Adjustment	31.3%	45.5%