



Quality Service Review

Annual Report

Fiscal Year 2018

Acknowledgements

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Introduction

The Michigan Department of Health and Human Services (MDHHS) Children's Services Agency Division of Continuous Quality Improvement (DCQI) utilizes the Quality Services Review (QSR) to assess how children and families are served by the child welfare communities throughout Michigan by identifying practice strengths, as well as opportunities where coordination and collaboration can be improved. In addition, the QSR examines the state's progress of implementation of the state's case practice model, MiTEAM, which is designed to improve teaming, engagement, assessment and mentoring through a set of key caseworker activities that establishes a unified service delivery approach in child welfare communities.

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 and surveys, 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, surveys, and the case reviews collectively, to inform improvement efforts.

Following the QSR, a Practice Improvement Plan (PIP) is developed by the county director in coordination with the private agency partners and stakeholders to address identified areas needing improvement.

Methodology

The QSR uses 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.

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 an overall score. Child and Family Status Indicators concentrate on the outcomes of safety, well-being and permanence. The scores in appendix A reflect only scores that fell in the acceptable (4-6) range. Michigan does not utilize these status indicators as a comparison measurement as there are many systemic variables contributing to the variances among communities across the state.

Case 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 scores in appendix A reflect only scores that fell in the acceptable (4-6) range.

The QSR uses a six-point rating scale to determine whether an indicator is acceptable. Any indicator scoring at a four or higher is seen 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 is identified as a strength and an area to maintain. Any indicator scoring at 74 percent or lower could 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 Outgoing Status/ Performance:	6 – Optimal & Enduring Status/ Performance:
Status/practice may be absent or substantially inadequate. Performance may be missing or not done. Strategies may be inadvisable and in need of immediate action to address the situation.	Status/practice is fragmented, unreliable, lacking necessary intensity, or validity. Performance warrants prompt attention and improvement.	Status/practice may be 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.	Status/practice is minimally or 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.	At this level, the status/practice is 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 is a state-run child welfare service agency made of up of 83 counties which are organized into five unique Business Service Centers (BSC) by geographic location or urban communities. Michigan reviewed contiguous counties within BSC's and urban communities completing five Quality Service Reviews in 11 counties.

- BSC 1 – Alcona, Iosco, Alpena, Montmorency Counties (June 2018)
- BSC 2 – Ingham County (February 2018)
- BSC 3 – Lake, Newaygo, Ottawa Counties (May 2018)
- BSC 4 – Branch, Hillsdale Counties (March 2018)
- BSC 5 – Oakland County (September 2018)

Sixty foster care cases and 17 ongoing Children Protective Services (CPS) cases were selected for review which included 550 case interviews. Each case was randomly selected from a sample that was stratified based on children’s age, placement type and case status, representative of each county’s current child welfare population.

QSR Sample versus Michigan’s Foster Care Population (Age of Children/Youth)

Age of Children	Number of Cases (QSR)	Approx. Percent (QSR)	Number of Cases Statewide	Approx. Percent Statewide
0 to 4 years old	32	41.6%	5,067	37.1%
5 to 9 years old	22	28.6%	3,515	25.7%
10 to 13 years old	12	15.6%	2,131	15.6%
14 to 17 years old	10	12.9%	2,187	16.0%
18 to 21 years old	1	1.3%	762	5.6%
TOTAL	77	100.0%	13,662	100.0%

QSR Sample Placement Type of Focus Child

Type of Placement	Number of Cases	Percent
Parental Home	24	31.2%
Licensed Relative Foster Home	7	9.1%
Unlicensed Relative Home	10	13.0%
Unrelated Foster Home	15	19.5%
Residential	4	5.2%
Independent Living	5	6.5%
Adoptive Home	1	1.3%
Pre-Adoptive Home	10	12.9%
Fictive Kin	1	1.3%
TOTAL	77	100.0%

DCQI staff and managers conducted 31 stakeholder interviews that included speaking with the following:

- County Directors
- Chief Judges
- Private Agency Directors
- Program Managers
- County Prosecutors

DCQI staff and managers completed 71 focus groups in which 424 professionals participated. Within each county, the following focus groups were conducted:

- Children’s Protective Services Supervisors
- Children’s Protective Services Workers
- Foster Care Supervisors

- Foster Care Workers
- Foster Parents
- Foster Youth
- Service Providers
- Legal Partners/Court

Statewide Case Practice Baseline

Michigan implemented the QSR in fiscal year 2014 which represented the beginning of MDHHS investment in the measurement of the state's MiTEAM case practice model. During this year three pilot counties and four additional counties had an initial QSR review to begin the state's effort to establish a baseline of statewide performance.

- In 2015, the pilot counties completed seven months of intensive coaching and training on the key caseworker activities to support operationalizing the case practice model while Michigan continued its mastery using the QSR protocol. In addition, baselines continued to be established for communities where QSR reviews were conducted.
- In 2016, a second QSR was conducted in the pilot counties to learn how well the case practice model had been implemented and how well the child welfare community was addressing the needs of the community. In each pilot county, a significant increase was observed in case practice as measured in the practice performance measures. As a result of the lessons learned following the intensive coaching labs in the previous fiscal year and outcomes from the second QSR reviews, the state established an enhanced training for statewide use. In addition, the state began to complete the QSR reviews in every BSC in contiguous counties.
- In 2017, the state completed the enhanced case practice model training and contiguous counties were reviewed to establish baselines. Most of the state's urban communities completed an initial or even a second QSR which allowed for evaluation of statewide implementation following the enhanced training concentration.
- In 2018, the QSR continued to be completed in contiguous counties. At the end of the fiscal year 51 of the states 83 counties have experienced a QSR. The state has established a baseline of case practice.

Comparison 2014-2018

Case Practice Performance Indicators	Fiscal Year 2014	Fiscal Year 2015	Fiscal Year 2016	Fiscal Year 2017	Fiscal Year 2018
*Cultural Identity and Need	84.3%	95.3%	96.8%	97.8%	NA
Engagement	61.8%	47.0%	70.5%	65.0%	58.8%
Teaming	28.8%	23.5%	57.2%	37.4%	25.0%
Assessment and Understanding	56.5%	57.0%	76.3%	64.4%	55.1%
Long-Term View	44.7%	38.4%	67.1%	64.4%	50.0%
*Planning Interventions/Case Planning	69.8%	62.8%	80.4%	80.8%	58.3%
*Implementing Interventions	61.4%	50.7%	81.2%	74.4%	56.3%
*Medication Management	90.9%	94.4%	95.0%	93.8%	NA
Tracking and Adjustment	54.1%	43.0%	75.0%	52.2%	43.8%

**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. Two indicators were removed; Cultural Identity and Need and Medication Management. These indicators have been included in other assessed indicators.*

Trends and Findings

Since inception of the QSR, the findings reveal similar strengths and opportunities. Those strengths are that staff have comradery and a sense of pride for their work. There is strong collaboration between MDHHS, law enforcement, private agency partners, and service providers. Michigan's Youth Opportunities Initiative (MYOI) is viewed by youth as a valuable program that supports their successful transition into adulthood.

Michigan like other states continues to have a lack of enough transportation services in both the rural and urban settings; transportation hours are either restricted to specific times that do not honor non-traditional hours or do not cover all boundaries within a community. Additionally, affordable and safe housing has been identified as an ongoing need in both urban and rural communities. Some communities only have housing units that have two bedrooms and the need for a larger family is not met. In other communities the affordable rent is in homes with unsafe structures and improper working utilities. Finally, community members find that accessing treatment within the community mental health sector is not easily achieved. Children may not qualify for services as defined by Medicaid; however, the child is not

maintaining placement in the least restrictive settings or have entered care with the department when a parent is no longer able to safely manage the child in the community.

In July 2018, child welfare supervisors began use of the MiFidelity tool to assess individual staff skills and application of the case practice. The initial assessment from the supervisors is that Children's Protective Services and Foster Care workers have strong skills in teaming, engagement, assessment, and mentoring. However, the QSR consistently reveals that practice within local child welfare communities is vastly lower. QSR case interviews teach us that an emphasis needs to be placed on engaging family members in the case planning process; that family members do not feel empowered and the team of child welfare professionals could make better effort to engage informal family supports.

Although the frequency of family team meetings may have increased during 2018, the teaming process needs improvement in functioning and coordination. Teams are developed but have limited participants sometimes not involving the biological or foster parent nor relevant professionals such as teachers or therapists. Coordination cannot take place when the entire team is not able to attend the meeting which requires the child welfare staff member to shoulder the communication burden resulting in limited case planning and poor service implementation and delays in the achievement of permanency.

In 2018 the following trends were identified statewide:

Strengths

- Positive and supportive work environment within and across programs.
- Positive relationship with law enforcement and working with service providers throughout the counties.
- Strong collaboration between MDHHS and private agency partners.
- Michigan Youth Opportunities Initiative (MYOI) group is a positive program for youth.
- Most staff from children's protective services and foster care report a positive working relationship with their management team.

Opportunities

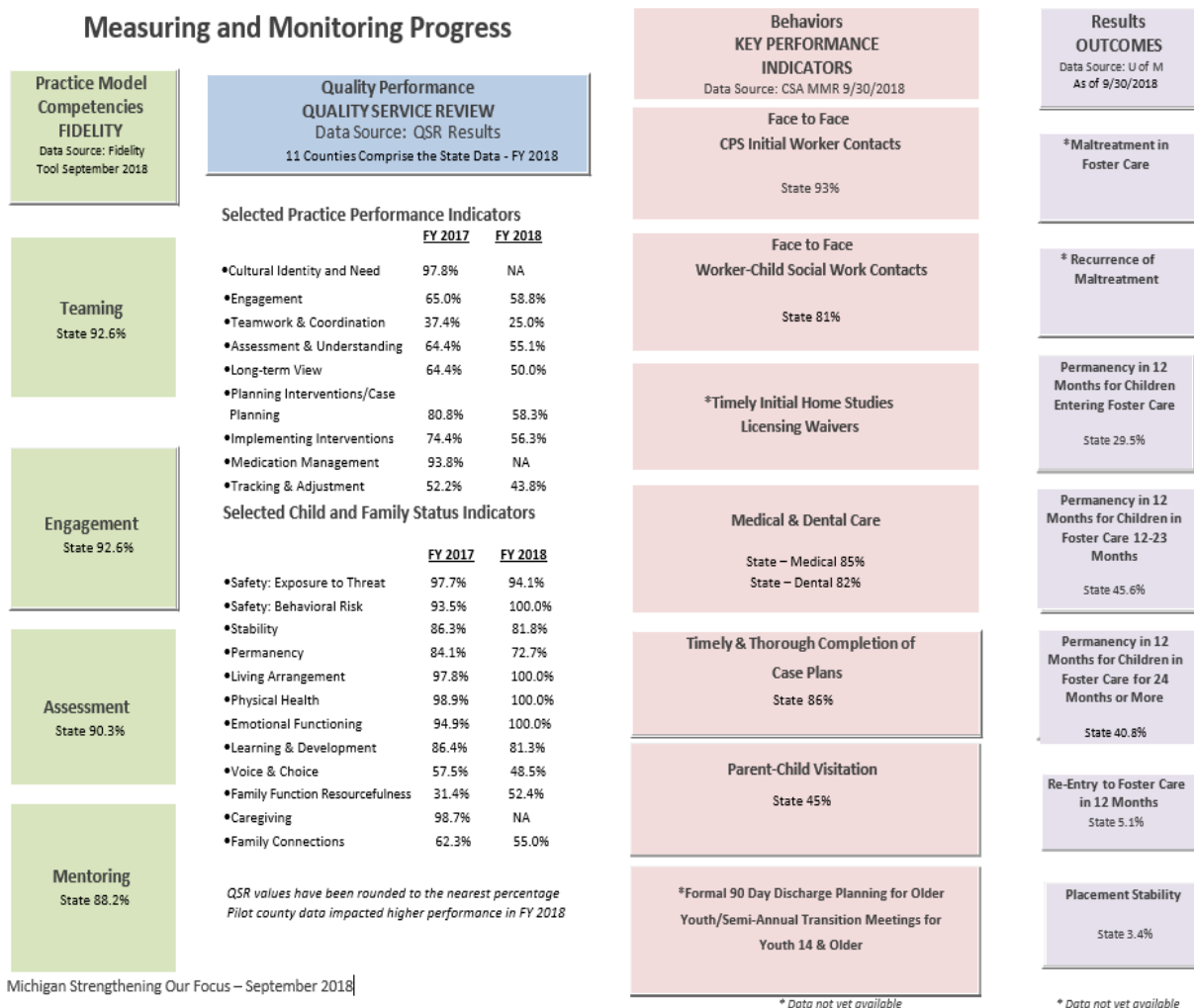
- Additional substance abuse services that are more intensive and provide long-term support.
- Staff turnover is a challenge statewide in both public and private sectors.
- Additional resources for transportation, affordable housing, and substance abuse programs within rural communities.
- Difficulty in being accepted for services provided by local Community Mental Health (CMH), children are not meeting criteria for treatment authorization or children are waiting for openings of inpatient treatment in the emergency rooms.
- Lack of local foster homes results in children being placed outside of the community.
- Access to more child specific trauma focused mental health services are needed statewide. Therapists are not universally trauma informed.

Ongoing Monitoring Systems

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.



Continuous Quality Improvement

This QSR annual report provides information on statewide systemic factors and Michigan's case practice performance. The data from this report in concert with other available data sources will help inform the statewide best practice.

The MDHHS Children's Services Agency (CSA) structure is designed for organizing continuous quality improvement efforts at the state level that funnel into local county and agency levels. The Quality Improvement Council, in addition to this report, receives input from the community at large, funders and the federal and state government and develops policies and programs to meet and respond to the needs of children and families. Each local MDHHS and private foster care agency has a continuous quality improvement (CQI) team that ensures the services provided by their agency meet key performance indicators or implement plans toward meeting standards in their agency.

Recommendations

Michigan's child welfare improvement efforts should focus on development of staff skills to increase engagement with the families served. A key component to good engagement is through the development of a strong assessment and understanding of a family's needs and strengths. A thorough assessment will allow team members to develop a relevant case plan and implement appropriate and specific services.

In addition, Michigan's child welfare should consider addressing key service gaps that continue to be identified including restricted access to mental health services, transportation needs, substance abuse treatment and long-term support, as well as affordable housing. Children are denied access to mental health services when their behavior does not meet a minimum threshold for access of treatment through definitions set by Medicaid. This denial limits the level of treatment that is available to children. These service gaps prove to be challenging for caseworkers to implement services for the children and families in need. In some instances, family members are forced to accept a service that is closer in proximity but less appropriate to meet their identified need because of the lack of transportation or a parent is forced to travel a long distance for in-patient substance abuse treatment when a local resource is not available.

The goal for Michigan's child welfare community is to utilize the information outlined in this QSR annual report in conjunction with other data sources and existing improvement plans to address service gaps and improve case practice for families and children to experience successful outcomes in safety, permanency and well-being.

Appendix A

Child and Family Status Indicators

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

Category	Item	2016	2017	2018
Safety: Exposure to Threats	a. Home	93.8%	96.7%	97.4%
Safety: Exposure to Threats	b. School	100.0%	98.2%	96.1%
Safety: Exposure to Threats	c. Other Settings	91.3%	100.0%	88.5%
Safety: Behavioral Risk	a. Risk to Self	86.4%	91.7%	91.4%
Safety: Behavioral Risk	b. Risk to Others	89.7%	95.2%	91.4%
Stability	a. Home	78.1%	84.4%	83.1%
Stability	b. School	86.0%	89.3%	82.4%
*Permanency	a. Placement Fit	95.3%	95.6%	N/A
*Permanency	b. Security & durability	95.3%	88.9%	N/A
*Permanency	c. Legal permanency	73.9%	66.7%	N/A
*Permanency	Permanency	N/A	N/A	75.4%
Living Arrangement	Living Arrangement	95.3%	97.8%	97.4%
*Physical Health	a. Physical Status	93.8%	100.0%	N/A
*Physical Health	b. Receipt of Care	98.4%	97.8%	N/A
*Physical Health	Physical Health	N/A	N/A	94.7%
Emotional Functioning	Emotional Functioning	84.3%	94.9%	93.4%
Learning & Development	a. Early Learning / Development	92.3%	95.2%	96.9%
Learning & Development	b. Academics	86.8%	86.7%	73.8%
*Learning & Development	c. Prep for Adulthood (14-17 yrs.)	62.5%	64.3%	N/A
*Learning & Development	d. Trans to Adulthood (18+)	100.0%	50.0%	N/A
*Independent Living Skills	Independent Living Skills	N/A	N/A	80.0%
Voice and Choice	a. Child/Youth	57.7%	68.8%	77.3%
Voice and Choice	b. Mother	63.2%	43.2%	44.4%
Voice and Choice	c. Father	50.0%	42.9%	23.3%
Voice and Choice	d. Caregiver	75.0%	68.6%	68.9%

*Voice and Choice	e. Other	N/A	N/A	33.3%
Family Function/Resourcefulness	a. Mother	58.5%	28.6%	44.0%
Family Function/Resourcefulness	b. Father	53.6%	35.1%	38.9%
* Family Function/Resourcefulness	c. Other	N/A	N/A	50.0%
Caregiving	a. Family Setting	97.0%	98.6%	N/A
Caregiving	b. Residential Care (Group Setting)	80.0%	100.0%	N/A
Family Connections	a. Mother	73.1%	66.1%	48.4%
Family Connections	b. Father	73.7%	54.1%	53.3%
Family Connections	c. Siblings	88.9%	60.4%	60.7%
Family Connections	d. Other	81.0%	66.7%	68.0%
Child and Family Status Indicators	Overall Status Rating	79.7%	76.7%	71.4%

**In 2018 the QSR Protocol was updated. The Permanency indicator has changed. Previously this indicator was scored in three categories: Placement Fit, Security & Durability, and Legal Permanency. This indicator is now scored individually. Physical Status was previously scored in two categories: Receipt of Care and Physical Status. Now the indicator is scored individually. Learning and Development used to be scored in four categories: Early Learning/Development, Academics, Prep for Adulthood (14 to 17 years) and Trans to Adulthood (18+). Independent Living Skills has replaced the items scoring Prep for Adulthood (14 to 17 years) and Trans to Adulthood (18+). The indicators, Voice and Choice and Family Function/Resourcefulness have included an additional item to score (other). Caregiving has been removed and is assessed in other indicators.*

Practice Performance Indicators

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

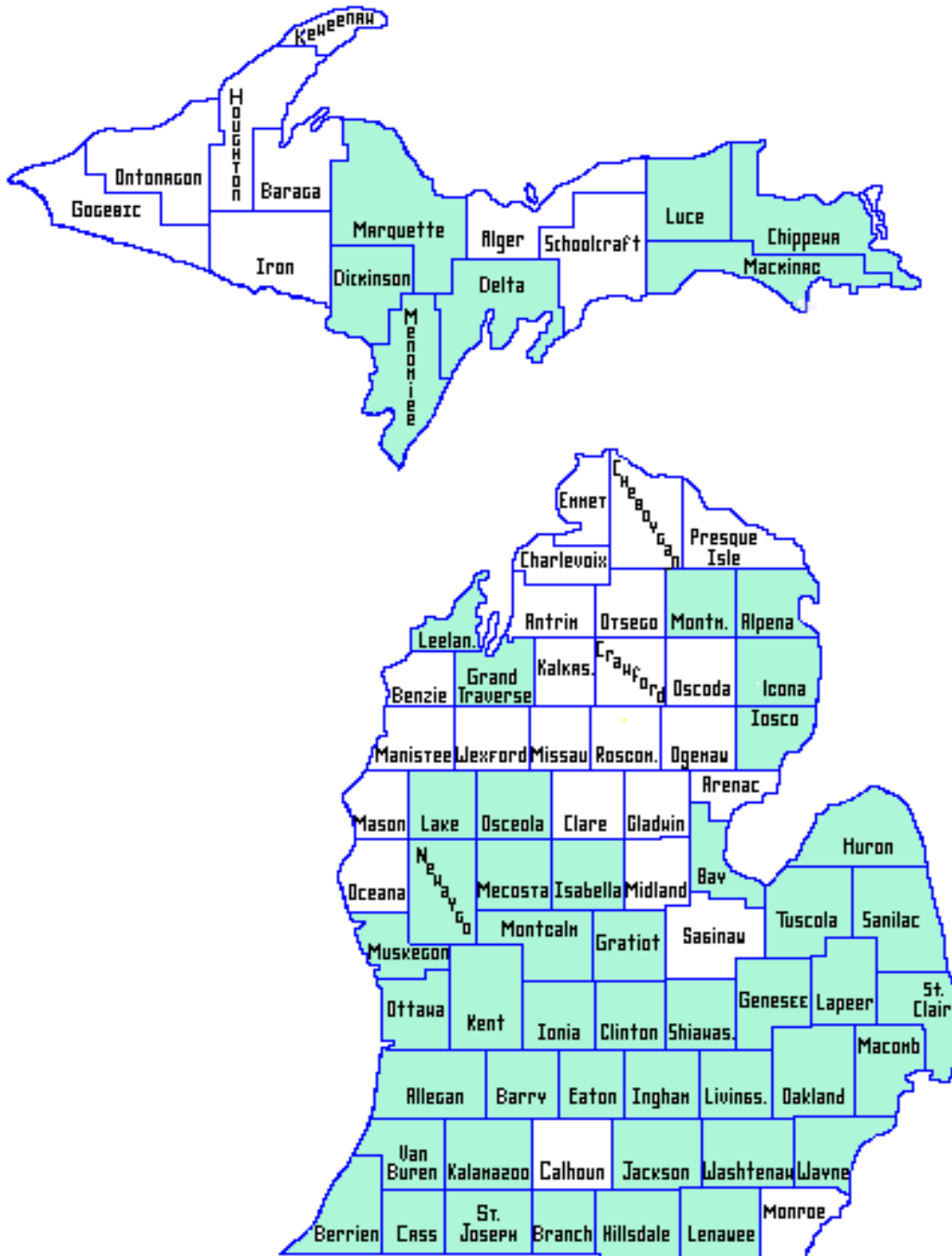
Category	Item	2016	2017	2018
*Cultural Identity and Need	Cultural Identity	96.9%	97.8%	N/A
Engagement	a. Child/Youth	65.5%	70.6%	78.3%
Engagement	b. Mother	73.7%	62.2%	55.6%
Engagement	c. Father	69.2%	63.9%	26.7%
Engagement	d. Caregiver	75.0%	72.5%	75.6%
Engagement	e. Other	61.5%	36.8%	30.8%
*Teaming	a. Formation	64.1%	47.8%	N/A
*Teaming	b. Functioning	53.1%	34.4%	N/A
*Teaming	c. Coordination	54.7%	30.0%	N/A
*Teaming	Teaming	N/A	N/A	24.7%
Assessment & Understanding	a. Child/Youth	85.9%	83.3%	74.0%
Assessment & Understanding	b. Mother	76.7%	44.6%	48.1%

Assessment & Understanding	c. Father	55.9%	42.9%	30.4%
Assessment & Understanding	d. Caregiver	80.0%	74.0%	77.8%
Assessment & Understanding	e. Other	66.7%	47.8%	21.4%
Long-term View	Long-term View	67.2%	64.4%	55.8%
*Planning Interventions	a. Safety/Protection	76.6%	86.7%	N/A
*Planning Interventions	b. Permanency	80.3%	64.3%	N/A
*Planning Interventions	c. Well-Being	87.5%	50.0%	N/A
*Planning Interventions	d. Transition/Life Adjustment	66.7%	68.8%	N/A
*Case Planning	a. Child/Youth	N/A	N/A	70.1%
*Case Planning	b. Mother	N/A	N/A	48.1%
*Case Planning	c. Father	N/A	N/A	36.2%
*Case Planning	d. Caregiver	N/A	N/A	77.3%
*Case Planning	e. Other	N/A	N/A	30.0%
Implementing Interventions	Implementing Interventions	81.3%	74.4%	N/A
Implementing Interventions	a. Child/Youth	N/A	N/A	70.1%
Implementing Interventions	b. Mother	N/A	N/A	40.4%
Implementing Interventions	c. Father	N/A	N/A	23.9%
Implementing Interventions	d. Caregiver	N/A	N/A	80.0%
Implementing Interventions	e. Other	N/A	N/A	33.3%
*Medication Management	Medication Management	95.0%	93.8%	N/A
Tracking & Adjustment	Tracking & Adjustment	75.0%	52.2%	45.5%
Overall Practice Performance Indicators	Overall Practice Rating	71.9%	60.0%	46.8%

**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. Two indicators were removed; Cultural Identity and Need and Medication Management. These indicators have been included in other assessed indicators.*

Appendix B QSR Review Sites

The counties highlighted represent participation in the Quality Service Review during fiscal years 2014 through 2018.



Appendix C

The Six-Month Progress Trajectory considers the child and family status in life compared to status six months ago. The Six-Month Forecast considers the current level of practice performance and events expected to occur over the next six months.

