

Office of the Auditor General
Performance Audit Report

**Monitoring of Selected
Child Welfare Caseloads**
Michigan Department of Health and Human Services

June 2021

The auditor general shall conduct post audits of financial transactions and accounts of the state and of all branches, departments, offices, boards, commissions, agencies, authorities and institutions of the state established by this constitution or by law, and performance post audits thereof.

The auditor general may make investigations pertinent to the conduct of audits.

Article IV, Section 53 of the Michigan Constitution



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Office of the Auditor General

Report Summary

Performance Audit

Monitoring of Selected Child Welfare Caseloads

Michigan Department of Health and Human Services (MDHHS)

Report Number:
431-2785-18

Released:
June 2021

The MDHHS Children's Services Agency administers the State's child welfare programs and has established caseload maximums for over 4,000 child welfare staff who perform critical tasks related to children's protective services (CPS), foster care, adoption, and child welfare licensing. These staff are located throughout the State in local MDHHS county offices and private child placing agencies and were providing services for approximately 13,000 CPS cases, 13,000 foster care children, 7,500 licensed foster home providers, and 3,000 children in adoption cases during our audit period.

Audit Objective			Conclusion
Objective: To assess the sufficiency of MDHHS's central office efforts to monitor selected child welfare staff caseloads.			Moderately Sufficient
Findings Related to This Audit Objective	Material Condition	Reportable Condition	Agency Preliminary Response
Local child welfare agencies do not report to MDHHS's central office their corrective actions to address caseload issues identified in weekly reports, such as cases without an assigned primary caseworker. We noted that 40% of cases sampled without an assigned primary caseworker remained so for an average of 15 weeks (Finding #1).	X		Disagrees
Nearly 50% of sampled child welfare staff worked on case assignments that MDHHS did not count when assessing caseloads and compliance with MDHHS's established caseload limits (Finding #2).	X		Disagrees
A notable portion of child welfare staff responding to our survey indicated that case assignments were inappropriately moved between caseworkers for the sole purpose of enhancing caseload compliance rates; however, MDHHS's central office did not periodically analyze case movement to address this risk (Finding #3).	X		Agrees

Findings Related to This Audit Objective (Continued)	Material Condition	Reportable Condition	Agency Preliminary Response
MDHHS had not developed procedures for conducting Statewide trend analyses that could enhance its ability to detect pervasive caseload issues, distinguish and share best practices, and identify emerging caseload issues (<u>Finding #4</u>).		X	Agrees

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Doug A. Ringler, CPA, CIA
Auditor General

June 16, 2021

Ms. Elizabeth Hertel, Director
Michigan Department of Health and Human Services
South Grand Building
Lansing, Michigan

Dear Ms. Hertel:

This is our performance audit report on the Monitoring of Selected Child Welfare Caseloads, Michigan Department of Health and Human Services.

Your agency provided preliminary responses to the recommendations at the end of our fieldwork. The *Michigan Compiled Laws* and administrative procedures require an audited agency to develop a plan to comply with the recommendations and to submit it to the State Budget Office upon completion of an audit. Within 30 days of receipt, the Office of Internal Audit Services, State Budget Office, is required to review the plan and either accept the plan as final or contact the agency to take additional steps to finalize the plan.

We appreciate the courtesy and cooperation extended to us during this audit.

Sincerely,

A handwritten signature in black ink that reads "Doug Ringler". The signature is written in a cursive, flowing style.

Doug Ringler
Auditor General

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AUDIT OBJECTIVES, CONCLUSIONS, FINDINGS, AND OBSERVATIONS

MONITORING OF SELECTED CHILD WELFARE STAFF CASELOADS

BACKGROUND

The U.S. Department of Health and Human Services (HHS) Children's Bureau states that agencies should monitor caseloads* and workloads* on an ongoing basis and that caseload and workload management often appear as key ingredients in a state's comprehensive strategy to produce better outcomes* for children and families.

The Michigan Department of Health and Human Services (MDHHS) administers the State's child welfare programs and establishes Statewide policy for child welfare staff* caseloads. MDHHS's Children's Services Agency (CSA), within MDHHS's central office, has primary responsibility for departmentwide caseload monitoring and oversight.

MDHHS has established maximum caseload limits for over 4,000 child welfare staff who perform critical tasks related to children's protective services* (CPS), foster care*, adoption, and child welfare licensing throughout the State. Child welfare staff comprise both MDHHS local county office staff and private child placing agency* (CPA) staff. MDHHS's central office has a standard that 95% of child welfare staff caseloads comply with its established maximum caseload limits (see Exhibit #1A).

MDHHS's central office compiles weekly caseload compliance reports* using information collected from the Michigan Statewide Automated Child Welfare Information System (MiSACWIS). These reports are MDHHS's primary caseload monitoring tool and contain Statewide and local child welfare agency* (local agency) level caseload information. MDHHS's central office distributes the weekly reports to local agencies either directly or through the appropriate MDHHS Business Service Center* (BSC) (see Exhibit #2). The information provided to local agencies includes, but is not limited to, the agency's child welfare caseload compliance rate for each assignment type, case listing by caseworker, and cases that are not assigned to a primary caseworker*. MDHHS's central office relies on each local agency to monitor and manage caseloads at the local level.

MDHHS's central office calculates and determines compliance with the department's established caseload maximums, based on staff caseloads on MDHHS official caseload count days*. The count days occur approximately six times each year on pre-established dates that are publicized to all local agencies months in advance. On a count day, MDHHS collects caseload assignment data for all child welfare staff with primary assignments* for the calculation of Statewide compliance rates with

* See glossary at end of report for definition.

established caseload maximums. Child welfare staff may also have secondary assignments* and/or courtesy assignments*; however, only primary case assignments are considered when calculating child welfare staff caseloads.

During our review in August 2018, 4,001 child welfare staff in local agencies throughout the State provided services for approximately 13,000 CPS cases, 13,000 foster care children, 7,500 licensed foster home* providers, and 3,000 children in adoption cases* (see Exhibit #1B). As of April 2021, 4,264 child welfare staff in local agencies throughout the State provided services for approximately 10,000 CPS cases, 11,000 foster care children, 7,000 licensed foster home providers, and 2,500 children in adoption cases.

**FEDERAL
COURT-ORDERED
OVERSIGHT AND
MONITORING**

As of the date of this audit report, MDHHS remained under federal court-ordered* oversight and monitoring related to Michigan's ongoing child welfare reform efforts. The court's oversight and monitoring are focused on MDHHS's compliance with numerous commitments associated with improving the safety, permanency, and well-being of children served by Michigan's child welfare system. Included in the commitments are several related to child welfare staff caseloads. In response, MDHHS has primarily focused its child welfare staff caseload policies and oversight processes toward addressing its needs related to the federal court-ordered requirements.

Our audit objective and procedures were not directed toward concluding on MDHHS's operations related to the federal court-ordered oversight and monitoring of child welfare staff caseloads or the reasonableness of MDHHS's maximum caseload standards requirements that it has established based on the federal court-ordered requirements.

We recognize the importance of MDHHS addressing the federal court-ordered requirements. However, it is also important for MDHHS to ensure that its caseload monitoring and oversight processes are sufficient to address the department's responsibilities to effectively identify and resolve issues with child welfare caseload assignments beyond those required by the court.

AUDIT OBJECTIVE

To assess the sufficiency* of MDHHS's central office efforts to monitor selected child welfare staff caseloads.

CONCLUSION

Moderately sufficient.

* See glossary at end of report for definition.

**FACTORS
IMPACTING
CONCLUSION**

- Approximately 84% of sampled child welfare staff reviewed did not exceed MDHHS's established maximum caseload limits on 4 selected dates examined during the audit period.
- MDHHS's central office had a weekly process to generate and distribute caseload monitoring reports to support local agencies' monitoring and management of child welfare staff caseloads.
- During the audit period, MDHHS continued to work with the court-appointed federal monitors* to measure MDHHS's progress in satisfying the court's designated performance standards for certain caseload requirements.
- Three material conditions* related to:
 - Ensuring corrective actions for identified caseload noncompliance issues (Finding #1).
 - Monitoring secondary and courtesy assignments (Finding #2).
 - Monitoring the movement of case assignments (Finding #3).
- The reportable condition* related to needed improvements in analyzing Statewide caseload trends (Finding #4).

* See glossary at end of report for definition.

FINDING #1

Improvement needed to ensure that local child welfare agencies consistently carry out necessary and timely corrective actions for identified caseload issues.

MDHHS's central office compiles and distributes weekly reports to local agencies with identified caseload noncompliance issues; however, the local agencies do not report back their corrective actions to MDHHS's central office.

MDHHS's weekly reports consistently identified each agency's child welfare cases without a primary caseworker assigned; however, 40% of cases sampled remained without a primary caseworker assigned for an average of 15 weeks.

MDHHS's central office consistently notified local child welfare agencies (local agencies) of identified caseload noncompliance issues; however, it did not require local agencies to provide their planned and/or completed corrective action(s) to address the identified issues. Doing so would increase MDHHS central office's ability to ensure the appropriate and timely resolution of known caseload issues, thereby strengthening the support and services provided to children and families in Michigan's child welfare system.

Effective caseload monitoring procedures are essential for child welfare agencies to consistently meet their missions*, and professional guidance supports that procedures to assess corrective action for appropriateness, implementation, and impact are essential for complete and effective monitoring.

MDHHS's central office compiles weekly caseload compliance reports for its federal caseload monitoring activities and distributes the reports to local agencies, as applicable. The reports identify, among other things, the agency's child welfare caseload compliance rate for each assignment type, case listing by caseworker, and cases that are not assigned to a primary caseworker.

To help evaluate the impact of local agencies not reporting corrective actions to MDHHS central office, we examined the case assignment history for a sample of 25 child welfare cases and 15 foster home providers selected from the Statewide population of cases that we identified as potentially lacking assignment of a required primary caseworker on March 14, 2018. MDHHS policy requires that all child welfare cases and foster home providers have a primary caseworker assigned to ensure continuous service for children and families and the weekly reports that MDHHS's central office provides to each local agency identify the local agency's cases that are not in compliance with this policy. We noted:

- 40% of the sampled child welfare cases did not have a primary caseworker assigned to the case, as required, for an average of 15 weeks, ranging from 2 to 61 weeks.
- 27% of the sampled foster home providers did not have a primary caseworker assigned, as required, for an average of 68 weeks, ranging from 55 to 86 weeks.

Based on our discussions with MDHHS management and our understanding of MDHHS's weekly caseload reports, the lack of primary caseworker assignments for these specific cases and providers were likely included on central office's weekly report over an extended period while remaining uncorrected by the local agencies.

* See glossary at end of report for definition.

MDHHS management informed us that it does not have a formalized procedure requiring local agencies to report corrective actions to MDHHS's central office and relies on various informal practices and communication channels, principally at the local level, to address compliance issues identified in the weekly caseload reports and ensure that appropriate corrective action is taken.

We consider this finding to be a material condition because of:

- The potential negative impacts on children, families, and child welfare staff when known caseload and workload issues persist and remain uncorrected.
- The importance of MDHHS establishing independent caseload monitoring and management strategies, beyond federal court-mandated requirements, that reinforce and advance ongoing child welfare reform efforts in Michigan.

RECOMMENDATION

We recommend that MDHHS's central office require local agencies to provide MDHHS's central office the agency's planned and/or completed corrective action(s) to address the caseload noncompliance issues that are identified in MDHHS's weekly caseload compliance reports.

AGENCY PRELIMINARY RESPONSE

MDHHS provided us with the following response:

MDHHS disagrees.

MDHHS's weekly caseload count report process does not include formal procedures for agencies to report all compliance issues or actions taken to central office. Business Service Center (BSC) and Division of Continuous Quality Improvement (DCQI) analysts send weekly caseload reports to all agencies and work independently with each agency as needed. Each BSC and agency has their own extensive practices to address compliance issues and ensure that action is taken to mitigate any identified concerns.

Informal communication between local agencies and the Data Management Unit (DMU) also occurs to troubleshoot compliance issues. This communication often includes recommendations or suggestions to resolve issues based on effective regional and local practices.

MiSACWIS case assignments are managed at a local level. At times, cases may unintentionally become improperly assigned, resulting in a case appearing in MiSACWIS without a primary caseworker. A MiSACWIS case without a primary caseworker does not necessarily mean that services and case management activities are not occurring. Understanding the importance of ensuring every case always has a primary caseworker, case assignment design and functionality will be an area of focus in the

development of the new Comprehensive Child Welfare Information System (CCWIS).

MDHHS is committed to ensuring manageable and compliant caseloads for child welfare staff to ensure that children and families receive the support and services they need to promote child safety, well-being, and permanency. The current methodology for caseload oversight and monitoring of compliance utilizes a shared responsibility of the MDHHS' Children's Services Agency, along with regional BSCs, local offices, and private agencies and has enabled MDHHS to officially report overall caseload compliance ranging from 95.6% to 95.9%, with an average performance of 95.8%, to the federal monitors. Caseload data is verified for the federal lawsuit by the department, utilizing the University of Michigan, and the monitors of Michigan's lawsuit.

To further support MDHHS's efforts around caseload compliance, caseload details are communicated to the executive director of the Children's Services Agency (CSA) within a weekly director's report. The executive director reviews the report for overall compliance.

**AUDITOR'S
COMMENTS TO
AGENCY
PRELIMINARY
RESPONSE***

MDHHS's response reaffirms that it relies on practices and informal procedures that exist outside of central office operations. However, CSA, within MDHHS's central office, has primary responsibility for departmentwide caseload monitoring and oversight. Its reliance on these activities did not always ensure that local agencies carried out timely and appropriate resolution of identified caseload non-compliance issues, as demonstrated in our finding. Consequently, our recommendation remains unchanged.

Also, the caseload performance rates that MDHHS refers to in its response were reported to the federal monitors subsequent to our audit period, from February 2020 to February 2021. We did not validate these rates and, as noted in Finding #2, the previously reported rates did not include all case assignments.

* See glossary at end of report for definition.

FINDING #2

Improvement needed to ensure that secondary and courtesy case assignments are included in the monitoring of child welfare staff caseloads.

Child welfare staff commonly perform work on secondary and courtesy assignment cases that are not counted when MDHHS calculates caseloads. We noted that:

- Almost 50% of child welfare staff reviewed had secondary assignments.
- Almost 60% of child welfare caseworkers responding to our survey indicated that they had been assigned secondary and/or courtesy assignments.

Although not constituting full case responsibility, there is a level of work expectation for these assignments.

MDHHS's central office did not include secondary and courtesy case assignments when monitoring child welfare staff caseloads. Consequently, staff often performed work on cases that were not counted when monitoring caseload levels.

Federal HHS Children's Bureau guidance indicates that determining the right number and types of cases; assigning cases appropriately to staff; and reviewing and adjusting the types of tasks assigned to caseworkers, in addition to their direct work with families, are all ingredients for ensuring a manageable caseload and overall workload for the employee. In addition, HHS Children's Bureau guidance affirms that striving to ensure staff have manageable caseloads and workloads will help them better support families in achieving positive outcomes.

Our review of 214 sampled staff, assigned 3,262 child welfare cases, and the responses to our survey of approximately 2,200 child welfare staff Statewide noted that:

- 48% of sampled staff also had secondary cases assigned, with an average of 4 cases per staff person.

Although secondary assignments do not constitute full case responsibility, MDHHS informed us that secondary assignments may involve:

- Providing additional support for new caseworkers in training and coverage for pending adjudication matters and short-term annual leave or unexpected sick leave.
- Completing forms for activities such as initial relative safety screenings and children's foster care relative placement home studies.
- Conducting special evaluations of peers' cases.
- 14% of sampled staff had courtesy cases assigned, with an average of 2 cases per staff person.

Courtesy caseworkers* assist with contacts and services for cases outside of the responsible county, for example, if a child is temporarily in a hospital outside of the responsible county.

- 57% of child welfare caseworker* respondents to our survey reported that they had been assigned secondary and/or courtesy assignments and that they spent an average of 8% and 10% of their time, respectively, on these cases (see Exhibit #3, Questions #10, #12, #13, and #15).

* See glossary at end of report for definition.

MDHHS's central office utilized the caseload count methodology approved by the court-appointed federal monitors, which excludes secondary and courtesy assignments.

MDHHS's central office primarily focuses its caseload monitoring efforts toward evaluating compliance with federal court-mandated caseload requirements. It utilizes the federal monitor's caseload count methodology for assessing Statewide compliance with established caseload maximums and preparing the weekly caseload compliance reports. The caseload count methodology excludes secondary and courtesy assignments.

MDHHS has asserted that "secondary assignments are very rare and never constitute responsibility for the child's case."; however, that assertion is not supported by either our testing or survey results. MDHHS also asserted that tracking and monitoring these additional assignments centrally would not be meaningful because they are managed by each local agency.

We consider this finding to be a material condition because of:

- The prevalence of secondary and courtesy assignments and the resulting impact on caseworkers overall workloads.
- The potential negative impacts on child welfare staff and the provision of services to children and families in Michigan's child welfare system.
- The importance of MDHHS developing independent caseload monitoring and management strategies that effectively identify and resolve issues with child welfare staff caseload assignments and enhance the State's efforts toward ongoing child welfare reforms.

RECOMMENDATION

We recommend that MDHHS's central office include secondary and courtesy case assignments in its monitoring of child welfare staff caseloads.

AGENCY PRELIMINARY RESPONSE

MDHHS provided us with the following response:

MDHHS disagrees.

MDHHS agrees that secondary and courtesy assignment types are not captured in weekly caseload reports. Caseload reporting was negotiated and agreed upon with the federal monitors and it was determined that primary caseload assignments would be the only assignments measured.

However, secondary assignments are used for a variety of business reasons that do not constitute full case responsibility, typically for ancillary support.

Examples include:

- *For administrative purposes, i.e. assigning a primary caseworker and/or supervisor to the case, entering criminal history information, etc.*

- *Additional support for new workers in training.*
- *To allow another worker within the same county to enter a contact, document, etc. to the case record in MiSACWIS.*
- *Pending adjudication, a CPS investigator may be assigned secondary for immediate access to the case for court purposes.*
- *Temporary coverage for short-term annual leave or unexpected sick leave.*
- *For completion of forms, such as the DHS-588 or DHS-3130-A.*
- *To conduct a special evaluation that may occur or is occurring.*
- *Enhanced Foster Care (EFC), to provide additional support to the primary caseworker.*
- *Pending enrollment for licensure.*
- *Placement assistance.*
- *Intake workers who provide additional support to the primary caseworker, as determined by the agency.*

It would not be meaningful to track and monitor secondary assignment types centrally as secondary assignments are managed at a local level based on local practices and operational need. Local offices have better insight into the various complexities of workloads and case specific needs, allowing them to manage secondary assignments more effectively.

Courtesy assignments are essential from a logistical and case management standpoint and occur primarily in CPS cases, as demonstrated by the OAG's survey. Because courtesy assignments are reciprocal, it is anticipated that each county will receive, and issue, generally equitable numbers of courtesy requests, therefore creating a fair distribution to both receiving and issuing counties.

Because courtesy assignments typically require more work than secondary assignments, MDHHS will conduct an impact analysis to evaluate the use and distribution of courtesy assignments across Michigan to determine what, if any action, is needed to support local offices in their oversight of courtesy assignments.

**AUDITOR'S
COMMENTS TO
AGENCY
PRELIMINARY
RESPONSE**

MDHHS's response reaffirms that secondary and courtesy assignments require a level of work on the part of the assigned caseworker and are commonly used for a variety of reasons; however, central office does not measure the prevalence or impacts of these case assignments. Therefore, our recommendation that MDHHS's central office include secondary and courtesy case assignments in its monitoring of child welfare staff caseloads remains unchanged.

FINDING #3

Improved monitoring needed to address the risk that case assignments could be moved between caseworkers solely to enhance caseload compliance rates on designated count days.

MDHHS's central office measures compliance with the department's established caseload maximums on predetermined count dates that are announced months in advance.

A notable portion of child welfare staff responding to our survey conveyed that a risk exists that child welfare case assignments may be temporarily moved between caseworkers solely to improve caseload compliance rates on count days.

MDHHS's central office did not periodically analyze the movement of case assignments to address the risk that assignments are temporarily moved from one caseworker to another solely to improve caseload compliance rates on count days.

Professional guidance states that to effectively manage an organization's fraud risk, detection techniques should be established to uncover potentially improper activity when preventive measures fail or unmitigated risks are realized. In addition, the Children's Rights* and National Center for Youth Law's* report on Improving the Child Welfare Workforce recommends that agencies expand data collection and analysis and utilize that data to allow for ongoing comparison and improvement.

MDHHS's central office calculates and determines compliance with the department's established caseload maximums based on staff caseloads on predetermined and publicized count days. MDHHS provides the count dates to all local agencies months in advance.

Our survey of child welfare staff disclosed that:

- 17% of the 1,510 caseworker respondents indicated that they believed one or more of their case assignments had been temporarily moved to another caseworker for the sole purpose of meeting caseload requirements (see Exhibit #3, Question #23).
- 7% of the 310 supervisor respondents admitted they had temporarily moved a case assignment from one caseworker to another for the sole purpose of meeting caseload requirements (see Exhibit #3, Question #42).

MDHHS informed us that it may review individual alleged instances of improper case movement activity; however, it does not periodically perform Statewide aggregate analyses of case movements on or near official count days to help identify and reduce the risk of this type of potential improper activity.

We consider this to be a material condition because of:

- The notable portion of caseworkers who believe that improper case movements occur and the absence of measures by MDHHS to examine the potential Statewide impact.
- The percentage of supervisors acknowledging improper case assignment movement and the likelihood that the actual number is higher, given the sensitive nature of the survey question and the underlying activity involved.

* See glossary at end of report for definition.

RECOMMENDATION

We recommend that MDHHS's central office periodically analyze the movement of case assignments to address the risk that assignments are temporarily moved between caseworkers solely to improve caseload compliance rates on count days.

**AGENCY
PRELIMINARY
RESPONSE**

MDHHS provided us with the following response:

MDHHS agrees.

MDHHS agrees that we do not periodically analyze the movement of case assignments as there are a variety of valid reasons for movement. For example, a foster care supervisor may shift cases to service a new sibling group of six under one worker; shifting cases from that worker to create space for six new cases. Or a foster care supervisor may identify during a regular caseload review that one worker has ten cases and another has six, electing to move two cases to create more equitable workloads, leaving both workers with eight cases each.

During Implementation, Sustainability, and Exit Plan (ISEP) reporting periods 12 and 13, the Michigan Monitoring Team (MMT) conducted an in-depth review of allegations of caseload manipulation by MDHHS supervisors and staff. The MMT reported, "Based on interviews with hundreds of staff and supervisors in Michigan, and data analysis involving thousands of cases across ten counties, focused primarily on public sector caseload compliance, the monitoring team concludes the caseload data and information provided by the Department accurately reflects DHHS' performance."

Since the issuance of the OAG's survey in October 2018, MDHHS has made considerable improvements in compliance and communication. To ensure there are no residual issues in this area, MDHHS will explore if there are ways to analyze the movement of cases around a select number of official caseload count days and determine what, if any, action needs to be taken. However, MDHHS continues to believe the movement of cases specifically to ensure caseload compliance on count days is a low risk.

FINDING #4

Improved Statewide caseload compliance trend analyses needed.

MDHHS's central office had not developed formalized procedures or implemented consistent practices for conducting Statewide trend analyses.

MDHHS's central office needs to strengthen its process for analyzing Statewide caseload compliance trends. Doing so would enhance its ability to detect pervasive issues, distinguish and share best practices, and develop training to address identified emerging caseload issues.

In addition to the Children's Rights and National Center for Youth Law's report on Improving the Child Welfare Workforce recommendation to expand data collection and analysis, as referred to in Finding #3, the HHS Children's Bureau asserts that agencies should monitor caseloads on an ongoing basis and that monitoring indicators of staffing overtime, and by region, can reveal trends in workload management needs.

Our review noted that MDHHS's central office had not developed formalized procedures or implemented consistent practices for conducting Statewide trend analyses using the information compiled in its weekly caseload compliance reports. By doing so, MDHHS could increase its effectiveness* in:

- Detecting pervasive and/or ongoing caseload issues and ensuring more timely corrective actions.

For example, a more robust analysis could assist in detecting and affecting corrective action for instances when cases remain without a primary caseworker assigned for extended periods of time (see Finding #1).

- Identifying and efficiently sharing Statewide the best practices of local agencies with consistently favorable caseload compliance results.
- Recognizing and encouraging proactive measures for potential emerging caseload issues at the Statewide, regional, and local agency levels.
- Developing training recommendations that are targeted toward addressing identified issues.

MDHHS informed us that it relied on informal communications with local agencies to troubleshoot compliance issues and provide recommendations to resolve issues based on effective regional and local practices. MDHHS's central office also informed us that it performed reviews of its weekly caseload reports for trends in Statewide caseload compliance; however, it did not provide evidence of its reviews.

RECOMMENDATION

We recommend that MDHHS's central office strengthen its process for analyzing Statewide caseload compliance trends.

* See glossary at end of report for definition.

**AGENCY
PRELIMINARY
RESPONSE**

MDHHS provided us with the following response:

MDHHS agrees.

MDHHS is committed to ensuring manageable and compliant caseloads for child welfare staff to ensure that children and families receive the support and services they need to promote child safety, well-being, and permanency. From February 2020 to February 2021, MDHHS officially reported overall caseload compliance ranging from 95.6% to 95.9%, with an average performance of 95.8%, to the federal monitors, emphasizing the effectiveness of the department's oversight and use of available data.

The department will continue to strengthen its processes for analyzing caseload data around areas of noncompliance, in addition to conducting an impact analysis around courtesy assignments as referenced in the department's response to Finding #2. However, any future in-depth analysis may continue to be handled at the regional or local level.

SUPPLEMENTAL INFORMATION

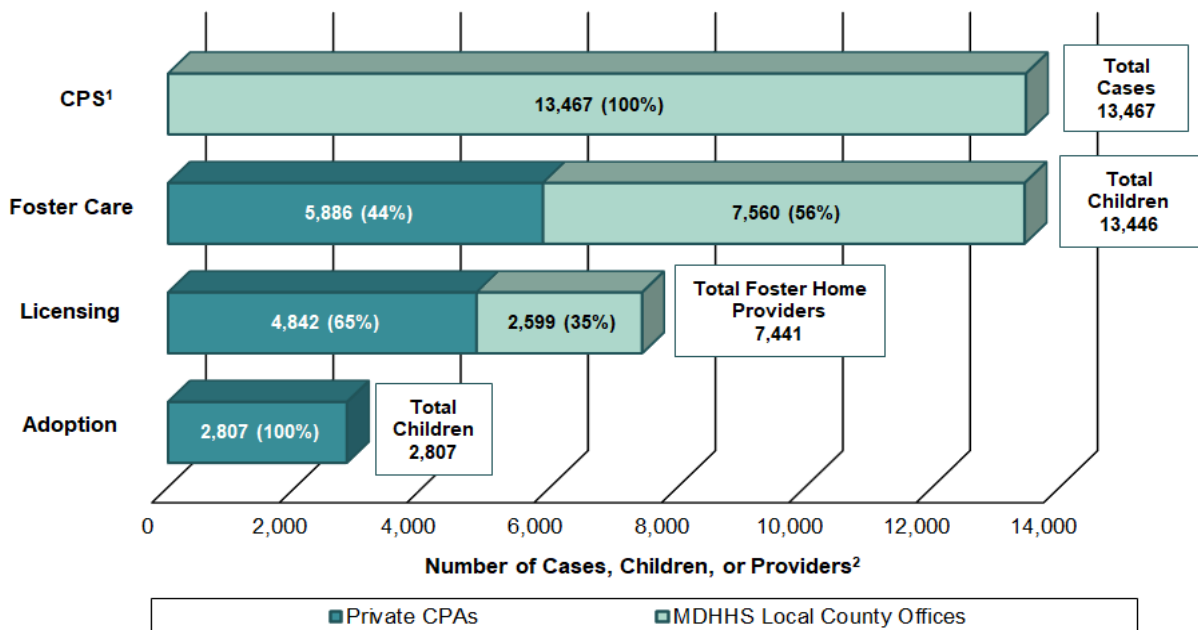
UNAUDITED
Exhibit #1

MONITORING OF SELECTED CHILD WELFARE CASELOADS Michigan Department of Health and Human Services

A. MDHHS-Established Caseload Maximums by Child Welfare Case Assignment Type

Case Assignment Type	Caseload Maximum
CPS Investigation	12 Cases
CPS Ongoing Services	17 Cases
Foster Care	15 Children
Licensing*	30 Foster Home Providers
Adoption	15 Children
Supervision	5 Staff

B. Number of Assigned Child Welfare Cases, Children, or Providers by Local Child Welfare Agency Type on August 7, 2018



¹ Includes CPS investigation and CPS ongoing services case assignment types.

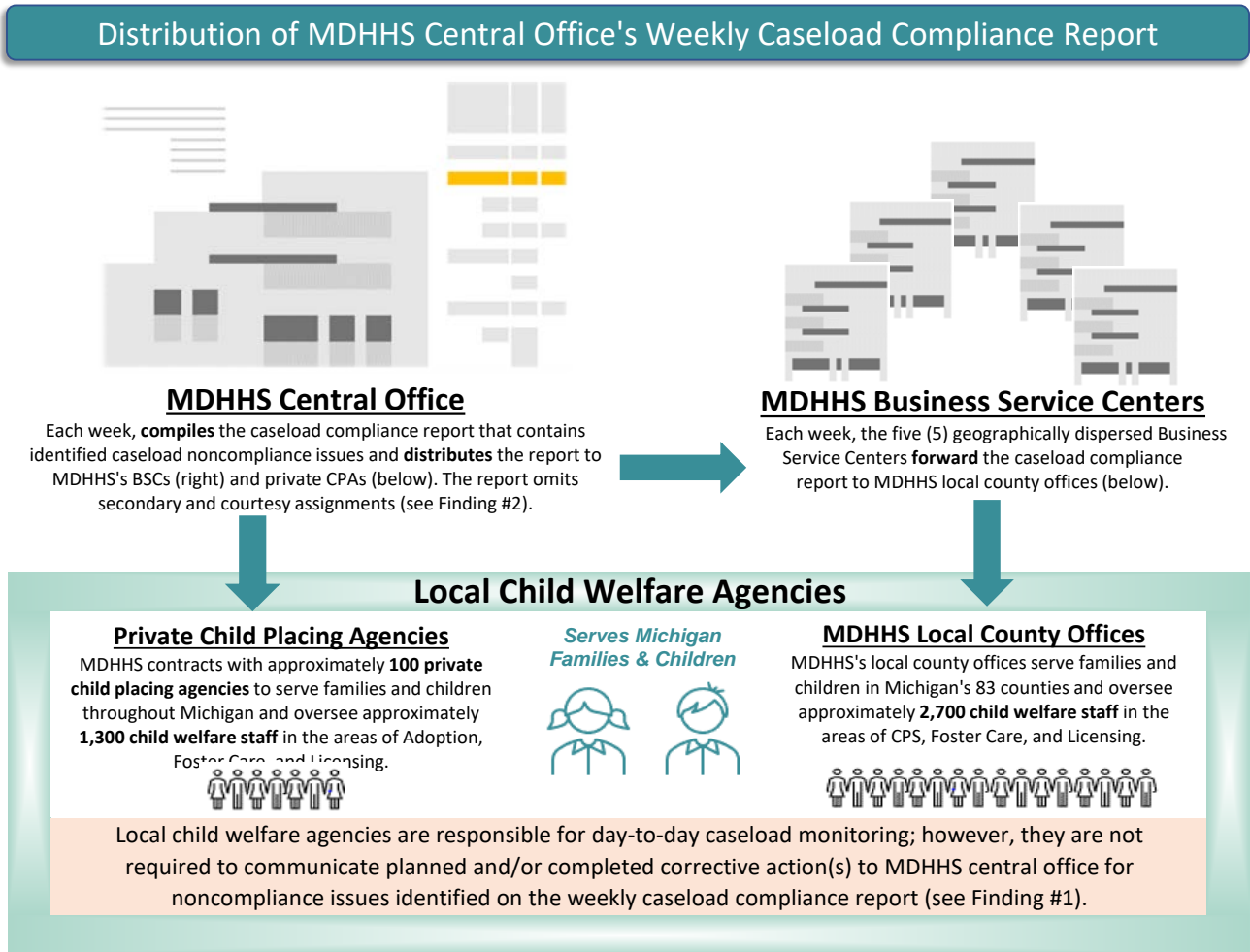
² See Exhibit #1A for MDHHS-established caseload maximums by child welfare case assignment type.

Source: The OAG created Exhibit #1A using information from an MDHHS CSA communication issuance document and Exhibit #1B using information from MDHHS's weekly caseload compliance report.

* See glossary at end of report for definition.

MONITORING OF SELECTED CHILD WELFARE CASELOADS
Michigan Department of Health and Human Services

Distribution of MDHHS Central Office's Weekly Caseload Compliance Report



Source: The OAG created this exhibit based on interviews with MDHHS's central office and BSC personnel.

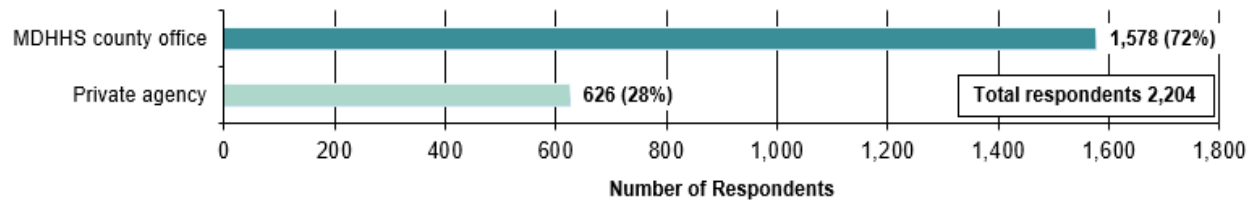
MONITORING OF SELECTED CHILD WELFARE CASELOADS

Michigan Department of Health and Human Services

Child Welfare Caseworker and Supervisor Survey Results

INFORMATIONAL QUESTIONS

1. Do you primarily work for a Michigan Department of Health and Human Services (MDHHS) county office or for a private agency?



2. Which MDHHS county office do you primarily work for?

Alcona and Iosco	15	(1%)	Jackson	44	(3%)
Alger, Marquette, and Schoolcraft	18	(1%)	Kalamazoo	69	(4%)
Allegan and Barry	48	(3%)	Kent	90	(6%)
Alpena and Montmorency	17	(1%)	Lake and Newaygo	25	(1%)
Antrim, Charlevoix, Emmet	25	(1%)	Lenawee	0	(0%)
Arenac and Bay	35	(2%)	Livingston	16	(1%)
Baraga, Houghton, and Keweenaw	11	(1%)	Macomb	73	(5%)
Benzie and Manistee	10	(1%)	Mason and Oceana	19	(1%)
Berrien	27	(2%)	Mecosta and Osceola	20	(1%)
Branch and Hillsdale	28	(2%)	Missaukee and Wexford	18	(1%)
Calhoun	30	(2%)	Monroe	0	(0%)
Cass and St. Joseph	32	(2%)	Muskegon	45	(3%)
Cheboygan and Presque Isle	11	(1%)	Oakland	66	(4%)
Chippewa, Luce, Mackinac	18	(1%)	Ogemaw and Roscommon	18	(1%)
Clare and Isabella	26	(2%)	Ottawa	35	(2%)
Clinton and Eaton	28	(2%)	Saginaw	31	(2%)
Crawford, Oscoda, and Otsego	14	(1%)	St. Clair and Sanilac	40	(3%)
Delta, Dickinson, and Menominee	19	(1%)	Van Buren	28	(2%)
Genesee	56	(3%)	Washtenaw	25	(2%)
Gladwin and Midland	30	(2%)	Wayne	151	(10%)
Gogebic, Iron, and Ontonagon	11	(1%)	I prefer not to answer.	15	(1%)
Grand Traverse, Kalkaska, and Leelanau	28	(2%)	Other (please specify)	65	(4%)
Gratiot and Shiawassee	23	(1%)			
Huron, Lapeer, and Tuscola	35	(2%)			
Ingham	49	(3%)			
Ionia and Montcalm	35	(2%)			
			Total respondents	1,572	

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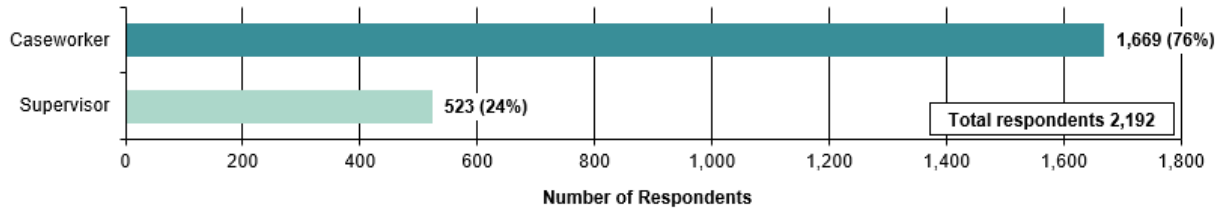
3. Which private agency do you primarily work for?

Adoption and Foster Care Specialists, Inc.	5	(1%)	Holy Cross Children's Services - Saginaw	2	(0%)
Adoption Option, Inc.	8	(1%)	Homes for Black Children	5	(1%)
Bethany Christian Services - Refugee Program	14	(2%)	House of Providence	0	(0%)
Bethany Christian Services Inc. - Grand Rapids	15	(2%)	Indian River Teaching Family Home	0	(0%)
Bethany Christian Services Inc. - Holland	4	(1%)	Judson Center	6	(1%)
Bethany Christian Services Inc. - Madison Heights	13	(2%)	Kidsfirst	0	(0%)
Bethany Christian Services - East Lansing	8	(1%)	Lakes Area Teach Family Home	0	(0%)
Bethany Christian Services - Fremont	8	(1%)	Listening Ear Crisis Center	0	(0%)
Bethany Christian Services - Kalamazoo	14	(2%)	Little River Band of Ottawa Indians	0	(0%)
Bethany Christian Services - Traverse City	4	(1%)	Livingston Co. Catholic Charities	1	(0%)
Boysville of Michigan, Inc.	0	(0%)	Lutheran Adoption Service	32	(5%)
CAO Home	1	(0%)	Methodist Children's Home Society	3	(1%)
Catholic Charities of Jackson, Lenawee and Hillsdale	2	(0%)	Muskegon River Youth Home	0	(0%)
Catholic Charities of Shiawassee and Genesee Counties	7	(1%)	Muskegon River Youth Home - Female	0	(0%)
Catholic Charities of Southeast Michigan	2	(0%)	Muskegon River Youth Home - Male	0	(0%)
Catholic Charities West Michigan - GR	21	(3%)	New Directions - Farmington Hills	0	(0%)
Catholic Charities West Michigan - Muskegon	13	(2%)	New Light Child and Family Institute	3	(1%)
Catholic Charities West Michigan - Traverse City	2	(0%)	North Point Home, LLC	0	(0%)
Catholic Family Services - Bay City	1	(0%)	Oakland Family Services	2	(0%)
Catholic Social Services of the Upper Peninsula	0	(0%)	Open Door Family Services	0	(0%)
Catholic Social Services of Washtenaw	0	(0%)	Orchards Children's Services	23	(4%)
Catholic Social Services of Wayne County	3	(1%)	Pathways, Michigan	9	(1%)
Cedar Creek Teaching Family Home	0	(0%)	Pioneer Work and Learn Center	0	(0%)
Child and Family Charities	0	(0%)	Real Independent Living Program	1	(0%)
Child and Family Services - Northeast Michigan	3	(1%)	Regional Treatment Center	0	(0%)
Child and Family Services of Northwestern Michigan	1	(0%)	Samaritas - Bay	13	(2%)
Child and Family Services of the Upper Peninsula	3	(1%)	Samaritas - Mid MI	7	(1%)
Child Safe Michigan	0	(0%)	Samaritas - Refugee	10	(2%)
Children's Center Wayne Co.	14	(2%)	Samaritas - Southeast	18	(3%)
Christ Child House	1	(0%)	Samaritas - Southwest	16	(3%)
Community Care Organization	3	(1%)	Samaritas - West	16	(3%)
Crossroads for Youth	0	(0%)	Sault Tribe Binogii - Placement	4	(1%)
D.A. Blodgett for Children	27	(4%)	South Bluff Teaching Family Home	0	(0%)
Delaware Home	1	(0%)	Spaulding for Children	8	(1%)
Don Bosco Hall SIL Program	0	(0%)	Spectrum Human Services	7	(1%)
Eagle Village, Inc.	0	(0%)	Spectrum Human Services Independent Living	2	(0%)
Ennis Center for Children - Detroit	10	(2%)	St. John's Home Residential	0	(0%)
Ennis Center for Children - Flint	15	(2%)	St. Vincent Catholic Charities - Child Welfare	0	(0%)
Ennis Center for Children - Pontiac	8	(1%)	Starr Commonwealth - Detroit	0	(0%)
Ennis Center for Children - Port Huron	9	(1%)	Starr Commonwealth Schools	0	(0%)
FAFF Place	0	(0%)	Transitional Living Program - Detroit	1	(0%)
Family and Children Services Inc.	25	(4%)	U.P. Kids	6	(1%)
Family and Community Services - Livingston	10	(2%)	Upper Peninsula Family Solutions	0	(0%)
Family and Community Services - Macomb	8	(1%)	Vista Maria Foster Care	12	(2%)
Family Service and Children's Aid - Jackson County	7	(1%)	Wayne Center	3	(1%)
Forever Families	9	(1%)	Wellspring Lutheran Services Bay City	5	(1%)
Fostering Futures, Ypsilanti	7	(1%)	Wellspring Lutheran Services - East Lansing	8	(1%)
Fostering Solutions	6	(1%)	Wellspring Lutheran Services Gaylord	10	(2%)
Girlstown Foundation, Inc.	4	(1%)	Wellspring Lutheran Services Kentwood	18	(3%)
Good Will Farm Placement Services	0	(0%)	Wellspring Lutheran Services Oak Park	6	(1%)
Greater Hopes Family Services, Inc.	1	(0%)	Westview Home	1	(0%)
Growing Hope Through Love	2	(0%)	Wolverine Human Services Aftercare	22	(4%)
Hands Across the Water	13	(2%)	Youth Guidance Foster Care	6	(1%)
Hanley House	1	(0%)	I prefer not to answer.	1	(0%)
Holy Cross Children's Services - Traverse City	3	(1%)	Other (please specify)	3	(1%)

Total respondents 626

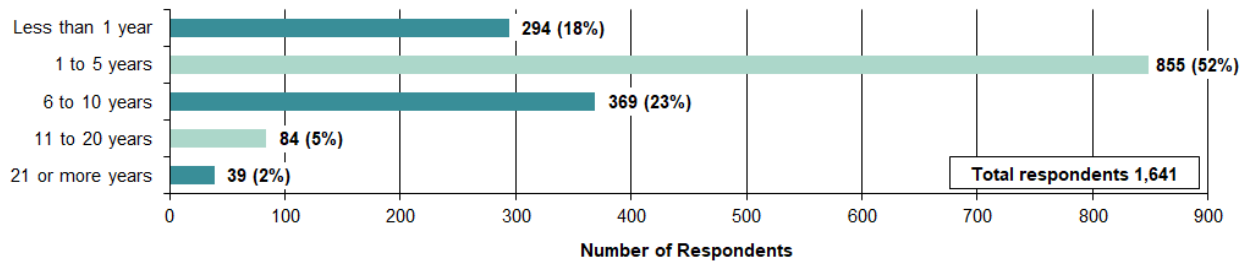
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4. Are you a caseworker or a supervisor?

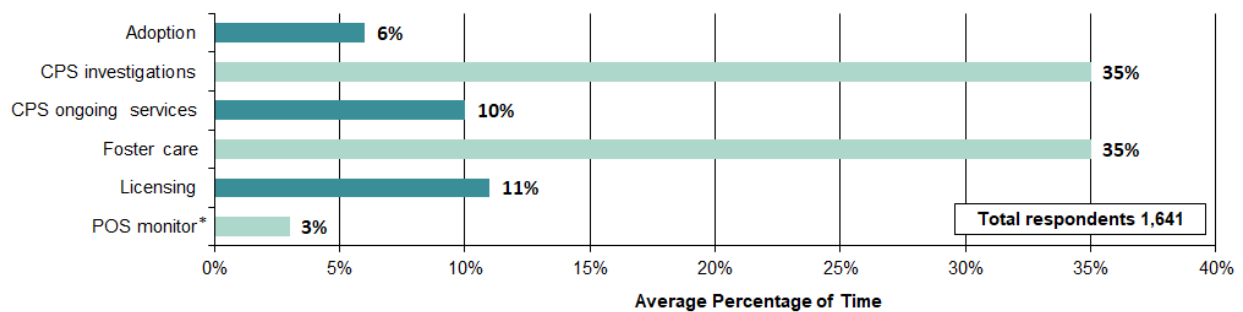


CASEWORKER CASELOAD ASSIGNMENT QUESTIONS

5. How long have you been employed as a child welfare caseworker?



6. During the past 12 months, what percentage of your time did you spend on the following types of case assignments?



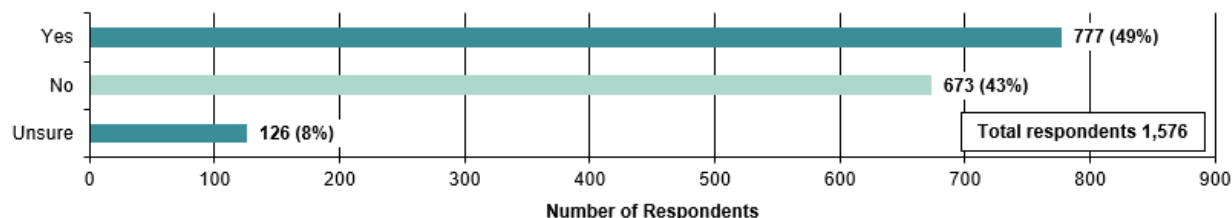
* See glossary at end of report for definition.

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7. For each primary, secondary, or courtesy assignment applicable to you below, please enter the number of cases on your caseload as of Tuesday, October 9, 2018.



8. At any time during the past 12 months, were you assigned as a primary worker in excess of the caseload maximum?



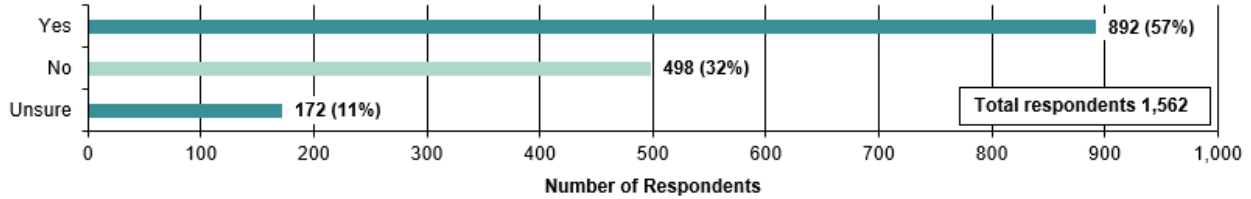
9. During the past 12 months, how many days were you assigned as a primary caseworker in excess of the caseload maximum?

	More Than 120 Days	91 to 120 Days	31 to 90 Days	16 to 30 Days	1 to 15 Days	None	Unsure	Assignment Type Does Not Apply To Me
Adoption (Maximum 15 children)	9 (1%)	3 (0%)	19 (3%)	3 (0%)	8 (1%)	92 (12%)	14 (2%)	621 (81%)
CPS investigations (Maximum 12 cases)	62 (8%)	34 (4%)	81 (11%)	83 (11%)	142 (19%)	64 (8%)	47 (6%)	256 (33%)
CPS ongoing services (Maximum 17 cases)	10 (1%)	6 (1%)	27 (4%)	31 (4%)	34 (4%)	169 (22%)	27 (4%)	465 (60%)
Foster care (Maximum 15 children)	49 (7%)	26 (3%)	49 (7%)	19 (2%)	18 (2%)	97 (13%)	31 (4%)	480 (62%)
Licensing (Maximum 30 providers)	8 (1%)	3 (0%)	7 (1%)	6 (1%)	1 (0%)	98 (13%)	10 (1%)	636 (83%)
Purchase of Service (POS) monitor (Maximum 90 children)	4 (1%)	2 (0%)	5 (1%)	2 (0%)	4 (1%)	106 (14%)	3 (0%)	643 (83%)
Mixed caseload (Maximum case weight total 1.009)	17 (2%)	11 (1%)	30 (4%)	20 (3%)	32 (4%)	100 (13%)	26 (4%)	533 (69%)

Total respondents 769

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10. During the past 12 months, were you assigned as a secondary caseworker* on a case?

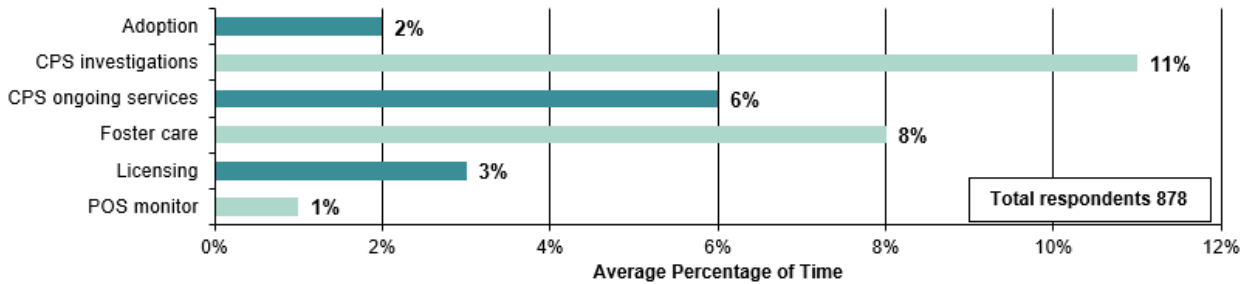


11. Please indicate the types of secondary caseworker assignments you had during the past 12 months.

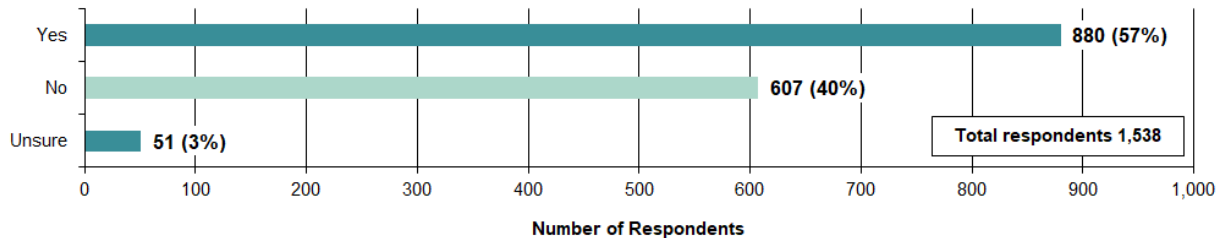
	Assigned	Not Assigned	Unsure	Assignment Type Does Not Apply To Me
Adoption	46 (5%)	149 (17%)	8 (1%)	692 (77%)
CPS investigations	408 (45%)	125 (14%)	15 (2%)	347 (39%)
CPS ongoing services	261 (29%)	147 (16%)	25 (3%)	462 (52%)
Foster care	311 (35%)	93 (10%)	8 (1%)	483 (54%)
Licensing	90 (10%)	136 (15%)	5 (1%)	664 (74%)
POS monitor	48 (5%)	156 (18%)	8 (1%)	683 (76%)

Total respondents 895

12. During the past 12 months, what percentage of your time did you spend working on secondary caseworker assignments?



13. During the past 12 months, were you assigned as a courtesy caseworker on a case?



* See glossary at end of report for definition.

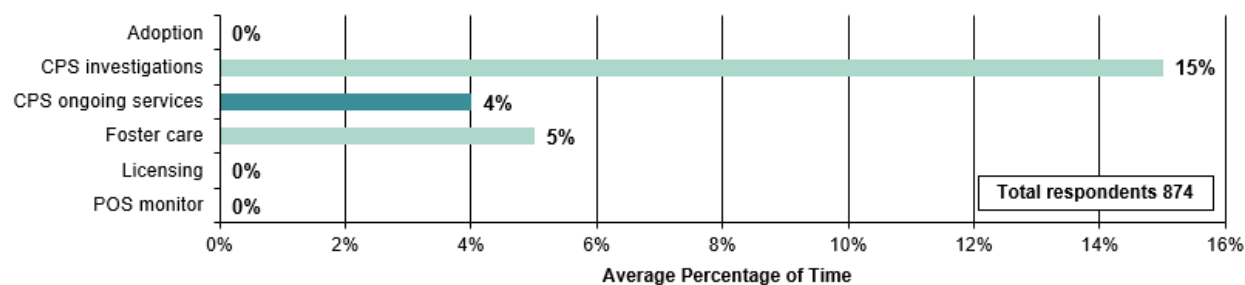
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14. Please indicate the types of courtesy worker assignments you had during the past 12 months.

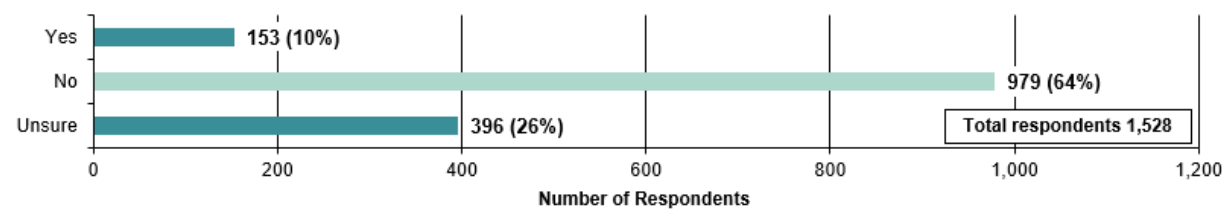
	Assigned	Not Assigned	Unsure	Assignment Type Does Not Apply To Me
Adoption	17 (2%)	128 (14%)	5 (1%)	727 (83%)
CPS investigations	606 (69%)	62 (7%)	6 (1%)	203 (23%)
CPS ongoing services	232 (26%)	150 (17%)	26 (3%)	469 (54%)
Foster care	202 (23%)	103 (12%)	5 (1%)	567 (64%)
Licensing	21 (2%)	127 (15%)	4 (0%)	725 (83%)
POS monitor	12 (1%)	144 (17%)	3 (0%)	718 (82%)

Total respondents 877

15. During the past 12 months, what percentage of your time did you spend working on courtesy assignments?



16. During the past 12 months, were you assigned a case that was without a previously assigned primary caseworker for more than 7 days?



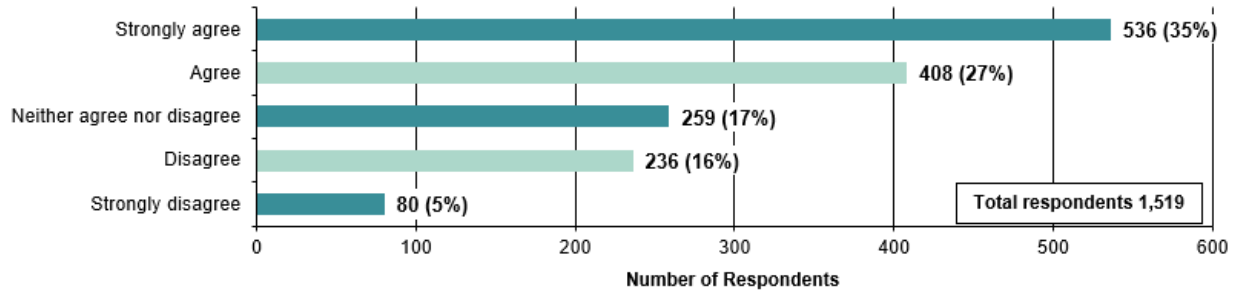
17. During the past 12 months, how often were you assigned cases in which there had previously been no primary caseworker assigned for more than 7 days?

	Very Frequently	Frequently	Occasionally	Very Rarely	Never	Unsure	Assignment Type Does Not Apply To Me
Adoption	3 (2%)	0 (0%)	1 (1%)	2 (1%)	20 (13%)	2 (1%)	127 (82%)
CPS investigations	6 (4%)	7 (5%)	19 (12%)	24 (15%)	20 (13%)	7 (5%)	72 (46%)
CPS ongoing services	2 (1%)	4 (3%)	9 (6%)	14 (9%)	28 (18%)	6 (4%)	92 (59%)
Foster care	3 (2%)	9 (6%)	11 (7%)	34 (22%)	11 (7%)	4 (3%)	83 (53%)
Licensing	2 (1%)	3 (2%)	4 (3%)	2 (1%)	19 (12%)	2 (1%)	123 (80%)
POS monitor	1 (1%)	1 (1%)	0 (0%)	0 (0%)	25 (16%)	1 (1%)	127 (81%)

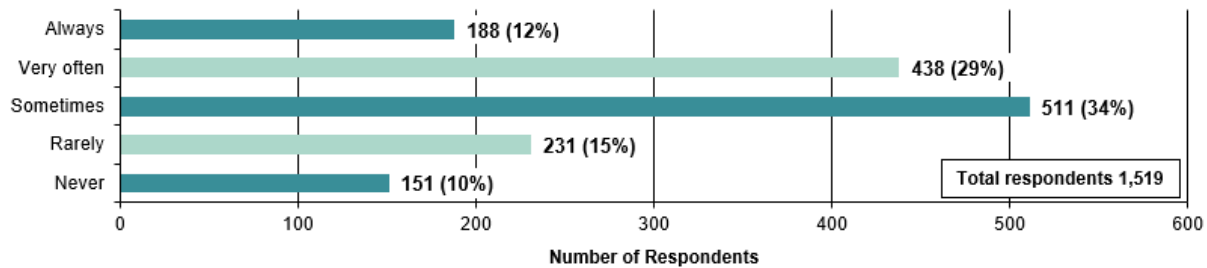
Total respondents 155

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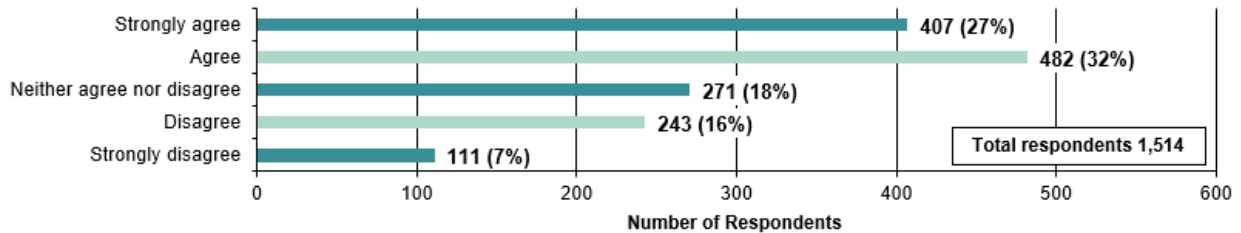
18. To what extent do you agree or disagree with the following statement? "During the past 12 months, the number of cases assigned to me negatively impacted my ability to perform my duties in compliance with MDHHS policy and/or my office's procedures."



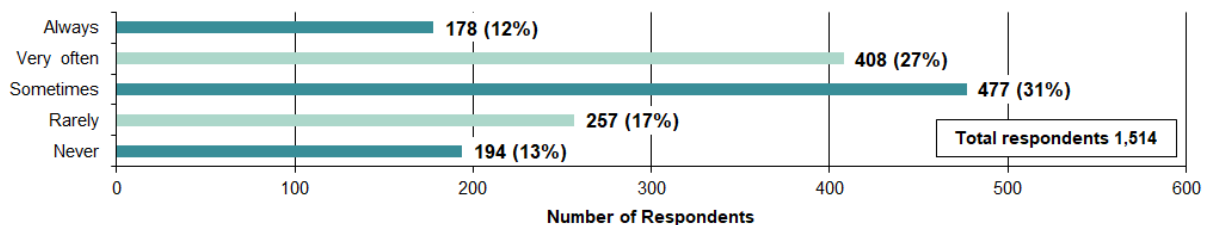
19. During the past 12 months, how often has the number of cases assigned to you negatively impacted your ability to perform your duties in compliance with MDHHS policy and/or your office's procedures?



20. To what extent do you agree or disagree with the following statement? "During the past 12 months, the number of cases assigned to me negatively impacted my ability to focus on serving and protecting the children and families assigned to me."

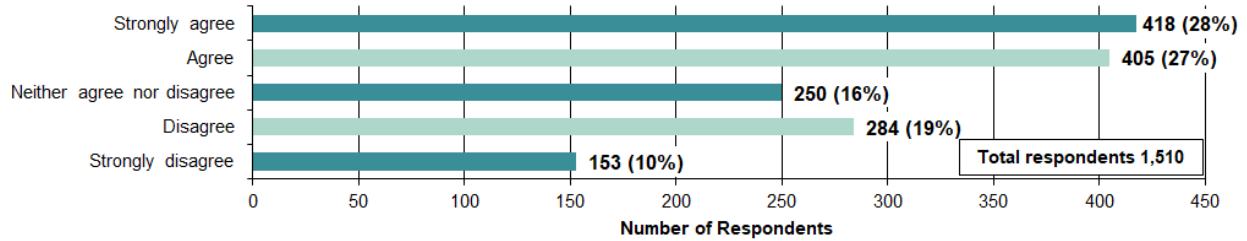


21. During the past 12 months, how often has the number of cases assigned to you negatively impacted your ability to focus on serving and protecting the children and families assigned to you?

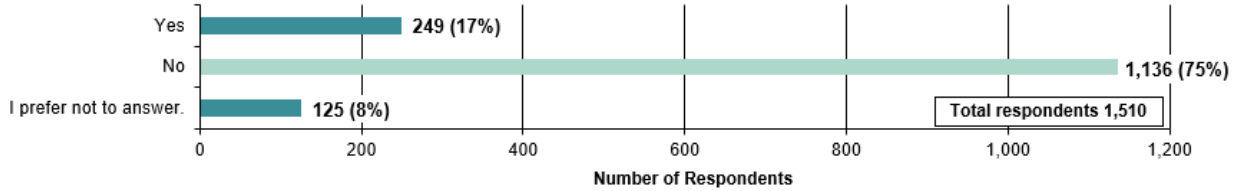


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22. To what extent do you agree or disagree with the following statement? "During the past 12 months, I have considered leaving my position because of the number of cases assigned to me."

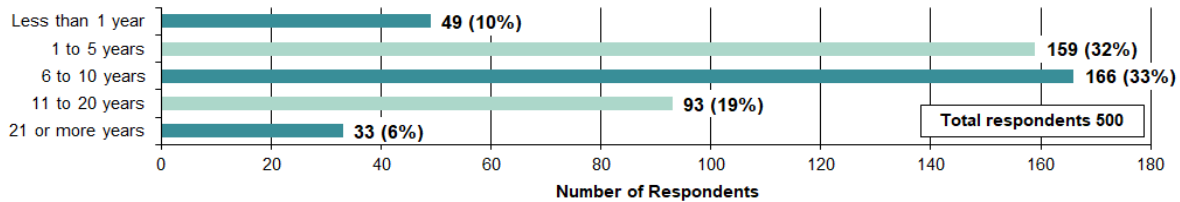


23. During the past 12 months, have one or more of your case assignments been temporarily moved to another caseworker for the sole purpose of meeting caseload requirements?

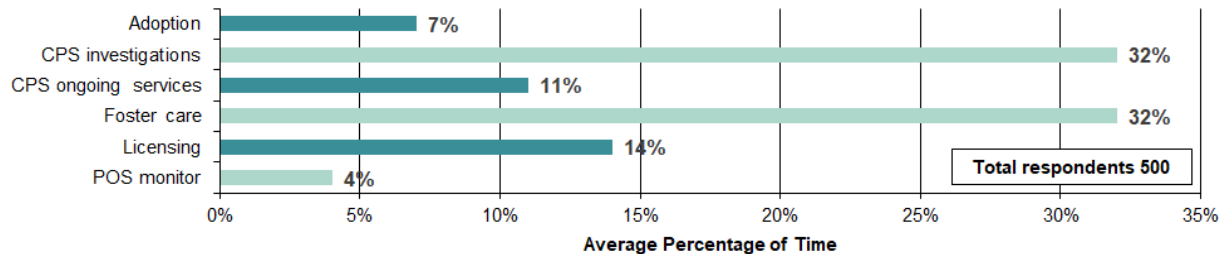


SUPERVISOR CASELOAD ASSIGNMENT QUESTIONS

24. How long have you been employed as a child welfare supervisor*?



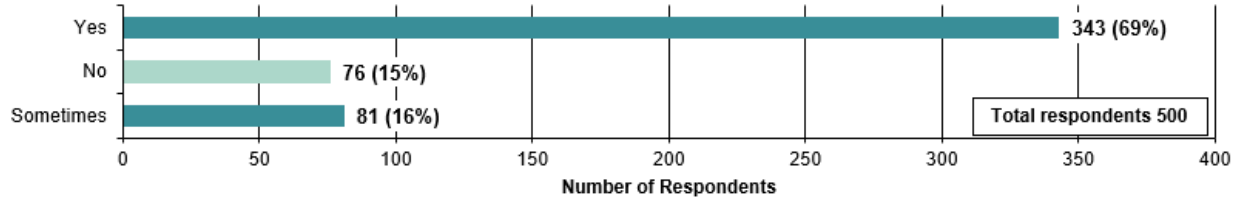
25. During the past 12 months, what percentage of your time did you spend supervising the following types of case assignments?



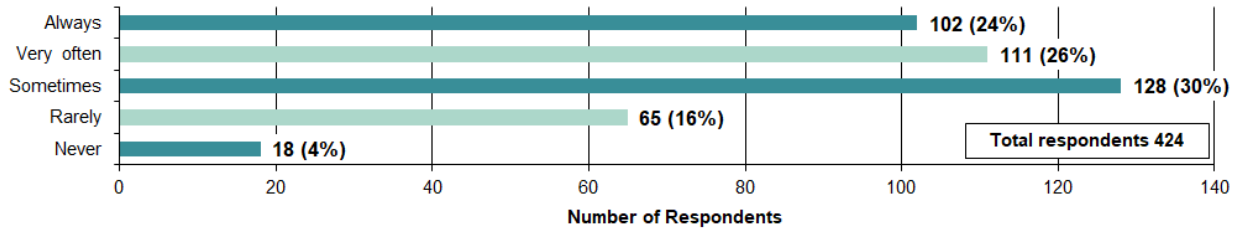
* See glossary at end of report for definition.

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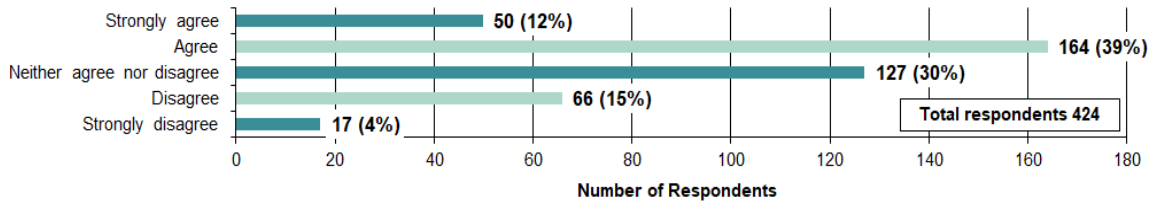
26. Do you receive weekly caseload compliance reports originating from MDHHS central office?



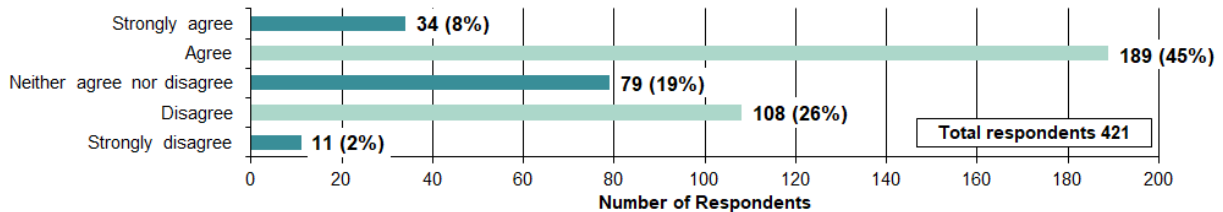
27. How often do you use the weekly caseload compliance reports to monitor and manage caseloads?



28. To what extent do you agree or disagree with the following statement?
"The weekly caseload compliance reports are helpful for monitoring caseloads."

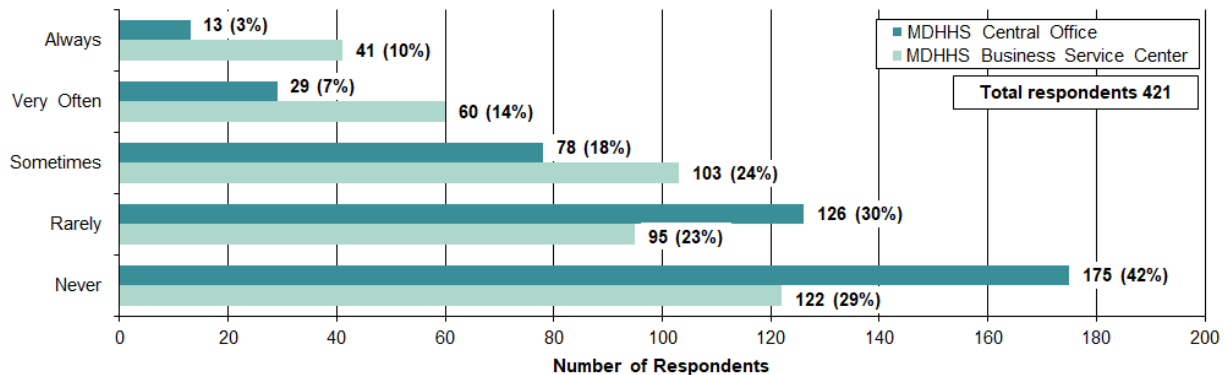


29. To what extent do you agree or disagree with the following statement?
"I am confident that the weekly caseload compliance reports accurately reflect caseloads for workers I supervise."

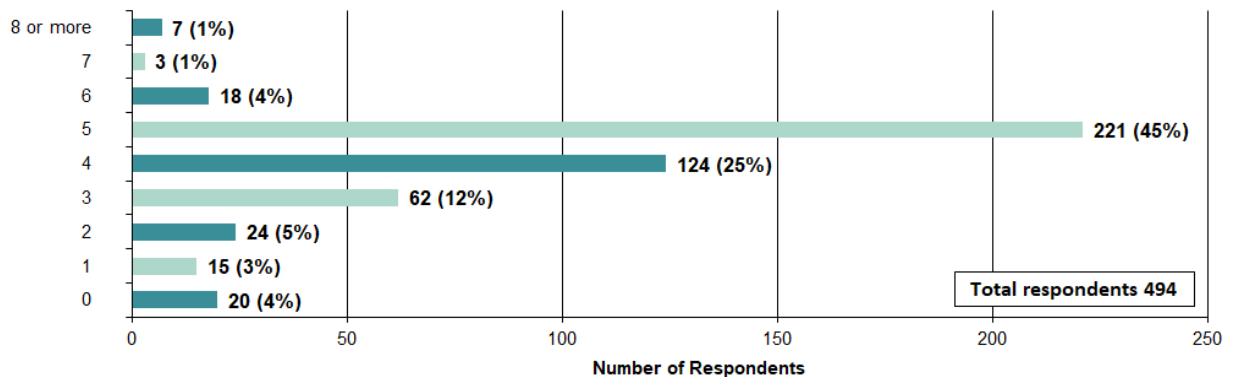


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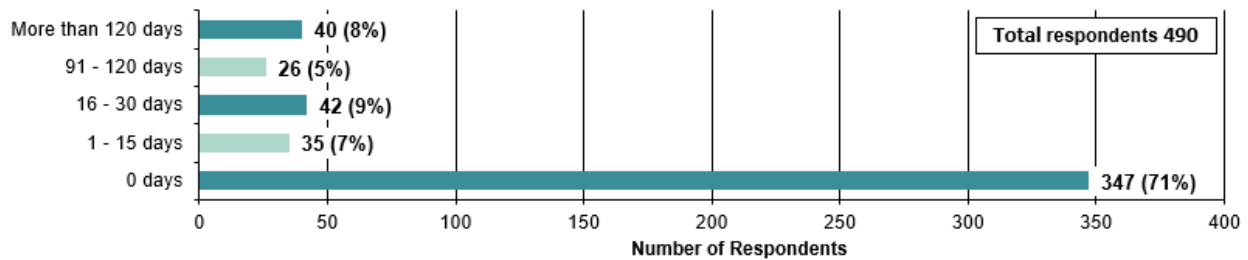
30. How often do the MDHHS central office and MDHHS business service center request a response from you regarding the results of the weekly caseload compliance report?



31. How many caseload carrying* staff were you directly supervising as of Tuesday, October 9, 2018?



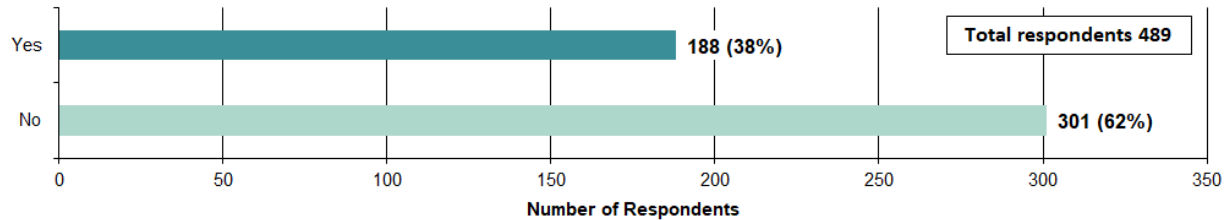
32. During the past 12 months, how many days, on average, did you directly supervise more than 5 caseload carrying staff?



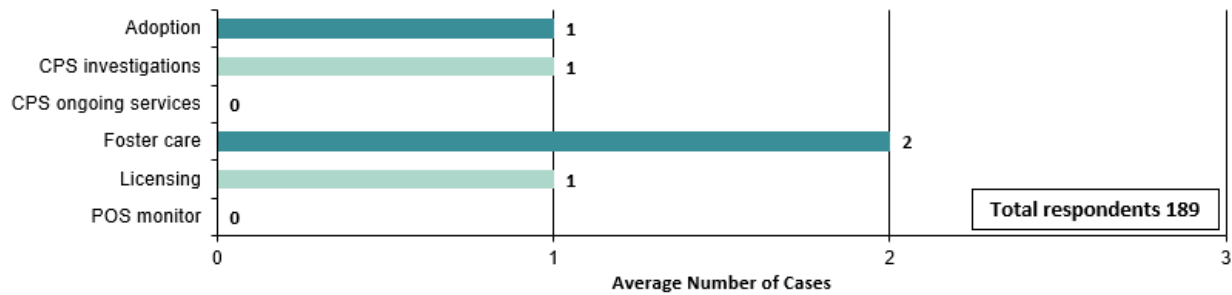
*See glossary at end of report for definition.

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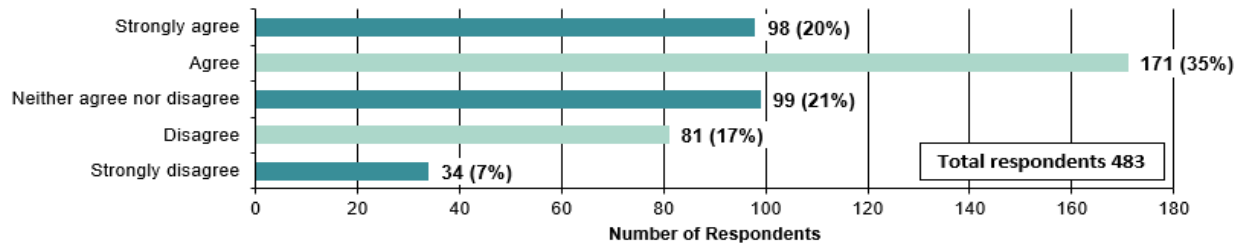
33. During the past 12 months, did you also perform the duties of a primary caseworker on a case (other than as supervisor)?



34. As of Tuesday, October 9, 2018, how many cases that required work were you assigned to as a primary caseworker (other than as supervisor)?

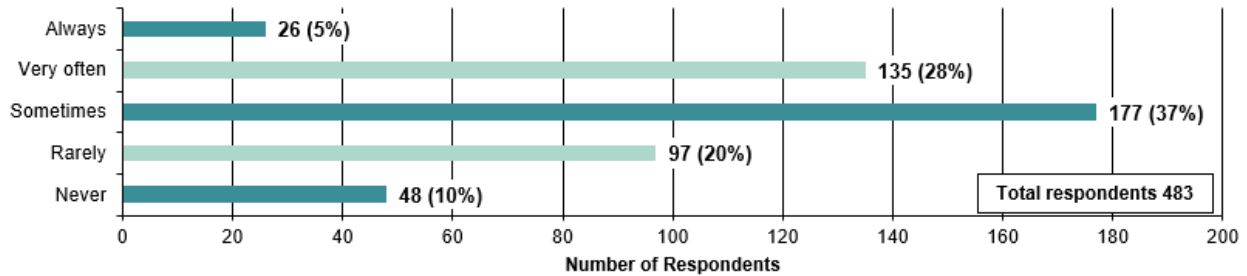


35. To what extent do you agree or disagree with the following statement? "During the past 12 months, my workload has negatively impacted my ability to perform my duties in compliance with MDHHS policy and/or my office's procedures."

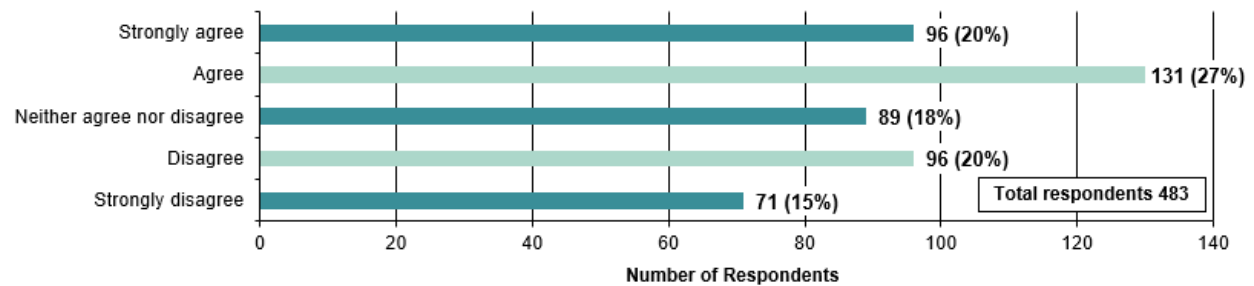


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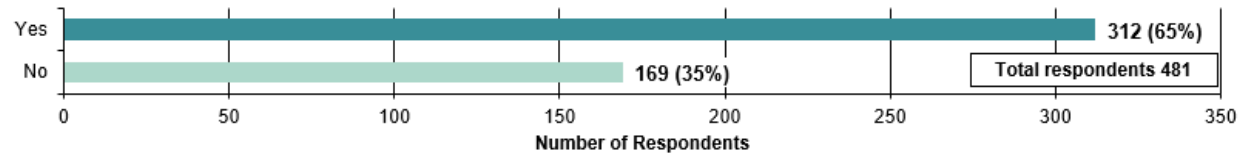
36. During the past 12 months, how often has your workload negatively impacted your ability to perform your duties in compliance with MDHHS policy and/or your office's procedures?



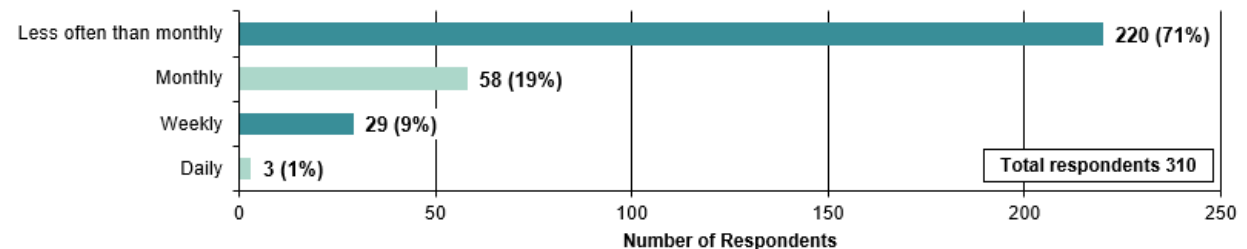
37. To what extent do you agree or disagree with the following statement? "During the past 12 months, I have considered leaving my position because of my workload."



38. During the past 12 months, has it been your responsibility to move cases from one caseworker to another to distribute case assignments?



39. How often do you move cases from one caseworker to another to distribute case assignments?



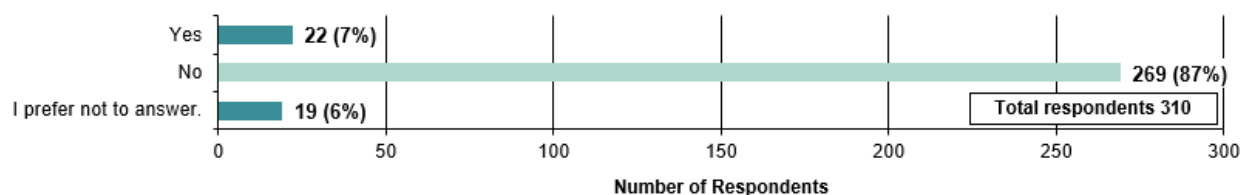
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40. For each reason listed, please identify how often during the past 12 months you have moved case assignments for each reason.

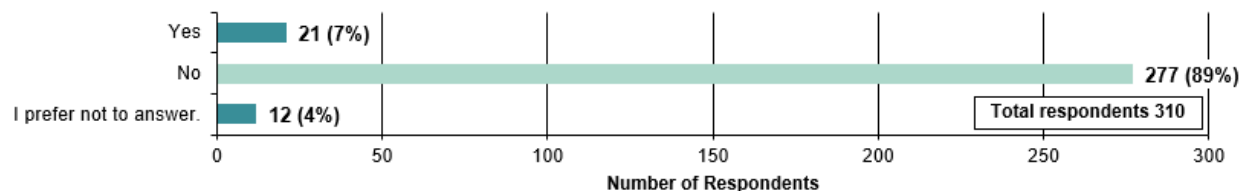
	Always	Very Often	Sometimes	Rarely	Never
Caseload count day	17 (5%)	9 (3%)	27 (9%)	56 (18%)	201 (65%)
Worker leave of absence	19 (6%)	65 (21%)	134 (43%)	48 (16%)	44 (14%)
Worker turnover	54 (17%)	101 (33%)	107 (35%)	28 (9%)	20 (6%)
Unexpected increase in cases	11 (4%)	68 (22%)	141 (45%)	30 (10%)	60 (19%)
Unpredictability of effort each case will need	1 (1%)	16 (5%)	66 (21%)	103 (33%)	124 (40%)

Total respondents 310

41. During the past 12 months, have you been instructed by management to temporarily move a case assignment from one caseworker to another for the sole purpose of meeting caseload requirements?



42. During the past 12 months, have you temporarily moved a case assignment from one caseworker to another for the sole purpose of meeting caseload requirements?



43. During the past 12 months, how often have you temporarily moved a case assignment from one caseworker to another for the sole purpose of meeting caseload requirements?

	Very Frequently	Frequently	Occasionally	Rarely	Never	Unsure	Assignment Type Does Not Apply To Me
Adoption	0 (0%)	0 (0%)	2 (10%)	1 (5%)	3 (15%)	1 (5%)	13 (65%)
CPS investigations	1 (5%)	0 (0%)	2 (10%)	0 (0%)	5 (25%)	1 (5%)	11 (55%)
CPS ongoing services	1 (5%)	0 (0%)	1 (5%)	0 (0%)	6 (30%)	1 (5%)	11 (55%)
Foster care	4 (20%)	3 (15%)	5 (25%)	2 (10%)	1 (5%)	1 (5%)	4 (20%)
Licensing	0 (0%)	0 (0%)	3 (15%)	3 (15%)	2 (10%)	1 (5%)	11 (55%)
POS monitor	0 (0%)	0 (0%)	0 (0%)	1 (5%)	4 (20%)	1 (5%)	14 (70%)
Mixed caseload	1 (5%)	1 (5%)	2 (10%)	2 (10%)	3 (15%)	1 (5%)	10 (50%)

Total respondents 20

Source: The OAG created this exhibit to summarize responses received in our survey of MDHHS's child welfare staff.

AGENCY DESCRIPTION

MDHHS's CSA administers the State's child welfare programs and has primary responsibility for MDHHS's departmentwide caseload monitoring and oversight. CSA has established maximum caseloads for over 4,000 staff located throughout the State in local MDHHS county offices and private CPAs who perform critical tasks related to CPS, foster care, adoption, and child welfare licensing.

Various units within MDHHS's central office carry out caseload monitoring and oversight activities. These units include the Office of Child Welfare Policy and Programs, the Division of Child Welfare Licensing, the Continuous Quality Improvement Division, and the MiSACWIS Business Division.

AUDIT SCOPE, METHODOLOGY, AND OTHER INFORMATION

AUDIT SCOPE

To examine activities and records related to MDHHS's central office monitoring of selected child welfare staff caseloads. We conducted this performance audit* in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

Our audit objective and corresponding audit procedures were directed toward concluding on MDHHS's central office operations related to the monitoring of caseloads for child welfare staff assigned to CPS investigation, CPS ongoing services, foster care, adoption, and licensed foster home caseloads. Our audit objective and procedures were not directed toward concluding on MDHHS's monitoring of caseloads for child welfare staff assigned solely to juvenile justice, guardianship, prevention, and POS monitoring cases.

In addition, our audit objective and procedures were not directed toward concluding on MDHHS's operations related to the monitoring of compliance with child welfare caseload commitments according to the Implementation, Sustainability, and Exit Plan* (ISEP) or the reasonableness of MDHHS's established caseload maximums for child welfare staff, as presented in Exhibit #1A.

Generally accepted government auditing standards require us to report significant constraints imposed upon the audit approach. We encountered two issues that necessitate reporting:

1. We concluded that child welfare case assignment data extracted from MiSACWIS was of undetermined reliability. In February 2019, an independent assessment of MiSACWIS and MDHHS's child welfare data reporting infrastructure found that persistent and significant defects stemming from a flawed MiSACWIS design and initial roll-out continued to generate an unmanageable backlog of defects, incidents, and data fixes that were likely to persist indefinitely, inhibit effective casework, contribute to data entry errors, negatively affect outcomes for children and families, and impact MDHHS's ability to collect and report accurate and timely data for both the court-appointed federal monitors and field staff.

* See glossary at end of report for definition.

This necessitated that we perform additional data-set verification procedures. We:

- Traced 2,499 child welfare case assignment records from the MiSACWIS database* to the MiSACWIS application to verify the accuracy of selected data fields as displayed in the MiSACWIS application.
- Reconciled 1,420 child welfare case assignment records from the MiSACWIS database to an MDHHS weekly child welfare caseload compliance report to verify the completeness of selected data elements.

Our procedures did not identify significant issues. Therefore, although the independent assessment concluded that MiSACWIS data was of undetermined reliability, based on our additional procedures we concluded that the data-set that we used to conduct our audit work was the best available source of child welfare staff case assignment data and that it provided sufficient evidence to support our audit findings, conclusions, and recommendations.

2. We experienced a 7-month process of working with MDHHS to develop queries to extract child welfare case assignment data from the MiSACWIS database.

MDHHS had an established methodology to extract case assignment data from the MDHHS data warehouse rather than extracting data directly from the MiSACWIS database that is the system of record for child welfare case assignments. We asked MDHHS to extract case assignment data directly from its MiSACWIS database to help ensure the reliability of the data used for our auditing procedures. After MDHHS provided us with the initial data queries, we conducted validation procedures and worked with MDHHS to identify and refine several issues. This process resulted in an extended preliminary survey to identify risks and develop the audit scope and methodology.

PERIOD

Our audit procedures, which included a preliminary survey, audit fieldwork, report preparation, analysis of agency responses, and quality assurance, generally covered March 1, 2017 through August 31, 2018.

* See glossary at end of report for definition.

METHODOLOGY

We conducted a preliminary survey to gain an understanding of MDHHS's central office processes and activities related to child welfare staff caseload monitoring and to establish our audit objectives, scope, and methodology. During our preliminary survey, we:

- Interviewed MDHHS central office management and analysts; BSC directors and analysts; county directors, program managers, and supervisors; and federal monitors to obtain an understanding of MDHHS's child welfare staff caseload monitoring practices.
- Reviewed applicable laws, *Michigan Administrative Code* requirements, MDHHS policies and procedures, MiSACWIS job aids, and other relevant information pertaining to child welfare staff caseloads.
- Examined MDHHS CSA's vision, mission, and guiding principles that were developed to strengthen its focus on children and families involved in the child welfare system.
- Researched child welfare publications, including the July 2016 issue brief titled *Caseload and Workload Management* from the U.S. Department of Health and Human Services, Child Welfare Information Gateway and the February 2007 report titled *Improving the Child Welfare Workforce: Lessons Learned from Class Action Litigation* from Children's Rights and the National Center for Youth Law to understand generally accepted professional guidance and the importance of managing and improving child welfare caseloads.
- Obtained an understanding of the child welfare staff caseload requirements under Michigan's ongoing federal court-ordered child welfare reform efforts.
- Reviewed examples of MDHHS's weekly caseload compliance monitoring reports to understand the information disseminated by MDHHS's central office to local agencies.
- Obtained an understanding of relevant MiSACWIS data fields and performed preliminary data analyses related to child welfare staff case assignments, including additional procedures related to the second constraint discussed in the audit scope section.

OBJECTIVE

To assess the sufficiency of MDHHS's central office efforts to monitor selected child welfare staff caseloads.

To accomplish this objective, we:

- Evaluated MDHHS central office's process for distributing and analyzing weekly caseload compliance monitoring reports sent to local agencies to help assess the sufficiency of MDHHS's caseload monitoring efforts.
- Identified a population of 5,095 child welfare staff that were assigned to child welfare cases on one or more of four judgmentally selected dates during our audit period including November 8, 2017, March 14, 2018, April 11, 2018, and August 7, 2018 and we:
 - Randomly sampled 115 child welfare staff and used MiSACWIS case assignment data to calculate whether the selected staff caseloads were within MDHHS's applicable established maximum caseload limits.
 - Randomly sampled 214 child welfare staff and evaluated MiSACWIS records to determine the prevalence of secondary and courtesy case assignments.
- Judgmentally sampled 25 child welfare cases and 15 foster home providers from the Statewide population of 639 child welfare cases and 822 foster home providers that we identified as potentially lacking assignment of a required primary caseworker on March 14, 2018 to determine whether it was appropriate that a primary caseworker was not assigned.
- Judgmentally selected 20 caseworkers from the population of 155 MDHHS county child welfare caseworkers that were hired from March 1, 2017 through August 31, 2018 to verify that the selected caseworkers' caseload did not exceed MDHHS's applicable maximum caseload limits for newly hired employees.
- Compared leave of absence data from the State's payroll system with MiSACWIS case assignment data for the period October 1, 2017 through August 31, 2018 to identify county child welfare caseworkers who were on an extended leave of absence and, for the identified caseworkers, determined whether MDHHS reassigned their child welfare cases to other caseworkers to prevent gaps in service and help ensure that caseload compliance counts were accurate.
- Performed limited procedures for 12 judgmentally selected dates from July 2017 through June 2018 to evaluate potential movement of case assignments to inappropriately improve maximum caseload limit compliance rates.

- Surveyed 4,408 child welfare supervisors and caseworkers and examined the 2,204 responses received regarding child welfare caseload assignments, including topics such as exceeding established caseload maximum limits; primary, secondary, and courtesy assignments; opinions regarding the impact of caseloads on work performance and job satisfaction; and use of the weekly caseload compliance report (see Exhibit #3).

Our random samples were selected to eliminate bias; however, we could not project our results into the entire population because of the undetermined reliability of MiSACWIS data as discussed in the audit scope section. We selected other samples judgmentally and could not project those results to the respective populations.

CONCLUSIONS

We base our conclusions on our audit efforts and any resulting material conditions or reportable conditions.

When selecting activities or programs for audit, we direct our efforts based on risk and opportunities to improve State government operations. Consequently, we prepare our performance audit reports on an exception basis.

AGENCY RESPONSES

Our audit report contains 4 findings and 4 corresponding recommendations. MDHHS's preliminary response indicates that it disagrees with 2 recommendations and agrees with 2 recommendations.

The agency preliminary response that follows each recommendation in our report was taken from the agency's written comments and oral discussion at the end of our fieldwork. Section 18.1462 of the *Michigan Compiled Laws* and the State of Michigan Financial Management Guide (Part VII, Chapter 4, Section 100) require an audited agency to develop a plan to comply with the recommendations and to submit it to the State Budget Office upon completion of an audit. Within 30 days of receipt, the Office of Internal Audit Services, State Budget Office, is required to review the plan and either accept the plan as final or contact the agency to take additional steps to finalize the plan.

SUPPLEMENTAL INFORMATION

Our audit report includes supplemental information presented as Exhibits #1 through #3. Our audit was not directed toward expressing a conclusion on this information.

GLOSSARY OF ABBREVIATIONS AND TERMS

adoption case	Includes the individual child to whom the worker has been assigned.
auditor's comments to agency preliminary response	Comments that the OAG includes in an audit report to comply with <i>Government Auditing Standards</i> . Auditors are required to evaluate the validity of the audited entity's response when it is inconsistent or in conflict with the findings, conclusions, or recommendations. If the auditors disagree with the response, they should explain in the report their reasons for disagreement.
Business Service Center (BSC)	Regional MDHHS administrative unit that provides direct support services such as human resources, accounting, and contracts and purchasing to local MDHHS county offices.
caseload	The number of cases assigned to an individual staff person at a point in time.
caseload carrying	A staff person identified as having primary responsibility for management of program-specific cases. The responsibilities of case management exist as long as the case is assigned to the staff person, regardless of their work or action on those cases as of the day of a caseload count.
caseload count day	Scheduled day on which MDHHS compiles child welfare staff caseload assignments to determine compliance with established caseload standards.
child placing agency (CPA)	A governmental organization or private nonprofit agency organized for the purpose of receiving children for placement in a private family home for foster care or adoption. The function of a child placing agency may include investigating applicants for adoption and investigating and certifying foster family home and foster family group homes.
child welfare caseworker	A person employed by either MDHHS or a child placing agency who works on child welfare cases such as adoption, foster care, or child protective services.
child welfare staff	Collective terminology used in this report for child welfare caseworkers and child welfare supervisors.
child welfare supervisor	A supervisor assigned to any caseworker who is responsible for child welfare cases.

children's protective services (CPS)	Program services designed to rectify conditions which threaten the health and safety of children due to the actions or inactions of those responsible for their care. These services include investigation of a child abuse/neglect complaint; determination of the factors of danger to the child and immediate steps to remove the danger; providing or arranging for needed services for the family and child; and when appropriate, initiation of legal action to protect the child.
Children's Rights	A national advocacy group focused on reforming child welfare systems.
courtesy assignment or courtesy caseworker	Designation in MiSACWIS identifying child welfare staff that are assigned to assist other child welfare staff with case members in another county.
CSA	Children's Services Agency.
database	A collection of information that is organized so that it can be easily accessed, managed, and updated.
effectiveness	Success in achieving mission and goals.
federal court-ordered	Reform mandated under court-ordered Modified Settlement Agreement and Consent Order and ISEP.
federal monitors	Court-appointed monitors who monitor and consult on Michigan's efforts to reform the child welfare system by conducting verification activities on an ongoing basis and report to the federal court on progress and compliance with the requirements of the Implementation, Sustainability, and Exit Plan (ISEP).
foster care	24-hour substitute care for children placed away from their parents or guardians and for whom MDHHS has placement and care responsibility. This includes, but is not limited to, placements by a private child placing agency under contract with MDHHS; placements in foster family homes, relative's homes, group homes, emergency shelters, residential facilities, child care institutions; and pre-adoptive placements. A child is in foster care regardless of whether the foster care facility is licensed and payments are being made for the care of the child, whether adoption subsidy payments are being made prior to the finalization of an adoption, or whether there is federal matching of any payments.
foster family group home	A private home in which more than four but fewer than seven minor children who are not related to an adult member of the household by blood or marriage, who are not placed in the

household under the Michigan Adoption Code, or who are not hosted in the private home as provided in the Safe Families for Children Act are given care and supervision for 24 hours a day, for four or more days a week, for two or more consecutive weeks, unattended by a parent, legal guardian, or legal custodian.

foster family home	A private home in which one but not more than four minor children who are not related to an adult member of the household by blood or marriage, who are not placed in the household under the Michigan Adoption Code, or who are not hosted in the private home as provided in the safe families for children act are given care and supervision for 24 hours a day, for four or more days a week, for two or more consecutive weeks, unattended by a parent, legal guardian, or legal custodian.
foster home	foster family home or foster family group home.
HHS	U.S. Department of Health and Human Services.
Implementation, Sustainability, and Exit Plan (ISEP)	The agreement that supersedes and replaces the July 18, 2011 Modified Settlement Agreement and Consent Order.
licensing case	Individual foster homes or applications completed and referred to the Division of Child Welfare Licensing for enrollment.
local child welfare agency (local agency)	For report purposes, any entity overseeing or providing child welfare services other than MDHHS's central office, such as MDHHS Business Service Centers (BSCs), local MDHHS county offices, and private child placing agencies (CPAs).
material condition	A matter that, in the auditor's judgment, is more severe than a reportable condition and could impair the ability of management to operate a program in an effective and efficient manner and/or could adversely affect the judgment of an interested person concerning the effectiveness and efficiency of the program. Our assessment of materiality is in relation to the respective audit objective.
MDHHS	Michigan Department of Health and Human Services.
MiSACWIS	Michigan Statewide Automated Child Welfare Information System.
mission	The main purpose of a program or an entity or the reason that the program or the entity was established.

Modified Settlement Agreement and Consent Order	The resulting agreement from a lawsuit filed by New York-based Children's Rights in which Michigan's child welfare system came under federal oversight in 2008. Michigan renegotiated the original agreement resulting in the modified settlement agreement that took effect on July 18, 2011.
National Center for Youth Law	Nonprofit law firm that helps low-income children achieve their potential by transforming the public agencies that serve them.
official caseload count day	Scheduled date for compiling Statewide child welfare caseload counts, which is generally the last workday of February, April, June, August, October, and December.
outcome	An actual impact of a program or an entity.
performance audit	An audit that provides findings or conclusions based on an evaluation of sufficient, appropriate evidence against criteria. Performance audits provide objective analysis to assist management and those charged with governance and oversight in using the information to improve program performance and operations, reduce costs, facilitate decision-making by parties with responsibility to oversee or initiate corrective action, and contribute to public accountability.
primary assignment or primary caseworker	Designation in MiSACWIS identifying child welfare staff who function as the main person responsible for case management or oversight.
purchase of service (POS) monitor	Designation in MiSACWIS identifying MDHHS staff responsible for managing foster care and adoption cases assigned to private child placing agency foster care provider staff.
reportable condition	A matter that, in the auditor's judgment, is less severe than a material condition and falls within any of the following categories: an opportunity for improvement within the context of the audit objectives; a deficiency in internal control that is significant within the context of the audit objectives; all instances of fraud; illegal acts unless they are inconsequential within the context of the audit objectives; significant violations of provisions of contracts or grant agreements; and significant abuse that has occurred or is likely to have occurred.
secondary assignment or secondary caseworker	Designation in MiSACWIS identifying child welfare staff who provide support and may contribute to case management or oversight.

sufficiency Achieving enough outputs to meet the needs of a program or a proposed end.

weekly caseload compliance report MDHHS report to monitor child welfare caseloads, which includes the caseload compliance report, Child Welfare Supervisor and employee case listing, and improper assignments.

workload The amount of work required to successfully manage assigned cases and bring them to resolution.



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