



Department of Human Services

**State of Michigan
Child and Family Services Plan
2015 - 2019**

**Strengthening Our Focus on Children and
Families**

**Stephanie Tubbs Jones Title IV-B Child Welfare Services
Promoting Safe and Stable Families Program
Chafee Foster Care Independence Program
Education and Training Voucher Program**

June 2014

Michigan Department of Human Services
Child and Family Services Plan 2015 - 2019

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The Michigan Child and Family Services Plan can be found at the following site:

http://www.michigan.gov/dhs/0,4562,7-124-5459_61179_8367---,00.html

GENERAL INFORMATION

The Michigan Department of Human Services (DHS) is the state agency that administers the Child Abuse Prevention and Treatment Act and Title IV-B(1) and (2) Stephanie Tubbs Jones child welfare services programs; the Promoting Safe and Stable Families and monthly Caseworker Visit Grant programs; and the Chafee Foster Care Independence and Education and Training Voucher programs. DHS' Division of Continuous Quality Improvement is responsible for the development and administration of the Child and Family Services Plan.

Child welfare services in Michigan are administered through the DHS Children's Services Administration (CSA). Reporting to the director of the CSA are the directors of:

- Division of Continuous Quality Improvement.
- Juvenile Justice Programs.
- Adult and Children's Foster Care Licensing.
- Child Welfare Field Operations.
- Children's Trust Fund.

The director of the CSA oversees the business service center directors and the CSA Deputy Director, who is responsible for CPS Centralized Intake, Office of Child Welfare Policy and Programs, Federal Compliance Division and the Office of Native American Affairs.

DHS Vision

Compassion. Protection. Independence.

DHS Mission

Improving the quality of life in Michigan by providing services to vulnerable children and adults that will strengthen the community and enable families and individuals to move toward independence.

Child Welfare Vision

DHS will lead Michigan in supporting our children, youth and families to reach their full potential.

Child Welfare Mission

Child welfare professionals will demonstrate an unwavering commitment to engage and collaborate with families we serve to ensure safety, permanency and well-being.

Guiding Principles

The vision and mission are achieved through the following guiding principles:

- Safety is the first priority of the child welfare system.
- Families, children, youth and caregivers will be treated with dignity and respect while having a voice in decisions that affect them.

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- The ideal place for children is with their families; therefore, we will ensure children remain in their own homes whenever safely possible.
- When placement away from the family is necessary, children will be placed in the most family-like setting and placed with siblings whenever possible.
- Permanent connections with siblings and caring and supportive adults will be preserved and encouraged.
- Children will be reunited with their families and siblings as soon as safely possible.
- Community stakeholders and tribes will be actively engaged to protect children and support families.
- Services will be tailored to families and children to meet their unique needs.
- Child welfare professionals will be supported through ongoing development and mentoring to promote success and retention.
- Leadership will be demonstrated within all levels of the child welfare system.
- Decision making will be outcome-based, research-driven and continuously evaluated for improvement.

INTRODUCTION

Background: Since 2008, Michigan has operated under a consent decree, resulting from a class-action lawsuit by Children’s Rights, Inc. In 2011, the state successfully renegotiated a court-approved modified settlement agreement. In 2012, DHS, in consultation with the Center for the Support of Families, determined that a modified approach to child welfare was necessary. With input from public and private child welfare workers, managers and leaders, a framework was established that aligned critical system domains. In 2013, DHS extended its collaborative efforts with Center for the Support of Families and established strategies to implement long-term, systemic reforms in Michigan’s child welfare system. Those strategies, commonly referred to as Strengthening Our Focus on Children and Families in Michigan, include three primary components. These are described in detail throughout this document:

- MiTEAM practice model.
- Continuous quality improvement approach.
- Performance-based funding.

Strengthening Our Focus on Children and Families demonstrates Michigan’s establishment and operation of a foundation for child welfare services implemented with fidelity to the MiTEAM practice model. Systemic improvements to support the reforms are integrated and implementation will allow evaluation and adjustment as needed. As of June 2014, initial implementation of the planned strategies has occurred.

This five-year Child and Family Services Plan 2015 – 2019 sets out Michigan’s comprehensive plan for improving child welfare services. The required additional documentation and targeted plans are listed below:

- Assurances and Certifications are included as Attachment A.

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- The DHS organizational chart is included as Attachment B.
- Michigan’s goals and objectives for 2015 through 2019 are described in this narrative report. Corresponding measures and benchmarks for each outcome can be found in Attachment C, the Child and Family Services Plan Goals and Objectives matrix.
- Michigan’s Indian Child Welfare and Tribal directories are included as Attachment D.
- Michigan’s targeted plans are included in the following attachments:
 - Foster and Adoptive Parent Diligent Recruitment Plan, Attachment E.
 - Health Care Oversight and Coordination Plan, Attachment F.
 - Child Welfare Disaster Plan, Attachment G.
 - DHS Training Plan, Attachment H.

COLLABORATION

Michigan’s child welfare implementation plan provides a structure for addressing federal and state compliance with legal and policy requirements and other initiatives that fall within the scope of DHS. Michigan’s second round Child and Family Services Review began with a statewide self-assessment in 2009 that used a variety of methods including focus groups, surveys and work groups to assess the state’s performance on critical practice and system factors. This assisted in the creation of a program improvement plan that guided efforts through 2012. In 2013, Michigan completed the Child and Family Services Review program improvement plan successfully with the exception of one measure, which the state continues to address¹. Collaborative assessment, planning and coordination are central to this structure, which flows from the state to the county levels.

In the Child and Family Services Plan, DHS’ child welfare goals are based on the successful functioning of a continuous quality improvement process that measures and analyzes progress systematically. The plan relies on collaboration with public and private stakeholders, including national and state government groups, courts, universities, private agencies, children and families, and the public. In addition to the federal, state and local collaboration described in the next section, specific examples of collaboration are included in the respective plans for improvement in the Child and Family Services Review outcomes and systemic factors addressed in this document.

Coordination of Child Welfare Services

DHS has aligned leadership activities by developing a Strengthening Our Focus Advisory Council, which oversees state and county-level activities and facilitates their coordination. The Strengthening Our Focus Advisory Council is chaired by the DHS Children’s Services Administration director and is comprised of senior staff from DHS. The Strengthening Our Focus Advisory Council, through its co-chairs, directs activities of the following sub-teams:

- Permanency.

¹ Please see the Safety section of this report for information on Michigan’s achievement in the area of Absence of Child Abuse and/or Neglect in Foster Care.

- Safety.
- Well-being.
- Placement.
- Training.
- Caseloads and staffing.
- MiTEAM/Continuous Quality Improvement.
- Michigan's Statewide Automated Child Welfare Information System (MiSACWIS).
- Resource development.
- Communications.

Approach to Include and Involve Stakeholders

In addition to DHS senior staff, sub-teams include community members representing agencies that provide child welfare services. The Strengthening Our Focus Advisory Council convenes regularly to address sub-team recommendations and eliminate barriers, monitor activities and progress and ensure regular status reports are available.

Sub-teams are responsible to reach out to stakeholders, other sub-teams and resources to ensure child welfare practice in Michigan benefits from collaboration at state and local levels. Sub-teams address current issues and are modified as the department's concerns change. The team structure allows the department to address emerging issues in a coordinated and dynamic manner. Sub-teams convene regularly to develop recommendations, monitor activities and progress and ensure regular status reports are generated.

Coordination of work across teams is essential. A coordinator for the Strengthening Our Focus Advisory Council and sub-teams ensures that assignments and activities requiring attention across sub-teams are carried out effectively. The Strengthening Our Focus Advisory Council focuses on high-level organizational and cross-system needs, rather than time-limited deliverables.

State Sub-Teams

Representation on state sub-teams may vary over time, depending on the responsibilities assigned to the team. The sub-teams are responsible to develop and monitor the implementation and oversight of the plans and strategies outlined below.

- **Permanency.** This sub-team addresses federal permanency outcomes and key performance indicators of timely permanency including adoption, timely and thorough case plans, children's visits with their parents and discharge planning for children aging out of foster care. It addresses visits between workers and children and/or parents and among siblings separated in foster care.
- **Safety.** The safety sub-team focuses on federal safety outcomes and key performance indicators related to timely initiation of investigations, face-to-face contact with children in investigations and caseworker visits with children in foster care.

- **Well-being.** The well-being sub-team addresses the use of psychotropic medications for children in foster care and the provision of timely medical, dental, and mental health examinations and treatment and other child and family well-being issues.
- **Placement.** The placement sub-team is responsible for the key performance indicators on placement of children in unlicensed homes, foster parent and relative licensing and placement exceptions.
- **Training.** The training sub-team addresses supervisory training and mentoring and licensing workers' qualifications and training.
- **Caseloads.** The caseload sub-team focuses on caseloads of supervisors, Children's Protective Services (CPS), foster care, adoption, licensing and private agency caseworkers.
- **MiTEAM/Continuous Quality Improvement.** This sub-team addresses the expansion of MiTEAM and the implementation of the model statewide, and monitoring the state-level continuous quality improvement plan. This sub-team is a resource for local sub-teams to ensure fidelity to the model and implementation. The sub-team is responsible for baseline review of counties in the initial implementation phase of MiTEAM and planning reviews as successive counties fully implement the model.
- **MiSACWIS.** The MiSACWIS sub-team monitors the implementation of the electronic case management system and ensures activities and practice are consistent with MiTEAM and continuous quality improvement processes.
- **Resource development.** This sub-team addresses the performance-based funding model and developing the resources needed to implement MiTEAM effectively.
- **Communications.** The communications sub-team facilitates messaging about implementation plans and activities within DHS and among external stakeholders whose engagement is essential to effective implementation.

County Implementation Teams

County implementation teams are expected to guide community implementation efforts, address barriers and ensure fidelity to the MiTEAM and continuous quality improvement models in the field.

Collaboration is crucial to effective county implementation teams. Each county implementation team includes sub-teams that address issues such as continuous quality improvement, data collection and analysis, MiTEAM implementation and other initiatives. Although some sub-teams are standard for all counties, there is flexibility to create sub-teams to address issues of particular interest or concern locally. County implementation teams initially are chaired by the county DHS director and include:

- Supervisory and front-line staff.
- County staff with continuous quality improvement responsibilities.
- MiTEAM peer coaches.
- Private agency service providers.
- Representatives of public agencies, such as mental health, health, education, etc.
- Judges and legal representatives.

- Foster parents and relative caregivers.
- Chairs of the county sub-teams.

The number, focus and participants of county sub-teams are subject to county discretion, with the exception of the MiTEAM/Continuous Quality Improvement and data collection and analysis sub-teams. Members of the MiTEAM/Continuous Quality Improvement and data collection and analysis sub-teams must agree to participate in regular case reviews and the review of data related to agency performance.

Roles and Responsibilities of the County Implementation Team and Sub-Teams

County implementation teams are charged with:

- Developing and monitoring county implementation plans.
- Reviewing and acting upon regular progress reports.

The key task of each county implementation team is the completion of the county implementation plan. A template for county implementation plans assists the county teams to identify key issues. The county implementation team and sub-teams use the county plan and activity matrix to identify, track and update work plans and progress. Major initiatives and activities already underway are included and integrated with the county implementation plan.

County sub-teams report regularly to the Strengthening Our Focus Advisory Council and sub-teams on issues within their scope of responsibility. With this information, state MiTEAM/Continuous Quality Improvement sub-teams report the status of continuous quality improvement activities in local communities and at the state level. Ensuring that private agencies serving a county are involved in the development of implementation goals and strategies is essential to gain their perspective, promote engagement and avoid adaptive challenges. Following are the county-led sub-teams and their respective responsibilities:

- **Continuous Quality Improvement sub-team:** This sub-team is responsible to develop and monitor the implementation of the continuous quality improvement processes within the county and link local activities with MiTEAM implementation. The continuous quality improvement sub-team engages in ongoing county case reviews and debriefings to identify practice strengths and needs. This sub-team collaborates with the state MiTEAM/Continuous Quality Improvement sub-team in a baseline review of the county's status as it begins the implementation phase and in subsequent reviews.
- **MiTEAM sub-team:** This sub-team is responsible to develop and monitor the implementation of the MiTEAM expanded practice model within the county and integrate implementation activities with continuous quality improvement, ensuring fidelity of casework activities with the MiTEAM practice model.
- **Data collection and analysis sub-team:** This sub-team reviews and evaluates data reports of progress in the county toward improving outcomes for children and families, examining progress toward the key performance indicators, Child and Family Services Review/modified settlement agreement outcomes and other practice-related indicators.

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This team will provide analysis of data and other information to sub-teams and the county implementation teams.

The implementation of practice model activities, including training, coaching and continuous quality improvement activities, is highly coordinated for maximum effectiveness. Ongoing consultation with the Center for the Support of Families in the rollout of the MiTEAM enhancement is ensuring these new processes become standard practice. Examples of coordinating activities at the county level include:

- Facilitating the development of local implementation plans.
- Scheduling and convening county implementation team and sub-team meetings.
- Ensuring that issues needing attention are routed to the correct teams for action.
- Monitoring and tracking progress on activities in the county implementation plan.
- Monitoring and tracking training, and coaching the practice model to ensure all staff receive training and coaching.
- Monitoring the implementation of continuous quality improvement activities in case reviews, engagement of external stakeholders and distribution of reports.
- Collection, review and distribution of reports generated by teams.
- Facilitating inter-team communication and sharing information on work underway.
- Facilitating evaluation of the teaming and planning structures.
- Coordinating efforts among sub-teams and the county implementation team.

County teams track the implementation progress locally and evaluate the effectiveness of implementation activities. They may do this by:

- Regularly reviewing data and other information about factors affecting progress, such as adequacy of training, coaching or the pace of implementation.
- Conducting surveys with staff to determine their state of readiness and identify implementation challenges and successes.
- Reviewing supportive functions, such as caseload/staffing levels, quality of supervision, community support, engagement and available resources.

PERFORMANCE-BASED FUNDING

The third essential component, in addition to the MiTEAM case practice model and a continuous quality improvement approach, is the performance-based funding of child welfare services to ensure child welfare reform is integrated with business practices.

Performance-based funding will shift the existing child welfare system in Michigan from:

- A purchase of service system to a pay for performance system to achieve the outcomes of safety, permanency and well-being for the children served.
- A number of different independent funding streams for child welfare to an integrated rate that maximizes other sources of funding for services for vulnerable children and families.

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- A somewhat subjective rate-setting process to a rigorously established, actuarial-based rate.
- A system that does not measure specific and complex outcomes and performance indicators to one that does.
- A system that doesn't provide clearly articulated roles, responsibilities and outcomes for public and private agencies to one that does.
- A system that doesn't fully integrate its practice model, continuous quality improvement processes and performance measures to one that does.

Like the MiTEAM enhancement and continuous quality improvement approach, performance-based funding is being implemented in phases.

- Implementation will begin with an intensive planning year in Kent County from October 1, 2014 to September 30, 2015, which will include an assessment of children currently in the child welfare system to understand distribution of cases from the perspective of case complexity.
- The first performance-based funding contracts will be in place beginning on October 1, 2015 with the private agencies that were competitively selected through the request for proposal process in these counties.

Public and private child welfare agency successes will be measured using validated data and information from the state's MiSACWIS system and other methods. An independent, third-party evaluator will monitor the development and implementation of the funding model.

SAFETY

Michigan's focus remains on improving child safety, reducing the likelihood of children being abused or neglected in out-of-home care and reducing the recurrence of maltreatment. Strategies will be evaluated and linked to measurable deliverables to demonstrate their effectiveness.

Michigan will ensure that placements, whether with relatives or licensed providers, are safe and in the best interest of the child. Evaluation of a home for placement must consider possible risk factors and assessment of the needs of the child and the capacity of the provider. Safety and risk factors are evaluated on an ongoing basis, not simply at certain points in time.

Safety - Assessment of Performance

Safety Outcome 1: Children are, first and foremost, protected from abuse and neglect.

Safety Outcome 2: Children are safely maintained in their own homes whenever possible and appropriate.

From the executive level to frontline workers, there has been a sustained effort to improve assessment and planning to increase child safety. In the past year, Michigan reviewed practices

in other states and available research to identify effective strategies that improve child safety and reduce recurrence of abuse and neglect.

Over the past year, the department worked to clearly articulate policy requirements and created effective tools to assess initial placement decisions and maintain existing placements. Tools and policies will be reassessed and revalidated to ensure they accurately address risk and safety in placements.

S 1 - Safety - Plan for Improvement

DHS has implemented a safety initiative to improve child safety and well-being, ensuring that children are protected from abuse and neglect and safely maintained in their homes whenever possible.

Measure: Child and Family Services Review Data Profile - National Child Abuse and Neglect Data System.

Goal 1: DHS will reduce maltreatment of children in foster care.

S 1.1 Objective: Increase the rate of Absence of Maltreatment in Care.

Baseline: 99.35, Michigan's FY 2013b/14a performance on Absence of Maltreatment in Care.

Benchmarks for 2015 – 2019: achieve the national standard rate of 99.68 or higher.

DHS will address maltreatment in care through the following:

- Using the placement consortium to improve placement assessments and decision-making.
- Collaboration with Casey Family Programs and the National Council on Crime and Delinquency to determine methods to improve the safety of children in foster and relative placements.
- Ongoing research and planning through the Strengthening Our Focus Advisory Council and the placement sub-team. These teams will ensure ongoing review of existing practices, training and interventions to improve placement decision-making.
- Providing comprehensive safety assessment and planning training for children's services staff. These trainings will provide staff with the ability to gauge immediate safety concerns and how to plan for safety and prevent maltreatment. Training will be expanded to regional business service centers in 2014.

Goal 2: DHS will reduce the rate of repeat maltreatment of children.

S 2.1 Objective: Increase the rate of Absence of Repeat Maltreatment.

Baseline: 93.2, Michigan's FY 2013b/a performance on Absence of Repeat Maltreatment.

Benchmarks for 2015 – 2019: Achieve the national standard rate of 94.6 or higher.

DHS will address recurrence of maltreatment through the following:

- Using predictive analytics to identify risk factors linked with potential abuse and continuous quality improvement methods to reduce the likelihood of maltreatment in care and repeat maltreatment. This assessment model is based on the Eckerd Model used in Hillsborough County, Florida.

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- Providing comprehensive safety assessment and planning for children's services staff focusing on safety. These trainings will provide staff with the ability to gauge immediate safety concerns and how to plan for safety and prevent the likelihood of maltreatment. Training will be expanded to regional trainings in the business service centers in 2014.
- Provide comprehensive threatened harm training for CPS staff to ensure workers comprehend and apply threatened harm policy correctly. Training will be provided in an expanded model in 2014.
- Using pilot programs to assess and address child safety and reduce risk, including programs such as:
 - The Signs of Safety program now being launched in Calhoun and Wayne counties.
 - Protect MiFamily, the Title IV-E waiver project focused on reducing the likelihood of maltreatment or repeat maltreatment, even in the absence of an ongoing CPS case. Currently, Protect MiFamily is active in three counties, and may be expanded to additional counties in 2015.

Other interventions will be assessed and implemented if they appear to be effective at reducing recurrence of abuse and neglect. Corresponding measures and benchmarks for each of the above goals can be found in Attachment C, the Child and Family Services Plan Goals and Objectives matrix.

PERMANENCY

Michigan's foster care and adoption programs serve children who are temporary court wards or permanent state wards judicially ordered under the supervision of DHS. The goal is to provide a safe and stable home until the children can be returned home, adopted or placed in another permanent living arrangement. Permanency goals are developed through federal Child and Family Services Review outcome standards and scores are expressed through formulas that combine percentages and national rankings.

Permanency 1 - Assessment of Performance

Permanency Outcome 1: Children have permanency and stability in their living situations.

Michigan's analysis of the Child and Family Services Review outcomes for Permanency Outcome 1 (Composites 1 - 4) is provided to assess progress.

Permanency Composite 1: Timeliness and Permanency of Reunification.

- Michigan's overall performance continues to improve. In 2013, the performance was 122.3 compared to 116.6 in 2012. Michigan is .3 percent from meeting the standard.
- Michigan has shown improvements over the last three years in the following measures: Exits to Reunification in less than 12 months increased 4.7 percent, Exits to Reunification median stay decreased 1.1 months and Entry Cohort Reunification in less than 12 months increased 2.1 percent between 2012 and 2013.
- Michigan exceeds the national standard on Re-entries to Foster Care in less than 12 months. Although children may remain in foster care for longer periods of time, when

children are returned home they have a very low rate of re-entry. Michigan's re-entry rate hovers around 3 to 3.5 percent, which is 11.5 percent lower than the national median.

In 2013, Modified Child and Family Services Reviews were used to assess and track progress for Permanency Outcome 1. Michigan demonstrated strength in the following areas:

- 89.69 percent showed concerted efforts were made to achieve a finalized adoption in a timely manner.
- 80.89 percent showed stability of the child's foster care placement.
- 94.04 percent showed permanency was achieved through reunification, guardianship or permanent placement with a relative in a timely manner.

Permanency Composite 2: Timeliness of Adoption.

- Timeliness of adoptions continues to be a strength for Michigan. Overall performance is 35.3 points above the standard.
- Michigan exceeds the 75th percentile in timeliness of adoptions of children discharged from foster care; progress towards adoption for children in foster care for 17 months or longer; and progress toward adoption of children who are legally free for adoption.

Permanency Composite 3: Permanency for Children and Youth in Foster Care for Long Periods of Time.

- Michigan exceeds the national standard for achieving permanency for children in care for long periods of time. Overall performance is 20.2 points above the standard. Achieving permanency for children and youth in care for long periods of time continues to be a strength for Michigan.

Permanency Composite 4: Placement Stability.

- Michigan's overall performance continues to exceed the standard for Composite 4. Overall performance is 6.3 points above the national standard.
- Michigan continues to exceed the 75th percentile for the following measures:
 - Two or fewer placement settings for children in care for less than 12 months, and two or fewer placement settings for children in care for 12 to 24 months.
 - Two or fewer placements setting for children in care 24+ months continues to exceed the 75th percentile.

Permanency 1 - Plan for Improvement

Goal: DHS will increase permanency and stability for children in foster care.

Objectives:

P 1.1 Increase the percentage of children reunified with their family in less than 12 months.

Baseline: Michigan's FY 2013 performance, 59.20 percent.

Benchmarks 2015 – 2019: Increase by 1 percent each year.

P 1.2 Decrease the median length of time to reunification.

Baseline: 10.0 months, Michigan's FY 2013 performance.

Benchmarks 2015 – 2019: Decrease by .3 percent each year.

P 1.3 Maintain or continue to exceed the national standard for timely adoptions.

Baseline: 141.7

Benchmarks 2015 – 2019: Maintain the national standard of 106.4 or higher.

Michigan is implementing strategies to strengthen focus on children and families. The primary strategy includes the continued implementation of a cohesive and comprehensive model for family-centered practice. Enhanced family engagement through MiTEAM will occur in the following ways:

- Family members will be actively involved in case decision-making and service participation from removal through achievement of permanent homes for children.
- Family members will be considered an important resource for ensuring safety for children at risk of removal.
- Family members will be the first placement considered if removal is necessary.
- Skills such as teamwork, safety and risk assessment and mentoring will be offered and modeled for families through the life of the case to ensure permanent change.

Collaboration with the courts, universities, private providers and child welfare advocates is essential to reduce the number of children awaiting reunification, adoption, guardianship or permanent placement with a fit and willing relative. The following action steps are being implemented to address and strengthen permanency outcomes:

- Permanency resource monitors focus on finding permanency for children in foster care for long periods.
- Permanency forums are institutionalized to provide updates and promote solutions.
- DHS participates in the Consortium on Improved Placement Decision-Making and Capacity Building sponsored by the Annie E. Casey Foundation.
- The Permanency Options Work Group will continue to identify barriers to permanency and work to eliminate them over the next five years.
- Adoption resource consultant services will continue.
- The Adoption Oversight Committee provides policy recommendations to improve permanency through adoption.
- Contracting for foster care and adoption navigator services will continue. Navigators provide support and assistance to families pursuing foster home licensure or adoption.
- Collaborating will continue with the Michigan Adoption Resource Exchange. The exchange produces recruitment brochures, maintains a web-site, assists with adoption recruitment and produces newsletters for professionals, parents and children.
- Contracting for post-adoption services will continue.

Permanency 2 - Assessment of Performance

Permanency Outcome 2: The continuity of family relationships and connections is preserved for children.

Modified Child and Family Services Reviews and data from the child welfare case management system were used to assess and track progress for Permanency Outcome 2. Michigan demonstrates strength in placing children in close proximity to the child's home, placing children with relatives when possible and maintaining sibling relationships.

- 95 percent of children in out-of-home care are placed within 75 miles of their home.
- 35 percent of children placed in out-of-home care are placed with relatives.
- 88 percent of cases showed that sibling visitation or contacts were of sufficient frequency to maintain and promote sibling relationships.
- 90.45 percent demonstrated concerted efforts to maintain the child's connections to their neighborhood, community, faith, extended family, tribe, school and friends.

Michigan's performance in ensuring visitation between a child in foster care and his or her mother and father is of sufficient frequency and quality to promote continuity in the child's relationship is an area needing improvement.

- In 2013, 47 percent of mothers had at least two face-to-face contacts with their child per month and 31 percent of fathers had at least two face-to-face contacts per month.

Michigan has identified limitations in the data reports used to track this area and it is likely that the data above does not represent the full picture of the state's achievement because it does not include reasonable exceptions when parent-child visits may occur less frequently than once each week. This includes cases where the court has ordered a suspension of parent-child visits or when a parent resides out of state or is incarcerated. When case reviews assess performance, the data demonstrates a substantially higher level of compliance.

Permanency 2 - Plan for improvement

Goal: DHS will maintain and preserve family relationships and the child's connections.

P 2.1 Objective: Children will have visits with their mother and father a minimum of once weekly.

Measure: MiSACWIS report.

Benchmarks:

2015: Establish a baseline.

2016. Determine goals for improvement.

In addition to the implementation of the MiTEAM model, community involvement and partnership with the courts, universities, private providers and child welfare advocates is essential to maintaining and preserving family relationships and the child's connections. The following action steps are being implemented to address and strengthen permanency outcomes:

- Identifying strategies that allow increasing the quality and frequency of parent-child contacts while preserving safety of children.
- Expanding supportive visitation services.
- Strengthening policy to encourage increasing the number of parent-child visits when appropriate. Piloting the integration of trauma-informed practice in Genesee, Lenawee,

Mecosta, Osceola and Kalamazoo counties to address factors that may limit the quality of engagement with children and families.

- Revising program standards to require evidence-based, evidence-informed or promising practices.

Corresponding measures and benchmarks for each of the above goals can be found in Attachment C, the Child and Family Services Plan Goals and Objectives matrix.

WELL-BEING

Well-being includes the factors that ensure children's needs are assessed and services targeted to meet their needs in the areas of physical and mental health and education.

Well-being 1 - Assessment of Performance

Well-being Outcome 1: Families will have enhanced capacity to provide for their children's needs.

Modified Child and Family Services Reviews completed by the Division of Continuous Quality Improvement and data from the child welfare case management system are used to assess and track progress for Well-Being Outcome 1.

Areas of strength include:

- Needs and services of child and foster parents:
 - Ninety-seven percent of children had initial and ongoing formal or informal assessments and of those with identified needs, appropriate services were provided.
 - Ninety-two percent of foster parents had initial and ongoing formal or informal assessments and of those with identified needs, appropriate services were provided.
- Child and family involvement in case planning:
 - Eighty-two percent of cases demonstrated that efforts were made to involve parents and children in the case planning process on an ongoing basis.
- Caseworker visits with children:
 - Michigan exceeded the federal goal of 90 percent, completing 94.7 percent of children having a visit with their caseworker a minimum of once each month. Eighty-eight percent of those visits took place in the child's residence.

Areas Needing Improvement:

- Caseworker visits with the parents:
 - Of applicable cases reviewed in 2013, 72 percent of caseworkers had visits with parents of sufficient quality and frequency to address issues pertaining to safety, permanency and well-being and promote achievement of case goals.

- Needs and services for parents:
 - Of applicable cases reviewed in 2013, 75 percent of parents had initial and ongoing formal or informal assessments and of those with identified needs, appropriate services were provided.

Well-Being 1 - Plan for Improvement

Goal: Families will have enhanced capacity to provide for their children's needs.

Objectives:

W 1.1 Caseworkers will visit with parents at least one time per month to address issues pertaining to safety, permanency and well-being and promote achievement of case goals.

Measure: MiSACWIS report.

Benchmarks:

2015: Establish a baseline.

2016: Determine benchmarks for improvement.

W 1.2 Caseworkers will assess the need of parents initially and on an ongoing basis to identify the services necessary to achieve case goals.

Measure: Quality Service Review and Division of Continuous Quality Improvement review.

Benchmarks:

2015: Establish a baseline prior to implementation in champion counties.

2016: Determine goals for improvement.

W 1.3 Caseworkers will involve the child and family in case planning.

Measure: Quality Service Review and Division of Continuous Quality Improvement review.

Benchmarks:

2015: Establish a baseline prior to implementation in champion counties.

2016: Determine goals for improvement.

The MiTEAM model is based on the belief that all children deserve to be safe from harm, raised in loving, committed families, and provided support and assistance as needed. MiTEAM builds on recent research showing that traumatic stress can have serious physiological, psychological and relationship consequences for child and youth development.

MiTEAM links the organizational values of DHS to interventions and activities that all children and families should experience, such as:

- Comprehensive assessments of their strengths.
- Meaningful involvement in case planning.
- Effective services tailored to their strengths and needs.

Well-Being 2 - Assessment of Performance

Well-Being Outcome 2: Children will receive appropriate services to meet their educational needs. Data from the modified Child and Family Services Review showed that in 94.5 percent of cases, concerted efforts were made to assess children's educational needs.

DHS is committed to ensuring every child in foster care receives appropriate services to meet their educational needs. To promote successful educational outcomes when children are placed in out-of-home care, foster care policy requires:

- Children entering foster care or changing foster care placements continue their education in their schools of origin whenever possible and if in their best interest.
- When making best interest decisions for a child, collaboration is necessary among the caseworker, the school staff, the child's parents and the child.
- Children are eligible to receive transportation from the new placement to the school for the six-month period allotted in the McKinney-Vento Act guidelines.
- School-aged foster children must be registered and attending school within five days of initial placement or any placement change, including while placed in child-caring institutions and emergency placements.
- All educational information and related tasks, activities and contacts must be documented in the case service plan.
- To support these requirements, child welfare specialists are trained in education policy in the pre-service training institute and program-specific transfer training.
- DHS education planners provide an array of educational supports to youth age 14 and older referred due to a specific educational need.

To assess educational outcomes for children in foster care and ensure children receive an education appropriate to their needs, accurate and timely educational data on children in foster care is needed. Michigan's statewide information system historically has not had the capacity to provide accurate data on children's educational needs and services and MiSACWIS does not currently provide sufficient detail. DHS is researching ways to track the assessment and provision of educational services for children in foster care.

Well-Being 2 - Plan for Improvement

Goal: Children under DHS supervision will receive appropriate services to meet their educational needs.

Objectives:

W 2.1 School-aged children will be registered and attending school within five days of initial placement or any placement change.

Measure: Division of Continuous Quality Improvement review.

Benchmarks:

2015: Establish a baseline.

2016: Determine goals for improvement.

W 2.2 Children entering foster care or experiencing a placement change will remain in their school of origin whenever possible and if it is in the child's best interest.

Measure: Division of Continuous Quality Improvement review.

Benchmarks:

2015: Establish a baseline.

2016: Determine goals for improvement.

W 2.3 DHS will identify options for gathering data related to enrollment and educational services provided to children in foster care.

Benchmarks:

2015: Meet with the Department of Education and local school districts served by Pathways to Potential to develop a data sharing plan.

2016: Determine goals for implementation.

Strategies DHS will use include:

- Collaboration among the Department of Education and DHS implementing McKinney-Vento legislation and the Uninterrupted Scholars Act.
- DHS will explore a data-sharing agreement with the Department of Education to provide information on enrollment; educational services provided to children in foster care; and to share historical and current information about youth in foster care.

Well-Being 3 - Assessment of Performance

Well-being Outcome 3: Children will receive adequate services to meet their physical and mental health needs.

Physical Health

DHS is committed to ensuring every child in foster care receives the preventive and primary health care necessary to meet his or her physical, emotional and developmental needs. Data currently shows that 75.4 percent of children receive an initial physical examination within 30 days of entry into foster care. Foster care policy and Michigan's Health Care Oversight and Coordination Plan requirements include:

- Every child entering foster care must receive a comprehensive medical examination including a behavioral/mental health screening within 30 calendar days from the child's entry into foster care, regardless of the date of the last physical examination.
- Every foster child between the ages of 3 through 20 years must receive annual medical examinations.
- Every foster child under 3 years must receive more frequent medical examinations as outlined in the Early and Periodic Screening, Diagnosis and Treatment program.
- Every child under 3 years listed as a victim in a substantiated abuse or neglect report will be referred to Early On for assessment and service provision.
- Every child who re-enters foster care after case closure must receive a full medical examination within 30 days of placement and ongoing examinations.
- Every child in foster care must have a medical home. Whenever possible, the child's existing medical provider will remain the medical home. When not possible, all efforts should be made to ensure continuity between the former and the new medical home.
- The foster care worker is responsible for ensuring adherence to all recommended follow-up health care.
- The foster care worker is responsible to complete the medical passport that documents ongoing medical and mental health care and ensure that the medical passport is shared with all medical and mental health providers.

- Health care providers must have the information needed to assist the child and family receiving assessment and treatment for emotional/behavioral needs.
- Medical providers and legal guardians must engage in informed consent for all psychotropic medications prescribed to children in foster care and document it.

Mental Health

DHS is committed to ensuring children receive timely mental health screenings; however, data indicates that only 53.8 percent of children are receiving these screenings. DHS is committed to improving the rate of mental health screenings of children and ensuring more accurate data entry. Children in foster care receive mental health screening as part of the well-child exam, as required by the Early Periodic Screening, Diagnosis and Treatment Program. Michigan Medicaid Provider policy requires that a standardized, normed, evidence-based tool be used for the mental health screening for children in foster care. DHS uses the Pediatric Symptom Checklist, a non-proprietary screening tool for children from age 6 to 16. The screening tool was disseminated to local DHS offices and private agency foster care organizations. The data shows that this screening is not always completed as part of the initial medical exam.

Medical providers express concern regarding the amount of time it takes to conduct the screening and score and interpret the tools. The policy is seen as being at odds with the Early Periodic Screening, Diagnostic and Treatment Program's recommendations that indicate a psychosocial/behavior assessment can be achieved through surveillance (i.e., informal observation and questioning, with additional steps if concerns are raised).

Well-Being 3 - Plan for Improvement

Goal: Children will receive timely physical and mental health services that are documented in the case record.

Objectives:

W 3.1 Children entering foster care will receive an initial physical examination within 30 days of entry.

Measure: Health Review.

Baseline: 75.40 percent.

Benchmarks:

2015: 95 percent.

2016 – 2019: 95 percent or higher.

W 3.2 Children entering foster care will receive a mental health screening within 30 days of entry.

Measure: Health Review.

Baseline: 53.80 percent.

Benchmarks:

2015: 95 percent.

2016 – 2019: 95 percent or higher.

W 3.3 Parents, caseworkers and children will engage in an informed consent process with physicians prescribing psychotropic medication.

Measure: Health Liaison Officer review.

Baseline: 55 percent.

Benchmarks:

2015 – 2019: Increase by five percent each year.

Initial Physical Examination

DHS will ensure that children entering foster care receive an initial physical examination within 30 days of entry through the following activities:

- Twenty-three health liaison officers focus on system barriers.
- A brochure “Guideline for Foster Parents and Relative Caregivers for Health Care and Behavioral/Mental Health Services” is sent to newly-licensed foster parents and relative providers at the time of placement to give families a clear understanding of health care requirements for children in care.
- DHS will meet quarterly with medical providers from the Michigan Chapter of the American Academy of Pediatrics, the Michigan Academy of Family Physicians, the Michigan Primary Care Association and the Department of Community Health to discuss barriers to meeting the requirements of Medicaid policy.
- The DHS medical consultant will work with the Office of Workforce Development and Training to develop a webinar that outlines requirements for addressing the health needs of children in foster care, including timely initial medical examinations.
- The DHS child welfare medical unit will continue to work with field operations to provide technical assistance in the implementation of the mental health screening tools.
- Quarterly meetings will be held among the medical provider groups and departments to address barriers.

Mental Health

The Pediatric Symptom Checklist, a non-proprietary screening tool for children from age 6 to 16 will be integrated in the MiTEAM model and it includes expectations that each local office develop a training and implementation plan with the following elements:

- Staff will know how and where to access screening tools.
- Staff will engage families prior to family team meetings to request the tools be completed in the comprehensive medical examination visits.
- Staff will engage families in family team meetings to complete the screening tools.
- DHS offices will develop a local plan to ensure the completed tools are forwarded to the primary care provider so that they can be scored, interpreted and integrated into treatment planning.

Informed Consent Process

- To improve the oversight of psychotropic medication for children in foster care, DHS is establishing a foster care psychotropic medication oversight unit. The unit will consist of

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child welfare medical unit staff and additional staff hired through an interagency agreement with the Michigan Department of Community Health.

- The DHS medical consultant will work with the Office of Workforce Development and Training to develop a webinar that outlines the requirements pertaining to the health needs of children in foster care, including mental health screening.
- To encourage the use of the Psychotropic Medication Informed Consent form, the medical consultant developed training on the informed consent process and practice in engaging children, families and medical providers. A webinar is under development that will be incorporated in training for child welfare workers.

Corresponding measures and benchmarks for each of the above goals can be found in Attachment C, the Child and Family Services Plan Goals and Objectives matrix.

SYSTEMIC FACTORS

DHS set goals and objectives for improvement with yearly benchmarks for the following Child and Family Services Review systemic factors:

- Information system.
- Case review system.
- Quality assurance system.
- Staff training.
- Service array.
- Agency responsiveness to the community.

INFORMATION SYSTEM

The Michigan Statewide Automated Child Welfare Information System (MiSACWIS) is the state's child welfare information system.

Information System - Assessment of Performance

Michigan implemented MiSACWIS statewide on April 30, 2014. It replaced the Services Worker Support System and is the single, statewide case management system for child welfare in Michigan. DHS and contracted private agency staff use MiSACWIS to document case activities. Child-caring institution staff will also use MiSACWIS to validate payments. The MiSACWIS project has a robust training team, including MiSACWIS staff, the design, development and implementation vendor and the Office of Workforce Development and Training. Information regarding the current functioning of the information system currently is not available, as its implementation is in the early stages.

Information System - Plan for Improvement

Goal: MiSACWIS will be compliant with federal requirements for statewide automated child welfare information systems.

Measure: MiSACWIS data.

Objectives:

A 1.1 DHS will submit the Adoption and Foster Care Analysis Reporting System file to the Children's Bureau semi-annually and ensure the file contains less than 10 percent errors for each data element.

Benchmarks: 2015 – 2019: Submit file.

A 1.2 DHS will submit the National Child Abuse and Neglect Data System file to the Children's Bureau annually and ensure the file contains less than 10 percent errors for each data element.

Benchmarks:

2015 – 2019: Submit file.

DHS will take the following actions:

- Submit the advanced planning document to the Administration for Children and Families to receive federal funding for system enhancements and maintenance.
- Participate in the required Administration for Children and Families visit to evaluate MiSACWIS and determine the necessary steps for federal statewide automated child welfare information system (SACWIS) compliance.
- Engage the courts and the tribes to determine their interest in using MiSACWIS.
- Submit the SACWIS compliance document to the Administration for Children and Families in early 2015 and request a formal review.
- Utilize the MiSACWIS system to track progress toward child welfare goals.

Goal: The DHS MiSACWIS staff will evaluate and provide enhanced system training for MiSACWIS users to ensure they are able to correctly enter information. This is critical for data reporting purposes.

Objectives:

A 2.1 DHS will track MiSACWIS system usage to determine whether users are entering information into the system.

Measure: MiSACWIS data.

Benchmarks:

2015: Track MiSACWIS system usage.

2016: Determine if it is beneficial to continue to track usage.

A 2.2 DHS will provide enhanced system training to MiSACWIS users with each major release, including training webinars and web-based training, if appropriate.

Benchmarks:

2015 – 2019: Provide training.

A 2.3 DHS will perform level three evaluations quarterly to evaluate users' knowledge of the system and modify MiSACWIS training based on user feedback.

Benchmarks:

2015: Perform level three evaluations quarterly.

2016: Determine if it is beneficial to continue level three evaluations quarterly.

Corresponding measures and benchmarks for each of the above goals can be found in Attachment C, the Child and Family Services Plan Goals and Objectives matrix.

CASE REVIEW SYSTEM

Michigan's case review system functions statewide to ensure that case plans are developed and periodic reviews, permanency hearings and termination of parental rights occur in accordance with the federal requirements.

Case Review System - Assessment of Performance

Michigan met the rating of substantial conformity in the 2009 Child and Family Service Review in the area of periodic review and permanency planning hearings. Michigan's successful completion of the Child and Family Services Review program improvement plan addressed the following areas:

- Written case plan.
- Termination of parental rights.
- Notification to foster and pre-adoptive parents of court hearings.

Modified Child and Family Services Reviews completed in 2013 were used to assess progress and establish a baseline of performance for the case review system.

- 96.23 percent of applicable cases demonstrated strength in the agency making concerted efforts to involve the mother actively in the case planning process.
- 88.76 percent of applicable cases demonstrated strength in the agency making concerted efforts to involve the father actively in the case planning process.
- 80 percent of applicable cases demonstrated strength in that a termination of parental rights petition was filed before the period under review or in a timely manner during the period under review when the child had been in foster care 15 of 22 months. Of the cases that did not have a termination petition filed, 90.91 percent specified in the case file there was an exception or compelling reason for not filing a petition for termination of parental rights.
- 96.15 percent of caregivers were given notice of court hearings.

DHS will collaborate with the Foster Care Review Board and the State Court Administrative Office to ensure case-specific data is used to identify areas needing improvement. DHS policy requires that service plans be developed jointly with families through the MiTEAM practice model. To ensure hearings meet federal requirements, court orders are reviewed by child welfare specialists to determine whether Title IV-E eligibility is met.

Case Review System - Plan for Improvement

Goal: DHS' child welfare case review system will ensure each child has a case plan that promotes permanency.

Objectives:

B 1.1 A written case plan will be developed jointly with the child's parents for each child in foster care.

Measure: Quality Assurance Compliance Review.

Benchmarks:

2015: Establish a baseline.

2016: Determine benchmarks.

B 1.2 For children in foster care, periodic court review hearings will occur in a timely manner.

Measure: MiSACWIS data.

Benchmarks:

2015: Establish a baseline.

2016: Determine benchmarks.

B 1.3 For children in foster care, a permanency hearing will occur no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter.

Measure: MiSACWIS data.

Benchmarks:

2015: Establish a baseline.

2016: Determine benchmarks.

B 1.4 For each child that has been in foster care 15 of 22 months, termination of parental rights petitions will be filed or compelling reasons will be documented.

Measure: Quality Assurance Compliance Review.

Benchmarks:

2015: Establish a baseline.

2016: Determine benchmarks.

B 1.5 Caregivers will be notified of court hearings and the notification includes how they could exercise their right to be heard.

Measure: Quality Assurance Compliance Review.

Benchmarks:

2015: Establish a baseline.

2016: Determine benchmarks.

Corresponding measures and benchmarks for each of the above goals can be found in Attachment C, the Child and Family Services Plan Goals and Objectives matrix.

QUALITY ASSURANCE SYSTEM

Michigan's continuous quality improvement system supports the DHS child welfare vision that DHS will lead Michigan in supporting our children, youth, and families to reach their full potential and the mission that child welfare professionals will demonstrate an unwavering commitment to engage with families to ensure safety, permanency, and well-being. The quality assurance system is based on the development of the following components:

1. Foundational administrative structure.
2. Quality data collection.
3. Case record review system.
4. Analysis and dissemination of quality data.
5. Feedback to key stakeholders.

Quality Assurance System - Assessment of Performance

1. Foundational Administrative Structure

Continuous quality improvement functions are dependent on the active engagement and participation of staff at all levels of the child welfare system and children, youth, families and stakeholders in each geographic region of the state. The partners include:

- DHS Division of Continuous Quality Improvement.
- Public and private child placing agencies (from case managers to county/executive directors).
- Child Welfare Field Operations Administration.
- Office of Child Welfare Policy and Programs.
- Bureau of Children and Adult Licensing.
- Office of Workforce Development and Training.
- American Indian tribes.
- Office of the Family Advocate.
- Office of Children's Ombudsman.
- Foster Care Review Board.
- State Court Administrative Office.

Many private agencies have continuous quality improvement processes that align with Council on Accreditation requirements. The department is coordinating DHS continuous quality improvement requirements to be complementary with Council on Accreditation requirements. These continuous quality improvement processes are similar to DHS processes and may include the following activities:

- Satisfaction surveys.
- Quality focus groups.
- Case record reviews.
- Training assessment.
- Risk management.
- Best practice reviews.
- Outcome measurement.

2. Quality Data Collection

This component of the continuous quality improvement approach provides a blueprint for data identification, collection, analysis and interpretation. Data parameters are determined for each review, and are dependent on the purpose of the review. These parameters include sample size, review focus, county- or region-specificity and type of case information. The state-level MiTEAM/Continuous Quality Improvement sub-teams will undertake the following tasks:

- Identify areas of inquiry, such as trends in performance over time, compliance concerns or effectiveness of program improvement efforts.
- Formulate data questions and define measures with specified data elements.
- Identify potential data resources for the specified data and assess its quality.
- If information on specific data elements is not available, determine procedures for collecting information in the most efficient and effective manner.
- Determine data analysis based on the question and the available data.
- Analyze the data and report in a way easily understood by all stakeholders.
- If analysis indicates that in a particular area the system is not achieving its objectives, the sub-teams will assist stakeholders to discover the reasons and develop a plan to address them.
- Conduct ongoing monitoring and testing of program improvement efforts to assess whether the efforts are resulting in the desired improvements.

The department has identified seven key performance indicators as the initial practice areas of inquiry for the continuous quality improvement process. Child welfare professionals will:

1. Ensure completion of the initial face-to-face contacts in a time frame required by policy for CPS investigations.
2. Visit children assigned to their workload as required by policy.
3. Ensure children placed in unlicensed, relative placement have timely initial home studies and licensing waivers if necessary.
4. Ensure children in care are provided updated medical, dental and mental health examinations and when necessary, follow-up treatment.
5. Develop and complete timely and thorough case plans in cooperation with children, parents and current caregivers.
6. Ensure children with a reunification goal visit their parents, if they are available.
7. Ensure older youth aging out of the foster care system are engaged in a formal 90-day discharge planning meeting to support their transition to independence.

It is expected that monitoring and reporting on key performance indicators will occur more frequently than outcome performance since the former are practice-related and more likely to exhibit change over short periods of time.

3. Case Record Review and Data Process

This component addresses the continuous quality improvement activity of case reviews as a specific type of data collection requiring analysis and interpretation. A primary function involves conducting case reviews when certain types of data are needed. The state- and county-

level MiTEAM/Continuous Quality Improvement sub-teams will engage in the following activities before or during a case review:

- Assess the appropriateness of a case review to answer a particular quality question and the type of case reviews available.
- Identify the goals of the case review, the information to be collected and the questions to be answered.
- Develop a review protocol to extract data from case records and key stakeholder interviews and test the efficacy of the protocol prior to full use.
- Determine the type and number of cases to be reviewed, the manner of selecting cases and the implications of the number and selection process for generalizing findings.
- Ensure that trained staff is available or recruited to conduct the case reviews.
- Report findings in a timely manner so strengths and areas needing improvement are identified and communication with key stakeholders is facilitated.
- When relevant, engage with stakeholders to develop program improvement plans to address areas needing improvement.

To implement case review data collection, the state- and county-level MiTEAM/Continuous Quality Improvement sub-teams ensure the following systemic factors are assessed:

- Training for public and private agency staff.
- Caseloads.
- Court processes, including legal support from county prosecutors.
- Recruitment, licensing, and retention of foster and adoptive parents.
- Service array including public/private partnership.
- Statewide automated information system.
- Oversight and monitoring including supervision, coaching and continuous quality improvement processes at the state and local levels.

4. Analysis and Dissemination of Quality Data

The state- and county-level MiTEAM/Continuous Quality Improvement sub-teams ensure appropriate data analyses are conducted depending on the issue being addressed and the data collection process. When the analyses are completed, the sub-teams present the data in a variety of formats that are easily readable and clear. The interpretation takes into account the data collected, the quality of data collection, the kinds of analyses conducted and the data collection process, particularly if sampling was involved. Data analyses incorporates the following procedures:

- Data analysis to answer the “what” questions – i.e., what does quality performance look like?
- Data analysis to examine the “why” questions – why does performance look a particular way – e.g., at, below, or above expectations?
- Data analysis to examine the “how well” question – what is the quality of the work being done?

- The state- and county-level MiTEAM/Continuous Quality Improvement sub-teams will examine the factors that may be correlated with performance and determine the strength of these relationships.
- The state- and county-level MiTEAM/Continuous Quality Improvement sub-teams will access alternative sources of data that may provide explanations for performance, such as stakeholder interviews, case record reviews and findings of empirical studies.

5. Feedback to Stakeholders and Decision-Makers and Adjustment of Programs and Process

Reports to stakeholders include a statement about the specific questions addressed in the analysis and an interpretation of the data in a manner consistent with the methodology that answers the questions addressed in the analysis.

The Division of Continuous Quality Improvement conducts the following case reviews:

- **Quality Service Review.** These case reviews are designed to provide an in-depth analysis of the case practice of each county in the state and include input from staff at all levels, children and their families, caregivers and stakeholders to provide a full picture of how the children and families were served and whether the casework promoted safety, permanency and well-being of children.
- **Quality Assurance Compliance Review.** The division is in the process of developing a compliance review to evaluate the quality of services in specific areas related to the Child and Family Services Review and the Modified Settlement Agreement.
- **Disrupted Adoptions.** These reviews examine cases in which termination of an adoptive placement occurs after the order placing the child is signed but prior to finalization.
- **Maltreatment in Care.** The division collaborated with the Office of Child Welfare Policy and Programs to develop a protocol for evaluating maltreatment in care investigations.
- **CPS investigations.** Case review protocols assess the quality of CPS practices against DHS policy, the modified settlement agreement and best practices.
- **Centralized intake.** This protocol assessed the quality of CPS practices against DHS policy, the modified settlement agreement and best practice standards.

Quality Assurance System - Plan for Improvement

Goal: DHS will maintain the continuous quality improvement case review process to ensure the quality assurance system:

- Operates in jurisdictions where services in the Child and Family Services Plan are provided.
- Includes standards to ensure children in foster care are provided quality services that protect their health and safety.
 - The division will identify the strengths and needs of the service delivery system.
 - The division will provide relevant reports.
 - The division will evaluate implemented program improvement measures.

C 1.1 Objective: DHS will use the Strengthening Our Focus Advisory Council, the MiTEAM and Continuous Quality Improvement sub-teams to engage stakeholders to assess the scope of reviews, data obtained, recommendations and reports.

Benchmarks:

2015: Further develop the MiTEAM and Continuous Quality Improvement sub-teams to include a representative of stakeholders and address review information to improve the QA system.

2016-2019: Maintain the process by holding regular meetings to utilize stakeholders to ensure an effective Quality Assurance system.

Corresponding measures and benchmarks for each of the above goals can be found in Attachment C, the Child and Family Services Plan Goals and Objectives matrix.

STAFF TRAINING

An integral part of DHS' reform, the Strengthening Our Focus Advisory Council training sub-team and the Training Council are critical partners in the development of new curriculum paths. The Office of Workforce Development and Training is creating a structured approach to training analysis, design, development, delivery and evaluation.

Staff Training - Assessment of Performance

New caseworkers are required to attend Pre-Service Institute (initial) training within 16 weeks of hire. Over 98 percent of caseworkers completed training timely between June and December 2013. Between January and June 2014, 96.7% of caseworkers completed training timely. The fiscal year after completion of the Pre-Service Institute training, caseworkers are required to complete thirty-two hours of in-service (ongoing) training. Ninety-nine percent of caseworkers completed this requirement in fiscal year 2013.

New supervisors must complete child welfare supervisory training within 3 months of hire or promotion. Ninety-two percent of supervisors completed training timely between June and December 2013. One hundred percent of supervisors completed training timely between January and June 2014.

Recent efforts include:

- Development, delivery and refinement of training of the MiTEAM model to address staff needs in champion counties as they implement the model.
- Development and delivery of training for local and central office staff on the MiSACWIS system and collaboration with county DHS offices to train local office experts who serve as coaches and resources for staff in their office.
- Continuous evaluation and improvement of training to assure staff have quality training to support their work with children and families.

Currently, the Office of Workforce Development and Training is strong in delivering quality, structured initial and ongoing training for child welfare caseworkers and supervisors. Collaborative teams and partners are in place to assist with developing structured processes for training continuous quality improvement efforts. An evaluation team was created to oversee

the development and administration of evaluative surveys, which will inform where improvement efforts should be focused. The procurement of a single, integrated learning management system is in process that will contribute to the ability to track, monitor and report training effectiveness. The Office of Workforce Development and Training is creating a curriculum path for child welfare positions and coordinating the delivery of training to all staff.

Two areas where training could be strengthened include: past strategic planning has not been strong in allowing local offices and agencies to direct training options to meet local needs, and the Office of Workforce Development and Training does not currently provide centralized training and support for foster and adoptive parents.

Staff Training - Plan for improvement

Goal: DHS will develop training with the input of internal and external stakeholders.

D 1.1 Objective: DHS will use the training sub-team of the Strengthening Our Focus Advisory Council structure that serves as a representative body of stakeholders to address improving training practices.

Benchmarks:

2015: Develop the role of the training sub-team.

2016-2019: Maintain the training sub-team.

Goal: DHS will deliver training that supports the MiTEAM model, the DHS child welfare vision and values and key performance indicators.

D 2.1 Objective: DHS will continue involvement in the MiTEAM expansion efforts.

Benchmarks:

2015: Assist with providing statewide training on MiTEAM/Continuous Quality Improvement expansion efforts and modify training as needed.

2016-2019: Maintain a child welfare training curriculum that integrates evolving child welfare priorities.

Goal: DHS will continuously evaluate and improve all training to assure effectiveness in providing staff with the skills and knowledge required for their position.

Objectives:

D 3.1 DHS will create a comprehensive staff training evaluation protocol.

Benchmarks:

2015: Implement the evaluation protocol.

2016-2019: Maintain and/or modify the evaluation protocol to utilize feedback.

D 3.2 DHS will administer a level one evaluation for all staff training.

Baseline: 95 percent.

Benchmarks:

2015-2019: 100 percent.

D 3.3 DHS will administer levels two and three evaluations for initial staff training.

Benchmarks:

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2015: Implement level two and three evaluation protocols.

2016: Evaluate and modify level two and three evaluations.

2017-2019: Maintain the administration of level two and three evaluations.

Goal: DHS will procure an integrated learning management system to track and monitor training requirements and evaluations results.

D 4.1 Objective: DHS will use a learning management system effectively to track staff training.

Benchmarks :

2015: Implement a learning management system.

2016: Interface the learning management system with DHS' MiSACWIS and human resources data systems.

2017-2019: Maintain the learning management system.

Goal: DHS will expand training for foster and adoptive parents.

D 5.1 Objective: DHS will explore centralizing specific training for foster and adoptive parents.

Benchmarks:

2015: Submit a proposal for consideration of centralizing specific foster and adoptive parent training options.

2016: Determine funding sources for implementing centralized foster and adoptive parent training.

2017: Assess progress and determine benchmarks for 2018-2019.

Corresponding measures and benchmarks for each of the above goals can be found in Attachment C, the Child and Family Services Plan Goals and Objectives matrix.

SERVICE ARRAY

Michigan offers an array of services for children and families across the child welfare continuum. Services range from prevention to post-permanency support for older youth. Michigan's service array aligns with the department's child welfare mission, vision and guiding principles. Service goals reflect Michigan's priorities for children and families:

- To keep children safe and, to support and preserve families and connection with relatives.
- Achieve stability and timely permanency for children and self-sufficiency for youth.
- Goals that reflect the priority Michigan places on child well-being, parental capacity, responsive communities, cross-system collaboration and evidence-based services.

Service Array - Assessment of Performance

Michigan's Child and Family Services Review round two was completed in 2009. Findings for the service array items were:

- Item 35 - Array of services resulted in a rating as a strength.
- Item 36 - Service availability resulted in a rating as an area needing improvement.

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- Item 37 - Individualizing services resulted in a rating as an area needing improvement.

Michigan's Child and Family Services Review program improvement plan included a survey in 2012 of CPS and public and private foster care supervisors and DHS contract administrators regarding Michigan's service array. Survey results indicated that at least 90 percent reported that there were adequate services in the following areas:

- Psychological assessments for parents.
- Mental health counseling for parents.
- Domestic violence treatment for parents.
- Parenting classes.
- Trauma-informed individual counseling for parents.
- Families First of Michigan.
- Medical care for children.
- Psychological assessment services for children.
- Mental health services for children.
- Domestic violence support services for children.
- Trauma-informed individual counseling services for children.

Additionally, at least 90 percent of the foster care supervisors surveyed perceived adequate services in these areas:

- Anger management for parents.
- Substance abuse treatment for parents.
- Family Reunification Program.
- Support services for foster parents and caregivers to address children's behavioral and mental health needs.
- Dental care for children.
- Sexual abuse treatment for children.
- Parent-child visitation.
- Sibling visitation.
- Individualized education programs.
- Services for youth seeking higher education.

Strengths:

- Michigan offers a variety of prevention services through its Children's Trust Fund local child abuse and neglect councils.
- Michigan offers family preservation services in all 83 counties to prevent recurrent maltreatment and the need for out-of-home care, keep children safe in their own homes and support enhanced parenting capacity. Families First of Michigan, the Family Reunification Program and Families Together Building Solutions exceeded their outcome measures in 2013 and have done so since inception.
- Michigan implemented a Title IV-E Waiver, Protect MiFamily, aimed at enhancing parenting capacity and child well-being for families at high risk. Protect MiFamily is a preservation and intensive case management service provided in three pilot sites.

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- Michigan has reunification services and a parent mentoring program to assist parents to achieve timely reunification with their children. The Family Reunification Program is currently available in 41 counties.
- Michigan offers various interventions such as Early On to address child developmental delays and parenting skills education and interventions.
- Michigan offers rehabilitative services, clinical intervention and other supports for parents experiencing substance abuse, mental illness and domestic violence.
- Michigan has reduced the number of children alleged to have experienced abuse or neglect in out-of-home care. The findings from a 2014 joint study of foster care maltreatment in Michigan concluded that Michigan has a strong recruitment, screening and licensing process.

Barriers:

- Michigan does not offer sufficient prevention services to families with children at greatest risk for experiencing child abuse or neglect.
- For families identified as being high or intensive risk by CPS, Michigan lacks sufficient quantity and diversity of services and supports to prevent recurrent maltreatment and the need for out-of-home placement.
- Michigan lacks effective services and supports needed to reduce the length of time between entry into out-of-home care and parental reunification.
- Michigan lacks effective services and supports to enhance parenting capacity and child well-being.
- Services for domestic and sexual violence offenders do not exist in most areas of the state or are not widely available. Housing and transportation in many communities are inadequate. Services to meet the full spectrum of needs are inadequate in rural areas.
- Michigan lacks a comprehensive strategy for providing ongoing support to foster parents and relative caregivers to meet the unique and challenging needs of children placed in out-of-home care.

Service Array – Plan for Improvement

Goal: Families identified as being at-risk will be provided effective services and interventions to keep children safe in the home when reasonable and meet their unique and diverse needs.

Objectives:

E 1.1 DHS will determine the feasibility of using data to target protecting interventions and preservation services to families at greatest risk for experiencing severe or fatal child abuse or neglect.

Benchmarks:

2015: Convene work group.

2016: Establish a plan.

2017: Implement a pilot project.

2018: Assess pilot progress and make recommendations.

2019: Establish benchmarks based on outcome of the pilot.

E 1.2 DHS will maintain or increase existing family preservation services that demonstrate effectiveness in achieving established outcomes.

Benchmarks:

2015: Families First is available in all 83 counties.

2016: Establish outcome measurements for existing family preservation services and a method to track and measure success.

2017: Assess services based on outcome measures and develop a plan to eliminate ineffective services and enhance effective services.

2018-2019: Assess and maintain effective services.

E 1.3 DHS will develop or expand supports available to families to address legal, concrete, or poverty-related needs.

Benchmarks:

2015: Identify available services and gaps in services statewide.

2016: Establish a plan to expand effective services and supports.

2017: Develop or expand supports.

2018-2019: Maintain supports.

E 1.4 DHS will expand Families Together Building Solutions to additional counties.

Baseline: Families Together Building Solutions is available in 27 counties.

Benchmarks:

2015-2016: Expand the program to 10 additional counties each year.

2017: Expand the program to 83 counties (statewide).

E 1.5 DHS will expand the Protect MiFamily program to additional counties.

Baseline: Protect MiFamily is currently available in three sites.

Benchmarks:

2015: Convene a work group to examine the feasibility of expanding Protect MiFamily and to obtain federal approval.

2016: Develop a plan and provide training to expand Protect MiFamily to three additional counties.

2017: Implement Protect MiFamily in three additional counties.

2018: Maintain sites and examine the feasibility of expanding to additional sites.

Goal: Parents with children in foster care will be provided services and supports to achieve timely reunification.

Objectives:

E 2.1 DHS will expand supportive visitation or its equivalent to make it available to parents in all 83 counties to enable frequent and quality parent-child visits.

Baseline: Supportive visitation is currently available in 39 counties.

Benchmarks:

2015: Establish outcome measure to determine effectiveness

2016: Expand to 50 counties.

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2017: Expand to 62 counties.

2018: Expand to all 83 counties (statewide).

E 2.2 DHS will expand the availability of Parent-Partners or its program equivalent.

Baseline: Parent-Partners is now available in Wayne County.

Benchmarks:

2015: Establish outcome measure to determine effectiveness (baseline Wayne County).

2016: Expand program to five counties.

2017: Expand program to ten counties.

2017: Expand program to 62 counties.

2018: Expand to all 83 counties (statewide).

E 2.3 DHS will expand the Family Reunification Program statewide.

Baseline: The Family Reunification Program is currently available in 41 counties.

Benchmarks:

2015: Establish outcome measurements for existing family preservation services and method to track and measure success.

2016: Expand program to serve 51 counties.

2017: Expand program to serve 72 counties.

2018: Expand program each year to serve all 83 counties (statewide).

Goal: Parents will have access to evidence-based services and supports that build parenting capacity to safely and effectively meet the needs of their children.

Objectives:

E 3.1 DHS will gradually discontinue parenting skills classes or interventions that are not evidence-based.

Benchmarks:

2015: Identify parenting skills classes available and assess which are evidence-based.

2016: Establish phased elimination plan for classes that are not evidence-based.

2017: Eliminate funding for classes that are not evidence-based.

E 3.2 DHS will expand availability of evidence-based parenting skills interventions to meet the unique needs of parents with infants and toddlers through teens.

Benchmarks:

2015: Establish a plan for expanding evidence-based parenting skills interventions.

2016: Implement a plan for expansion.

2017: Determine goals for benchmarks.

E 3.3 DHS will incorporate the Protective Factors framework into existing and future family preservation contracts to build and sustain parenting capacity.

Baseline: Currently protective factors are not included in existing family preservation contracts.

Benchmarks:

2015: Develop a plan for training and inclusion of protective factors framework into existing family preservation contracts.

2016: All contracts will include the protective factors framework.

Goal: Children who come to the attention of the child welfare system will experience enhanced well-being as a result of intervention.

Objectives:

E 4.1 DHS will implement a strategy to measure uniformly the well-being of children who come to the attention of the child welfare system and the impact interventions have on child well-being.

Benchmarks:

2015: Convene a work group to identify plan for uniform well-being measures.

2016: Provide training and develop policy, procedures, systems development and tracking to implement well-being measures.

2017: Phased implementation of well-being measures in foster care program.

2018: Phased implementation of well-being measures in CPS ongoing program.

E 4.2 DHS will make available a full range of trauma-focused care including screening, assessment and evidence-based interventions to parents and children.

Benchmarks:

2015: Identify current trauma-focused initiatives across the state and establish a plan for coordinated expansion.

2016: Trauma screening, assessment, and interventions made available statewide.

2017: Increase accessibility of full range of trauma-focused care.

2018-2019: Maintain accessibility of trauma-focused care.

E 4.3 DHS will make available appropriate interventions and adequate supports to teens experiencing mental health issues, trauma, homelessness, sexual or labor exploitation, teen parenthood, substance abuse and sexual identity issues.

Benchmarks:

2015: Convene a work group to develop a plan.

2016: Identify interventions and supports available to serve teens.

2017: Implement a plan to expand available screening, interventions and supports.

2018-2019: Expand and maintain support services to teens.

E 4.4 DHS will initiate inter-agency suicide prevention efforts to reduce the number of children who take their own lives.

Benchmarks:

2015: Determine baseline number of youth suicides in Michigan in the most recent year available.

2016: Convene a statewide suicide prevention conference.

2017: Implement DHS policy and programs to prevent suicide of youth in DHS care and supervision.

Goal: Foster parents and relative caregivers will have access to specialized individualized support to enable them to safely meet the needs of children placed in their care and avoid the need for replacement of the child.

E 5.1 Objective: DHS will identify how risk factors can help workers identify children and providers who can benefit from intensive support to ensure child safety and stability in placement.

Benchmarks:

2015: Convene a work group to address risk factors and individualized supports for children and caregivers to increase absence of maltreatment and placement stability.

2016: Develop a plan and initiate implementation.

Corresponding measures and benchmarks for each of the above goals can be found in Attachment C, the Child and Family Services Plan Goals and Objectives matrix.

AGENCY RESPONSIVENESS TO THE COMMUNITY

DHS is responsible for a broad expanse of services and initiatives, many of which cross organizational borders and require collaborative participation. Priorities change over time and DHS requires the capacity to respond to community needs quickly and effectively. A primary objective of the Strengthening our Focus on Children and Families initiative is to develop a process for assessing systemic factors, addressing priorities and responding proactively to new concerns.

Michigan's approach to strengthening organizational focus on the needs of children and families requires a structure that supports increased engagement and involvement of a wide range of stakeholders and making the adjustments necessary to respond to child welfare trends and the needs of children and families.

Agency Responsiveness to the Community - Assessment of Performance.

Since 2009, DHS has engaged in addressing critical child welfare issues in the modified settlement agreement and the second round of the Child and Family Services Review. The state has made great progress in addressing practice issues and the ability to track and measure outcomes. Collaboration with stakeholders on every level has been an essential element in these achievements. During this transformation, DHS has participated in several technical assistance and collaborative processes that led to improvements including:

- Achieving permanence for many children that had been in care for long periods of time.
- MiTEAM, a case practice model that emphasizes the critical components of engaging and working collaboratively with families.
- Establishment of an in-house data management team capable of responding to data needs quickly and accurately.
- MiSACWIS, Michigan's statewide automated child welfare information system.

- An effective plan for recruiting, licensing and retaining foster and adoptive parents to serve a wide diversity of children's needs.

To ensure the systemic improvements are permanent, a supportive structure is necessary that includes and facilitates the input of experts and stakeholders in assessment and decision-making at every level.

Agency Responsiveness to the Community – Plan for Improvement

Goal: DHS will engage in ongoing consultation with tribal representatives, consumers, services providers, foster care providers, the juvenile court and other public and private child and family service agencies to ensure collaboration addresses the major concerns in implementing the provisions of the Child and Family Services Plan and annual updates.

Measure: Annual Implementation Report.

Objectives:

F 1.1 DHS will operate an implementation team structure that serves as a representative body of stakeholders responsible for addressing priority issues and improving the practices that affect the federal outcomes of safety, permanency and well-being of children served by the child welfare system.

Benchmark:

2015: Establish a plan to further develop the council, sub-teams and county implementation teams in four champion counties. Evaluate the implementation schedule for a more rapid deployment of the local team structure and adjustments to the current benchmarks for statewide implementation.

F 2.1 DHS will utilize the Strengthening Our Focus Advisory Council and sub-team structure to operationalize a continuous quality improvement plan that includes engaging internal and external stakeholders in assessment and development of effective strategies.

Benchmark:

2015-2019: Utilize the council and sub-teams for ongoing collaboration.

Corresponding measures and benchmarks for each of the above goals can be found in Attachment C, the Child and Family Services Plan Goals and Objectives matrix.

FOSTER AND ADOPTIVE PARENT LICENSING, RECRUITMENT AND RETENTION

Children in need of foster and adoptive homes are infants, children, youth and young adults from varied ethnic and cultural backgrounds.

Foster and Adoptive Parent Licensing, Recruitment and Retention - Assessment

Maintaining an adequate number and array of adoptive and foster home placements that reflect the ethnic and racial diversity of children in care continues to be a top priority for Michigan. In 2013, DHS collected and analyzed trends on new licenses, closed homes and the

number of relative homes compared to non-relative homes. There was a five percent increase in the overall number of foster homes licensed and a four percent increase in the number of non-relative foster homes licensed from 2012 to 2013. The results of the closed home surveys show the majority of homes close voluntarily, with adoption as one of the top reasons for not continuing as foster parents.

In the last two years, DHS has licensed well over 2700 non-relative foster parents. DHS has licensed over 1600 relatives over the last two years. Expanding the array of foster and adoptive homes for children in out-of-home placement is critical, but can be very challenging. DHS continues to recognize that county leadership and staff are making good efforts toward recruitment and retention of foster and adoptive parents.

To ensure an adequate number of licensed foster homes are available to serve children of diverse backgrounds and situations in all regions of the state, DHS requires that each county develop a recruitment and retention plan that fits the circumstances and needs of that county. DHS provides specific data to each county that includes characteristics of children in the county that are in foster care as well as the number of foster homes opened and closed each year and the length of time children have been in care. Demographic data provided includes the gender, race, age, ethnic background and living arrangement of children in foster care in that county. Counties use the data to determine how many foster and adoptive homes are needed, including homes for special populations, such as teens, sibling groups and children with special needs.

The DHS Bureau of Children and Adult Licensing approves and oversees the licensing process for DHS county offices and private agencies, ensuring licensing standards are applied equally. Foster parents and homes are screened through home studies and recommended for licensure locally, either through county DHS offices or by private agencies. Criminal background checks of the licensees and any adults residing in the home are conducted centrally by the DHS Bureau of Children and Adult Licensing before the issuing of a license; therefore 100% of licensees have undergone clearance through criminal background checks prior to licensure.

DHS county offices and private agencies collaborate locally to recruit, retain and train foster, adoptive, and relative families, as outlined in each local Adoptive and Foster Parent Recruitment and Retention Plan. Targeted recruitment activities include:

- Organizing back-to-school events.
- Community festivals and fairs.
- Flyers and presentations at local schools.
- Health fairs.
- The Great Start Coalition, Michigan Department of Education's featured community collaboration.
- Presentations at local hospitals and doctor's offices.
- Foster Care Awareness Festival.
- Presentations for congregations.

- Foster parent support groups.
- Flyers at sporting events.
- Local community presentations.
- Visiting library displays.

Foster and Adoptive Parent Licensing, Recruitment and Retention – Plan for Improvement

Goal: DHS will implement an annual foster and adoptive parent retention and recruitment plan that ensures foster and adoptive homes are available that meet the diverse needs of the children and youth that require out-of-home placement.

G 1.1 Objective: DHS will recruit and license an adequate array of foster and adoptive homes.

Benchmarks:

2015-2019: In September of each year, the approved plans will be returned to counties for implementation.

Efforts to achieve this objective include:

- Tracking demographic data of children in foster care.
- Using specific strategies to recruit and retain foster, adoptive and kinship families.
- Producing specialized scorecards that monitor the number of licensed homes.
- Providing tools and guidelines for assessing and analyzing demographic data for recruiting, licensing and retaining foster, adoptive and kinship parents.
- Strengthening private agency and community partnership in foster and adoptive parent recruitment and retention plan development.

Each local DHS office is expected to:

- Collaborate with private agencies, local tribes, faith communities, service organizations and foster/adoptive/kinship parents to create their annual adoptive and foster parent retention and recruitment plan.
- Develop specific strategies to reach out to all parts of the community.
- Assure all prospective foster/adoptive/kinship parents have access to child-placing agencies that provide foster home certification.
- Increase public awareness of the need for adoptive and foster homes through general, targeted and child-specific recruitment activities.
- Provide strategies for addressing language barriers.
- Ensure there is a non-discriminatory fee structure.

Goal: The Office of Child Welfare Policy and Programs and the placement sub-team will ensure best practices for recruitment and retention are used and barriers addressed as needed.

Objectives:

G 2.1 DHS will ensure there are strategies for training staff to work with diverse communities including cultural, racial and socio-economic variations.

Measure: MiSACWIS reports.

Baseline: One hundred percent of all new staff will complete the Pre-Service Institute.

Benchmarks:

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2015-2019: Pre-Service Institute and in-service trainings, which include topics such as poverty and cultural diversity, will be provided to new and experienced staff.

G 2.2 DHS will ensure procedures for timely search for prospective parents for a child needing an adoptive placement, including the use of exchanges and other interagency efforts, if such procedures ensure that placement of a child in an appropriate household is not delayed by the search for a same race or ethnic placement.

Measure: Michigan Adoption Resource Exchange data.

Baseline: Eighty percent of Adoptive and Foster Parent Recruitment and Retention plans will be within at least 80 percent of their recruitment goals.

Benchmarks:

2015-2019: Eighty percent of Adoptive and Foster Parent Recruitment and Retention plans will be within at least 90 percent of their recruitment goals.

Corresponding measures and benchmarks for each of the above goals can be found in Attachment C, the Child and Family Services Plan Goals and Objectives matrix.

CHILD AND FAMILY SERVICES CONTINUUM

Michigan provides a continuum of services for children and families in the child welfare system, from prevention to post-permanency services, including transition services for youth leaving foster care. Services for children and families are community-based, coordinated with other government benefits, culturally relevant and family-focused. The service continuum includes:

- Prevention services provided by Family Independence Specialists to families receiving financial and other assistance.
- Assistance with and referrals for food, housing and other needs in DHS community resource centers, which are based in schools with high numbers of families receiving financial assistance.
- The Children's Trust Fund provides funding for statewide prevention of child abuse and neglect through community-based programs.
- A child welfare demonstration project, Protect MiFamily. The demonstration consists of prevention, preservation and support services offered to families with young children at high or intensive risk for maltreatment. The project is designed to increase child safety, strengthen parental capacity and improve child well-being.
- Child Protection Community Partners funding is provided to DHS local offices specifically for services to children of families at low to moderate risk of child abuse or neglect. The purpose of the funding is to:
 - Reduce the number of re-referrals for substantiated abuse and/or neglect.
 - Improve the safety and well-being of children.
 - Improve family functioning.

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- CPS investigation of allegations of abuse or neglect of children by caretakers responsible for the child's health or welfare. CPS assesses the safety of all children in the household and initiates action to protect them when needed.
- Families First of Michigan serves families with children at imminent risk of out-of-home placement and families with children in care when reunification is not appropriate without intensive services. Families First provides intensive, short-term crisis intervention and family education in the home for four to six weeks.
- Strong Families/Safe Children, a resource for enhanced family preservation and support services. Funds are provided for services determined by local stakeholders and contracted with private agencies and individuals.
- Children's foster care that provides placement and supervision of children removed from their homes due to abuse or neglect. Services are provided by public and private agencies and interventions assist families to rectify the conditions that brought the children into care. Foster care services are available to eligible young adults up to age 21 through the Young Adult Voluntary Foster Care program.
- Family Reunification Program services are available to families who have a child in out-of-home care due to abuse or neglect. This program facilitates earlier return home from foster care and decreases the rate of return to foster care.
- The adoption assistance program provides adoption and medical subsidy and assistance with non-recurring adoption expenses to children and their adoptive families.
- The Guardianship Assistance Program provides financial support to ensure permanency for children who are placed in eligible guardianships.
- DHS Juvenile Programs provides technical assistance, consultation, assessment and training for community-based programs and supervision for youth placed in state-operated and private residential facilities. Juvenile Programs operates three secure residential facilities.
- The Youth in Transition program offers assistance to current and former foster youth between 14 and 21 achieve self-sufficiency including juvenile justice, tribal and unaccompanied refugee minors.
- Runaway Youth Services are crisis-based services available to youth ages 12 to 17, their siblings and families. Services are available statewide and include crisis intervention, community education, prevention, case management, counseling, skill building and placement.
- Homeless Youth Services are provided to youth, ages 16 to 21, who require support for a longer period of time. Services are available statewide and include crisis management, community education, counseling, placement and life skills.
- Transitional Living Services are provided in the Upper Peninsula, in addition to Runaway Youth and Homeless Youth Services.
- The Education and Training Voucher Program provides funding to meet the post-secondary education and training needs of youth aging out of foster care. Funding can be used toward tuition, books, school supplies, housing, transportation, day care, medical needs, daily living expenses and services that assist youth attending school and completing a post-secondary program.

To ensure children and families are provided services that address all safety-related concerns, DHS has incorporated trauma-informed approaches through:

- The Trauma Initiative that ensures a trauma-informed behavioral health system is provided for children and families through Community Mental Health service providers. The Department of Community Health provides training on trauma-informed practices.
- Permanency forums that focus on trauma-informed practice, reunification and family preservation services, well-being and parent-child visitation.
- The trauma-informed systems of care work group that gathers information about trauma-informed systems of care and makes recommendations.
- The Detroit Trauma-Informed Project at the Southwest Michigan Children's Trauma Assessment Center that supports further development of a collaborative continuum of trauma-informed services in Detroit. Services include trauma screening, comprehensive trauma assessment, parent trauma training, resiliency strategies for children and families, and workforce development.

SERVICE COORDINATION

Michigan's child welfare services are developed at the state level and delivered by county offices and private agencies. County DHS offices operate under five business service centers, which are geographically based. In addition to child welfare services, DHS administers:

- Federal Temporary Assistance for Needy Families funding.
- Child Care and Development Block Grant programs.
- Supplemental Nutrition Assistance Program.
- Low-income Home and Energy Assistance Program.
- Title IV-D child support program.
- Disability Determination Service for Title II and XVI funds.

Service Coordination at the State Level

Service coordination involves collaboration with state and local groups whose purposes overlap with DHS' and engage in mutually supportive functions that serve families:

- DHS determines eligibility and provides case management for Medicaid through the Michigan Department of Community Health.
- DHS administers the Disability Determination Service for Title II and XVI funds.
- DHS administers Michigan's Child Support Program in collaboration with prosecutors, Friend of the Court, State Court Administrative Office, the Michigan State Disbursement Unit and the Michigan Attorney General.
- The DHS Bureau of Community Action and Economic Opportunity provides support and oversight to Michigan's 29 community action agencies that develop community partnerships, involve low-income clients in their operations and coordinate an array of services within their communities. They serve approximately 489,000 low-income individuals each year with services including Head Start, housing assistance,

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weatherization, senior services, income tax preparation, food, transportation, employment assistance and economic development.

In addition to child welfare services funded through title IV-B(1), Michigan DHS allocates funds annually to all 83 counties for community-based collaborative needs assessment, service planning and contracting and service delivery to children and families. The programs provided under the community-based services umbrella incorporate federal Child and Family Services Review standards.

It is expected that service coordination as described in this section will remain essentially the same over the five-year period. Further examples of DHS inter- and intra-departmental coordination include:

- The Office of Child Welfare Policy and Programs and the Office of Child Support collaborate to enable foster care and CPS staff to obtain paternity information from the Department of Community Health's Central Paternity Registry to ascertain responsibility and coordination for child support payment for children in the child welfare system.
- Michigan's Title IV-E state plan amendment, approved in September 2012, demonstrates compliance with the Fostering Connections Act. DHS finalized policies for Young Adult Voluntary Foster Care, Juvenile Guardianship Extension and Adoption Subsidy Extension programs to extend benefits through age 21 for youth who meet the program requirements. Michigan is exploring extension of Young Adult Voluntary Foster Care to delinquent wards.
- The DHS Juvenile Programs Division implements the Michigan Youth Re-Entry Initiative that operates through an interagency agreement with the Department of Corrections for care coordination, with emphasis on assisting youth with significant medical, mental health or other functional life impairments that may impede success when re-entering community placement.
- The Child Care Fund is a collaboration between state and county governments that supports programs serving neglected, abused and delinquent youth in Michigan. Michigan's county courts design and administer the programs.
- The Foster Care Review Board provides external review of children in foster care to ensure the children's safety and well-being in foster care and that the system is working to achieve permanency for each child in a timely manner.
- Michigan's Interstate Compact Office serves as a liaison between local DHS offices and other states to ensure compliance with compact regulations and effective coordination.
- Michigan collaborates with the State Court Administrative Office to train courts on requirements in addition to offering field support and case reviews to ensure correct eligibility determination for Title IV-E funding.
- The Michigan Court Improvement Program Task Force is a multi-disciplinary work group that includes state and tribal judges, attorneys, referees, DHS and private agency caseworkers, DHS central office staff and managers, Office of the Children's Ombudsman, the State Bar of Michigan, community mental health and other child

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welfare advocates and experts. Quality assurance is addressed through the following committees:

- Quality and Depth of Hearings Committee.
 - Quality Representation Committee.
 - Child and Family Services Review Committee.
 - Tribal Relations Committee.
 - Data Committee.
 - Three Citizen Review Panels required under the Child Abuse Prevention and Treatment Act.
- DHS has collaborative relationships with Michigan's seven universities with master's level social work programs and 22 with bachelor's level programs to ensure an adequate field of qualified applicants is trained and educated to fill child welfare positions statewide. Curricula are developed collaboratively to ensure graduates are well-versed in the skills and knowledge necessary to manage caseloads.

Service descriptions for all DHS program may be found here: <http://www.michigan.gov/dhs/0,4562,7-124-5453---,00.html>

SERVICE DESCRIPTION - TITLE IV-B(2) AND COMMUNITY-BASED SERVICES

The DHS service delivery strategy is to involve families and their natural supports to help keep families together. The programs provided under the community-based services umbrella incorporate the federal Child and Family Service Review standards and are key components of the DHS child and family services continuum. An assessment of strengths and gaps in child welfare services is included in the Service Array section of this document. Three examples of community-based program funding that allow local DHS offices to contract for services designed to keep children safely in their family home are:

1. Strong Families/Safe Children, Michigan's Title IV-B(2) program.
2. Child Protection Community Partners program.
3. Child Safety and Permanency Plan program.

Title IV-B(2) Family Preservation-Placement Prevention Services

These include services to help families at risk or in crisis, including:

- Alleviating concerns that may lead to out-of-home placement of children.
- Maintaining the safety of children in their own homes when appropriate.
- Providing follow-up support to families to whom a child has been returned from placement.
- Supporting families preparing to reunite or adopt.
- Assisting families in obtaining culturally sensitive services and supports.

The services provided include:

- Parent aide or homemaker services.

- Parenting education.
- Wraparound coordination.
- Families Together Building Solutions.
- Crisis counseling.

Services are targeted to parents or primary caregivers with minor children who have an open foster care, juvenile justice or CPS category I, II or III case.

Title IV-B(2) Family Support Services

Family support services promote the safety and well-being of children and families and:

- Increase family stability.
- Increase parenting confidence, resilience and supportive connections.
- Provide a safe, stable and supportive family environment.
- Strengthen relationships and promote healthy marriages.
- Enhance child development.

The services include:

- Home-based family support services.
- Parenting education/life skills.
- Parent aide services.
- Families Together/Building Solutions.
- Mentoring programs for youth and their families.

Family support services are provided to parents or primary caregivers responsible for the care and supervision of minor children who meet one of the following qualifications:

- An open foster care, juvenile justice or CPS category I, II or III case.
- A DHS child welfare case that has closed in the past 18 months.
- A CPS investigation in the past 18 months.
- Three or more rejected CPS complaints.

Title IV-B(2) Time-Limited Reunification Services

Services are provided to children removed from their homes and placed in foster care and to their primary caregivers to facilitate reunification safely within the 15-month period from the date the child entered foster care. The services are:

- Individual, group and family counseling.
- Substance abuse treatment.
- Mental health services.
- Assistance to address domestic violence.
- Therapeutic services for families.
- Transportation to and/or from services.

Services may also include:

- Wraparound coordination.

- Supportive visitation or parenting time support services.
- Parent Partners peer mentoring.

Title IV-B(2) Adoption Promotion and Support Services

Services that encourage adoption from the foster care system include pre- and post-adoptive services that expedite the process and support adoptive families. Services may include:

- Adoptive family counseling and post adoption services.
- Relative caregiver support services.
- Wraparound Coordination.
- Foster and adoptive parent recruitment and support services.

Services are targeted to adoptive and potential adoptive parents of minor children adopted through Michigan's foster care system.

Title IV-B(2) Estimated Percentages for Fiscal Year 2015

The Title IV-B(2) estimates for fiscal year 2015 submitted with this plan indicate that Michigan will work toward a minimum of 20 percent in each of the four service categories, with a maximum 10 percent for administrative costs.

Other Community-Based Services – not Title IV-B(2) Funded

The DHS commitment to accessible services to families includes other community-based programs not funded by Title IV-B(2).

Child Protection Community Partners

Funding is provided to the DHS local offices specifically for services to children of families at low to moderate risk of child abuse or neglect. The purpose of the funding is to:

- Reduce the number of re-referrals for substantiated abuse and/or neglect.
- Improve the safety and well-being of children.
- Improve family functioning.

Client Eligibility Criteria

Families investigated by CPS in the previous 18 months in which there was evidence of child abuse or neglect and either:

- A low to moderate risk of future harm to the child (CPS Category III.)
- Future risk of harm to the child is indicated (CPS Category IV).

Services contracted with these funds may include:

- Parenting education.
- Parent aide services.
- Wraparound coordination.
- Counseling.
- Prevention case management.
- Flexible funds for individualized needs.

Child Safety and Permanency Plan

Funding is provided to the DHS local offices for services to families with children who are at imminent risk of removal for abuse and/or neglect or families with children in out-of-home placement. Funding can help to reduce the length of time a child is in out-of-home placement through the provision of services to his or her birth family. The purpose of the funding is to:

- Keep children safe in their homes and prevent the unnecessary separation of families.
- Return children in care to their families in a safe and timely manner.
- Provide safe, permanent alternatives for children when reunification is not possible.

Client Eligibility Criteria

- Families with an open CPS Category I, II or III case.
- Families with children in DHS supervised out-of-home placement.
- Adoptive families needing services to prevent disruption or dissolution.
- Families with an open DHS prevention case.

Examples of purchased services include:

- Counseling.
- Parenting education.
- Parent aide services.
- Wraparound coordination.
- Families Together Building Solutions.
- Flexible funds to meet individual needs.

Through statewide allocations, DHS funds two evidence-based intensive family service models:

- Families First of Michigan.
- Family Reunification Program.

These services reduce abuse and neglect to prevent removal and help reunify children in foster care with their families.

SERVICE DECISION-MAKING PROCESS FOR FAMILY SUPPORT SERVICES

Michigan allocates Title IV-B(2) funds annually to 83 counties for community-based collaborative planning and delivery of family preservation, family support, time-limited reunification and adoption promotion and support services.

Michigan's program engages local collaborative groups in the service planning process. Groups include representation from the following stakeholders:

- Michigan Department of Community Health.
- Michigan Department of Education.
- Department of Human Services.

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- Public and private service organizations.
- Courts.
- Parents.
- Consumers.

The program design maintains community-based selection and delivery of Title IV-B(2) services. The selection is done through a local collaborative planning process. In contracting with providers, Department of Technology, Management and Budget and DHS policies on bidding protocols and contract implementation apply.

POPULATIONS AT THE GREATEST RISK OF MALTREATMENT

In 2013, the population identified at greatest risk of maltreatment was children age 3 or younger living with their biological parents, constituting 37 percent of total child victims (12,400 of 33,970 total victims). This data was captured through the Services Worker Support System. Other factors included in identifying this group of children include increased vulnerability due to their age and stressors on parents because of the children's dependent status. Four areas of policy and practice specifically focus on this population in Michigan:

1. Multiple Complaint policy.
2. Safe Sleep policy.
3. Birth Match policy.
4. Early On policy and service provision.
5. Title IV-E waiver project.

SERVICES FOR CHILDREN AGE FIVE AND UNDER

In 2013, there were 10,083 children age five and under in foster care. Based on prior years' data, it is projected that 9,388 children age five and under will be in foster care in 2014.

Targeted Services to Find a Permanent Family; Addressing Developmental Needs of Children

The enhanced MiTEAM case practice model ensures each child receives services that meet his or her emotional and developmental needs and has a permanent family identified as early as possible. Concurrent permanency planning and diligent relative search and engagement are critical to ensure prompt service delivery, increased parental contact that supports bonding and to facilitate placement with a permanent family. In addition, CPS and foster care policy has the following requirements for children under the age of five:

- Referral to Early On for children under 3 for assessment and services.
- Limitation of the number of children under 3 in a foster home.

Approach to Working with Infants, Toddlers and Young Children

In CPS investigations, the priority response is determined by assessments that use structured decision-making tools: the Child Assessment of Needs and Strengths, and the Family Assessment of Needs and Strengths. Age and developmental status are among the factors considered when selecting services to address each child's needs. The MiTEAM model, in its adherence to safety, family involvement and concurrent planning, ensures the developmental needs of each child are considered when determining how to ensure safety, well-being and permanency. In foster care policy, Michigan established parenting time requirements for infants and young children which include at a minimum:

- Children ages birth to 2 years: three visits per week.
- Children ages 3 to 5: two visits per week.

Foster care policy requires that children shall not be placed in a foster or relative home if it will result in more than three foster children in the home. Policy also prohibits more than six total children placed in a home, including the foster family's birth and adopted children. Licensing rules prohibit more than two children under 1 year of age in a foster home.

Early Periodic Screening, Diagnosis and Treatment Services. Michigan collaborated with Medicaid health plan providers to ensure each child receives early periodic screening, diagnosis and treatment services. In addition, the Department of Community Health developed the Trauma Initiative to ensure a trauma-informed approach in behavioral health services is utilized for children and families. The Department of Community Health is providing training to its Community Mental Health service providers as part of this initiative.

Supportive Visitation. The Michigan Legislature allocated funds to develop and implement Foster Care Supportive Visitation/In-Home Parent Education contracts in 2013. This program provides intensive individualized parent-child visits and provides parents with increased support before and after each visit. The Bavolek Nurturing Parent Program is an evidence-based service model that is an essential element of the service that teaches skills that prevent and treat child abuse and neglect. Seven contracts were implemented, serving 44 counties. As of December 2013, there have been 210 families served.

Infant Foster Care Unit. Western Michigan University received a grant with Kalamazoo County DHS to pilot foster care services with a focus on younger children. The agencies that provide foster care services also provide caseworkers to collaborate in the Infant Foster Care Unit. Incredible Years, an evidence-based parent education program, is delivered to parents and foster parents. Through the Infant Foster Care Unit:

- The unit staff are trained in the developmental stages and risk issues for babies and equipped to make informed decisions about placements.
- Ongoing collaborative meetings between caseworkers and supervisors of public and private foster care agencies are held to discuss infant/toddler foster care issues.
- Kalamazoo Regional Educational Service Agency, Infant Mental Health and DHS make presentations to the courts from on infant/toddler needs.

- Implementation of the Ages and Stages Questionnaire occurs as a routine part of infant/toddler visits to assess children and train workers on child development.
- Enhanced collaboration occurs with service agencies, particularly Infant Mental Health.
- Collaboration occurs with a literacy program through public schools that serves all ages.

As of January 2014, preliminary results appear to be very promising. Participants demonstrated an increase in parenting skills as measured by the Adult-Adolescent Parenting Inventory.

Protect MiFamily. Michigan is conducting a child welfare demonstration project, Protect MiFamily. The demonstration consists of prevention, preservation and support services offered to families with young children at high or intensive risk for maltreatment. It is expected that the demonstration will result in a reduction in child maltreatment and recidivism, a decrease in the number of young children placed in out-of-home care and an increase in the social and emotional well-being of children.

Training and Supervision of Caseworkers and Caregivers of Young Children.

During pre-service training, all newly-hired or -promoted caseworkers receive information on MiTEAM, concurrent permanency planning, parent-child visits and the impact of out-of-home placement on children at different developmental stages. Training is provided on:

- Attachment and separation.
- Grief and the expected symptoms and behaviors.
- Child and family assessment, including the importance of parenting time.

Licensing staff train foster parents in the practice model philosophy, which includes mentoring families. DHS policy requires that all cases are discussed a minimum of once each month in caseworker supervision. In practice, the vast majority of cases are discussed by supervisors with caseworkers multiple times each month. The state is beginning to train child welfare staff on the evidence-based conceptual framework of Strengthening Families through Protective Factors, which has been shown to improve outcomes for children from birth to age 5.

Infant/Toddler Treatment Court

The Infant/Toddler Treatment Court is a specialized docket that addresses abuse/neglect cases in which infants and young children are under court and DHS supervision to assure permanency as quickly as possible through reunification or termination of parental rights.

Genesee County identified the following outcomes experienced by the parents and children who participated in the Infant/Toddler Treatment Court Initiative:

- 100 percent of children received a developmental screening.
- 75 percent of children had custody rights returned to at least one parent.
- 83 percent of children did not re-enter foster care after completing the program.
- More children reunified with their parents when compared to groups that did not participate in the program (75 percent vs. 62 percent).

SERVICES FOR CHILDREN ADOPTED FROM OTHER COUNTRIES

In Michigan, the provision of services to facilitate inter-country adoptions falls exclusively within the purview of licensed private adoption agencies. Adoption agencies licensed in Michigan to provide inter-country adoption services have an agreement with the foreign country that specifies the responsibilities of the agency in completing adoptions. Michigan has oversight for children who are adopted from other countries and enter into Michigan's custody because of disrupted or dissolved adoptions. Children in families at risk of disruption or dissolution are eligible for services and supports.

Describe the activities that Michigan has undertaken to support the families of children adopted from other countries.

Private adoption agencies that provide services for international adoptions are licensed as child-placing agencies and held to Michigan's licensing rules for adoption. The DHS Bureau of Children and Adult Licensing performs on-site reviews and investigations of alleged rule violations.

Adoption assistance programs provide permanency for children with special needs who are adopted from foster care. As a result, the statutory requirements for eligibility reflect the needs of children in the child welfare system and are difficult to apply to children adopted from other countries. The statute does not categorically exclude these children from participation in adoption assistance programs; however it is highly improbable that children adopted abroad by U.S. citizens or brought into the U.S. from another country for adoption will meet the eligibility criteria in federal and state law.

Children adopted from other countries are entitled to the full range of child welfare services, as are all children in Michigan. These include family preservation and family reunification services and local services throughout the state for pre- and post-adoptive families experiencing a risk of adoption disruption or dissolution.

Activities over the next five years to support children adopted from other countries.

Since April 2012, DHS has provided services through eight post-adoption resource centers located throughout the state. The centers offer the following services:

- Case management, including short-term and emergency in-home intervention.
- Coordination of community services.
- Information dissemination.
- Education.
- Training.
- Advocacy.
- Family recreational activities and support.

Each center operates a web-site and produces a newsletter with information about activities for adoptive families and other relevant topics. The centers are instrumental in providing support and services to meet the needs of youth ages twenty-one and younger adopted from

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Michigan's foster care system, whose adoptions are finalized. DHS will extend services to children adopted from abroad depending on available funds.

CONSULTATION AND COORDINATION WITH TRIBES

Michigan engages in government-to-government relations with the state's federally recognized tribes prescribed by Presidential Memorandum 2009 (Tribal Consultation), Michigan Governor Rick Snyder's Executive Directive 2012-2, Title XX (1994) of the Social Security Act, and the Administration for Children and Families' guidance on tribal consultation. Through tribal consultation agreements and meetings, the Native American Affairs director interacts with tribal nations and organizations in Michigan to coordinate review of Indian Child Welfare Act implementation in DHS policies and service.

DHS delivers services to Michigan's 130,000 American Indians through the Office of Native American Affairs, the policy office that coordinates with Michigan's tribes for:

- Policy and program development.
- Resource coordination.
- Advocacy.
- Training and technical assistance.
- Implementation of state and federal laws pertaining to American Indians and tribal consultation.

The Office of Native American Affairs coordinates statewide consultation for the department in the following meetings:

- Tribal-State Partnership meetings (quarterly): a collaborative body of Tribal Social Service directors, state and private agencies and DHS staff that focuses on Indian child welfare and the implementation of the Indian Child Welfare Act of 1978.
- Urban Indian State Partnership meetings (quarterly): a collaborative body of urban Indian organizations, state agencies and DHS staff focused on the challenges facing tribal at-large membership and point-of-entry for DHS services.
- Michigan Tribal Child Care Task Force meetings (semi-annually): a collaborative body of tribal child care and education directors and DHS staff working to ensure Zero to Three services, Great Start and Pathways to Success programming for children and adults.
- The Office of Workforce Development and Professional Training (monthly): provides Indian Child Welfare Act training for new child welfare and supervisory staff through new worker eLearning modules and facilitator-led supervisor training.
- United Tribes of Michigan meetings (semi-annually; upon request): a forum for Michigan tribes to join forces, advance, protect, preserve and enhance the mutual interests, treaty rights, sovereignty and cultural way of life of the sovereign tribes of Michigan throughout the next seven generations.
- Regional Indian Outreach Workers meetings (quarterly) for professional development.

- The State Court Administrative Office Court Improvement Program Statewide Task Force meetings (quarterly) to advocate on behalf of tribal families

Tribal Consultation on Protecting Tribal Children and Providing Child Welfare Services

DHS and the director of Native American Affairs meet minimally annually with the federally recognized tribes at the Regional Quarterly Tribal State Partnership Meeting to obtain a description of responsible agencies within tribes respectively for providing child welfare services including operation of a case review system for children in foster care, pre-placement prevention, reunification, adoption, guardianship, and other planned permanent living arrangement services.

Where tribal government agencies do not have child welfare or tribal court services available, the state provides care and supervision for those Indian child welfare cases and collaborates with tribal Indian Child Welfare Act coordinators respectively on case management. Direct child welfare state services/case management are provided through 83 local DHS offices.

Michigan has 12 federally recognized tribes; two tribes do not have formal Indian child welfare code pertaining to child welfare services at this time (Match-E-Be-Nash-She-Wish Band of Potawatomi and Nottawaseppi Band of Huron Potawatomi Indians).

As of April, 2011 the Department of Human Services has signed eight Tribal Consultation Agreements with federally recognized tribes in Michigan which define processes for tribal consultation pertaining to Indian Child Welfare implementation and services. Tribes may request individual tribal consultation and agreements with the state as needed.

Tribal Consultation Agreements

Review of whether tribes would like to develop, administer, supervise, or oversee Chafee, Education and Training Voucher and other child welfare services and receive a portion of the state's allotment for administration or supervision will be conducted minimally annually or at the request of a tribe respectively at the Regional Quarterly Tribal State Partnership Meeting. Currently, Keweenaw Bay Indian Community is the only tribe in Michigan that has developed a title IV-E plan for child welfare maintenance and care and will administer/supervise those services independently, with the exception of Chafee services and the Education and Training Voucher program, which will continue to be provided through local DHS offices. In addition, the tribe maintains a title IV-D program for child support services within their tribe.

Tribal Consultation Plan Update

The Title IV-B Child and Family Services Plan 2015 – 2019 was created collaboratively with tribal members at the April 2014 Tribal-State Partnership meeting, and the exchange of tribal/DHS Title IV-B plans occurred at the July 2014 Tribal-State Partnership meeting. In addition, the Title IV-B plan will be sent to and requested of individual Michigan tribes to ensure information is shared. Michigan has individual consultation agreements with eight federally recognized tribes or communities:

- Bay Mills Indian Community.

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- Hannahville Indian Community.
- Lac Vieux Desert Band of Lake Superior Chippewa Indians.
- Little River Band of Ottawa Indians.
- Little Traverse Bay Band of Odawa Indians.
- Nottawaseppi Huron Band of Potawatomi Indians.
- Pokagon Band of Potawatomi Indians.
- Sault Ste. Marie Tribe of Chippewa Indians.

Michigan has an Indian Child Welfare Act agreement with the Saginaw Chippewa Indian Tribe and negotiated a Title IV-E agreement with Little Traverse Bay Band of Odawa Indians in 2012.

Indian Child Welfare Act Compliance

DHS provides culturally appropriate services to tribal families through funding and support of:

- Quarterly Tribal State Partnership meetings with representatives from Michigan's 12 federally recognized tribes, tribal organizations and local DHS and central office staff.
- Participation in regional/national tribal consultation through the following events:
 - National Indian Child Welfare Association conference.
 - Midwest Child Welfare Implementation Center meeting.
 - United Tribes of Michigan meetings.
 - Child Welfare League of America monthly Indian child welfare state manager calls.
 - Governor's Tribal Summit.
- Development of grant and contract opportunities for tribal communities.
- Contracting with the Michigan Indian Child Welfare Agency and the Sault Ste. Marie Tribe of Chippewa Indian's Binogii Placement Agency for foster care and adoption services for tribal children and the Grand Traverse Band of Ottawa and Chippewa Indians for juvenile justice boys' and girls' residential treatment programming.
- Strengthening the DHS Indian Outreach Worker program through case reviews to target best practices and service barriers. The Native American Affairs Business Plan outlines the plan to strengthen the program.
- Publishing culturally competent human service materials that reflect the unique status of tribal people and laws that protect their sovereignty.
- Contracting for Families First of Michigan family preservation programs that serve seven of 10 reservation communities. Tribal representatives participated in the bid ratings.
- Reviewing and revising Indian Child Welfare policy to strengthen and achieve compliance with federal rules and regulations.
- Strengthening the state courts' application of the Indian Child Welfare Act through collaboration with tribal courts, attorneys and social services, state court administration, DHS legal division, and Native American Affairs toward development and codification of the Michigan Indian Child Welfare Act.
- Negotiating tribal-state agreements including Title IV-E and IV-D agreements. Michigan assists the tribe(s) to access Title IV-E administrative funding, Chafee Foster Care Independence Program, training and data collection resources.

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- Developing Indian Child Welfare case review tools in collaboration with Michigan tribes/urban Indian organizations.
- Developing Child and Family Services Review Program Improvement Plan goals regarding Indian child welfare.
- Conducting stakeholder surveys for quality assurance.
- Conducting public awareness events to sensitize consumers and vendors to issues of Native Americans in Michigan and improve cultural awareness and competence.
- Public Act 565, the Michigan Indian Family Preservation Act, which codifies the state's compliance with the federal Indian Child Welfare Act.

Assessment of performance for compliance with the Indian Child Welfare Act:

DHS achieved a rating of area needing improvement on the four Indian Child Welfare Act requirements:

1. Notification of Indian parents and tribes of state proceedings involving Indian children and their right to intervene.
2. Placement preferences of Indian children in foster care, pre-adoptive and adoptive homes.
3. Active efforts to prevent the breakup of the Indian family when parties seek to place a child in foster care or for adoption.
4. Tribal right to intervene in state proceedings or transfer proceedings to the jurisdiction of the tribe.

Compliance with the Indian Child Welfare Act was measured through:

- Tribal consultation on Michigan's Child and Family Services Plan and Annual Progress and Services Reports from 2008 to 2013.
- Michigan Court of Appeals 2013.
- The Services Worker Support System.
- MiSACWIS.
- Indian Child Welfare Act case review tools.
- Ongoing local case management meetings between tribes and county DHS office leadership (examples: DHS Chippewa/Luce/Mackinac Counties and Bay Mills Indian Community and Sault Ste. Marie Tribe of Chippewa Indians, respectively).
- While it was intended that case reviews of Indian child cases would be completed by 2013, the original Indian Child Welfare Act case review tools were not completed and the department initiated a quality service review that replaced the tool in 2013. A baseline for tribal notice, placement priorities, active efforts and tribal intervention was not available.
- Another factor that mitigated the strength rating was a number of reversals of lower court decisions on Indian child welfare cases between 2008 and 2013. In 2013, there were nine such appeals in which eight contested lack of notice and one contested active efforts. Of the nine cases, four lower-court decisions were upheld; one was reversed and four were conditionally reversed.

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- Services Worker Support System data from 2010 on did not capture data measuring the four Indian Child Welfare Act requirements, presenting a barrier to DHS' ability to demonstrate compliance.
- MiSACWIS was released on April 30, 2014 and it collects Indian Child Welfare Act compliance data on individual cases and that will provide a baseline in 2014. Tribal representatives have stated their belief that Michigan's Services Worker Support System under reported the number of Indian children and families served. MiSACWIS, which replaced the Services Worker Support System, collects data on Native American ancestry for the children served by DHS. The Office of Native American Affairs and the Division of Continuous Quality Improvement will monitor the data.

Native American Affairs and Tribal Collaborative Partnerships

- Michigan Tribal Social Service Directors' Coalition (Indian child welfare).
- Tribal health directors (emergency preparedness).
- Tribal child care directors (child care and Early Head Start/Head Start).
- Tribal chairpersons (tribal consultation).
- Tribal attorneys and judges (Indian child welfare and tribal court relations).
- Urban Indian organization directors (Indian child welfare and contract services).
- American Indian placement agencies (Indian child welfare).
- State historic tribes (Indian child welfare).
- Indian outreach workers and supervisors (Indian Outreach Services).
- Federal tribal program coordinators/consultants (Indian child welfare, Indian education, emergency preparedness and tribal consultation).

In addition, Michigan signed a memorandum of understanding for provision of Youth in Transition services with the following tribes or communities:

- Bay Mills Indian Community.
- Hannahville Indian Community.
- Pokagon Band of Potawatomi Indians.
- Saginaw Chippewa Indian Tribe of Michigan.
- Sault Ste. Marie Tribe of Chippewa Indians.

Goal: DHS will ensure compliance with the Indian Child Welfare Act statewide.

Objectives:

NAA 1.1 DHS will increase the number of cases where children are identified as American Indian/Alaska native at the onset of cases statewide.

Measure: MiSACWIS data on Indian heritage.

Benchmarks:

2015: Establish a baseline using new MiSACWIS data.

2016: Determine goals for improvement.

NAA 1.2 Children will be placed in the least restrictive culturally appropriate setting to meet their safety, permanency, and well-being needs.

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Measure: MiSACWIS data on Indian Child Welfare Act/Michigan Indian Family Preservation Act placements.

Benchmarks:

2015: Establish a baseline using new MiSACWIS data.

2016: Determine goals for improvement.

NAA 1.3 American Indian/Alaska native foster and/or adoptive homes will be prepared, supported and available for placement of children of similar ancestry.

Measure: MiSACWIS data on Indian Child Welfare Act/Michigan Indian Family Preservation Act placements.

Benchmarks:

2015: Establish a baseline using new MiSACWIS data.

2016: Determine goals for improvement.

Goal: DHS will increase cultural connections of children in care statewide.

Measure: DHS 120d and survey data on cultural connections.

Objectives:

NAA 2.1 Children will develop a positive self-identity and increase self-esteem.

Benchmarks:

2015: Develop a survey and obtain baseline data.

2016: Establish benchmarks based on baseline data.

NAA 2.2 Children will obtain the life skills necessary to be healthy, competent, and contributing adults in the future.

Benchmarks:

2015: Develop a survey and obtain baseline data.

2016: Establish benchmarks based on baseline data.

NAA 2.3 Children will demonstrate lower detrimental risk-taking behaviors.

Benchmarks:

2015: Develop a survey and obtain baseline data.

2016: Establish benchmarks based on baseline data.

Corresponding measures and benchmarks for each of the above goals can be found in Attachment C, the Child and Family Services Plan Goals and Objectives matrix.

For more information, please visit www.michigan.gov/americanindians.

CHAFEE FOSTER CARE INDEPENDENCE PROGRAM

DHS administers, supervises and oversees the Chafee Foster Care Independence Program. The Chafee Foster Care Independence Program (or 'Chafee' in this document) goals are addressed

through Michigan's Youth in Transition program. Youth in Transition services provide support to youth in foster care and increase opportunities for youth transitioning out of foster care through collaborative programming in local communities. Youth are engaged in planning and developing services for youth and DHS continues active collaboration with youth in planning and outreach.

DHS provides oversight to the programs and agencies providing direct services and supports to youth through the Education and Youth Services office. The Education and Youth Services office is responsible for ensuring services meet federal requirements and are provided to all eligible youth. Unit staff also oversees the contracting process for Chafee services and ensure agencies comply with contractual obligations. Designated staff in the Education and Youth Services office oversee the services in their specific areas of expertise, under the direction of the manager.

DHS coordinates with other federal and state programs for youth, including transitional living programs funded under Part B of the Juvenile Justice and Delinquency Prevention Act of 1974, in accordance with Section 477(b)(3) of the Act. The eligibility criteria for Chafee-funded services are documented in DHS foster care policy. Youth meeting the criteria for Chafee-funded services are eligible regardless of race, gender or ethnic background. No state statutory or administrative barriers have been identified that impede Michigan's ability to serve a broad range of youth.

Youth Involvement in Improving Foster Care Services

Goal: Youth will be actively involved in developing practices, policies and procedures to improve child welfare, including Chafee-funded services and the Education and Training Voucher Program through opportunities such as:

- A youth representative was included on the DHS Health Advisory and Resource Team.
- The Michigan Youth Opportunities Initiative executive board members attend two youth leadership board meetings to discuss service delivery and policy changes.
- Youth were included in the focus group for Lesbian, Gay, Bi-Sexual, Transgender and Questioning draft policy.
- Youth boards were involved in outreach for the National Youth in Transition Database.

Planned Activities for Youth Involvement 2015 - 2019

- Youth will meet bi-annually at Statewide Youth Leadership Board meetings to discuss policy areas they feel should be addressed.
- DHS will continue a media campaign in which youth will educate other foster youth, caseworkers, courts and other stakeholders on the importance of permanency and the extension of foster care to age 21.
- Through the involvement of youth in the local Michigan Youth Opportunities Initiative boards and the Statewide Youth Leadership boards, the state will continue involving youth and young adults in the development of Chafee foster care independence program and policy.

- DHS will establish a focus group that includes DHS staff, community partners, stakeholders and youth to utilize the National Youth in Transition to identify the area(s) of focus including population and key questions to be asked of the data.

Serving Youth across the State

Chafee serves youth across Michigan. DHS allocates funds to counties for independent living services for all youth aging out of foster care. Counties can contract with private agencies or give funds directly to youth to obtain services. Payments to youth or vendors can include first month's rent, security deposit, utilities, car repair, day care, preventive services, mentoring, securing identification cards and participation in support groups and youth advisory boards. Independent living services are provided statewide.

DHS has expanded the Michigan Youth Opportunities Initiative through allocation of 31 Michigan Youth Opportunities Initiative Coordinator positions that provide programming in 56 counties. Programming is provided without an allocated position in another seven counties.

National Youth in Transition Database

DHS will cooperate in national evaluations of the Chafee Foster Care Independence Program. Since 2011, Michigan has gathered information on youth receiving independent living services provided by DHS and collected demographic and outcome information on youth through the National Youth in Transition Database. Michigan will continue to collect service and outcome data each year and use this data to identify areas for policy and program change.

Goal 1: During 2015 - 2019, DHS will use the National Youth in Transition Database to assess how services vary between business service centers and/or counties.

Objectives:

- By September 2015, DHS will identify the number of youth receiving independent living services by business service center and/or county.
- By September 2016, DHS will examine youth characteristics, foster care history and educational levels.
- DHS will assess Chafee services available for Native American youth.

Measures:

- By September 30, 2015, the Education and Youth Unit will have the National Youth in Transition services data that identifies the number of youth receiving independent living services by service domain and county for fiscal years 2011, 2012 and 2013.
- By September 30, 2016, the DHS Education and Youth Unit will have examined three years of National Youth in Transition services data and identify strengths and gaps in Michigan's array of services for youth in transition.

Goal 2: During 2015 – 2019, DHS will develop a framework for analyzing National Youth in Transition data to inform service delivery.

Objectives: During 2015 – 2019, DHS will:

- Engage staff at all levels, youth and community partners.

- Identify and select pertinent data to examine.
- Collaborate with the data team.
- Develop an implementation plan that includes data monitoring.

Measures:

- By October 1, 2015, DHS will establish a focus group that includes DHS staff, community partners, stakeholders and youth.
- By July 1, 2016, the National Youth in Transition Database focus group will identify the area(s) of focus including population and key questions to be asked of the data.
- By October 1, 2016, appropriate data and measures needed to answer the key questions will be agreed upon by the focus group.
- By July 1, 2017, strategies and/or tools will be considered to address gaps and/or strengthen programming.
- By October 1, 2017, a monitoring process will be incorporated to assess the success of modifications and implementation.

Serving Youth of Various Ages and States of Achieving Independence

DHS is committed to ensuring all youth in care receive appropriate services to support their health, mental health, education and self-care needs. Michigan provides appropriate services to the following:

- Youth under age 16.
- Youth ages 16 through 18.
- Youth ages 18 through 20 in foster care.
- Former foster youth ages 18 through 20.
- Youth who, after age 16, have left foster care for kinship guardianship or adoption.

Independent living preparation is required for all youth in foster care age 14 and older, regardless of their permanency planning goal. The goal of independent living preparation is to assist youth in transitioning to self-sufficiency. Independent living preparation activities for youth ages 12 and 13 are encouraged based upon availability of services and need. The DHS Health Care Oversight and Coordination Plan provides further detail of service commitments in the areas of health and mental health.

Local and Community Planning

DHS allocates funds to all 83 counties for independent living services for all eligible youth age 14 and older, to support independent living preparation, regardless of their permanency planning goal.

Life Skills Assessment

The Casey Life Skills Assessment is a free, online, youth-centered tool that assesses the life skills youth need for their well-being, confidence and safety as they navigate high school, post-secondary education, employment and other life milestones. The assessment must be completed annually, starting at age 14.

To prepare for independent living, youth 14 and older are involved in the development of their case service plan and participate in quarterly case planning. The level of involvement in the plan and the services provided depend on the youth's developmental abilities. Beginning at age 16, youth participate in a semi-annual transition meeting every 180 calendar days to discuss the youth's permanency goal, identify needs and resources, and identify supportive adults that will support the youth when the agency is no longer involved.

The transition plan covers all areas of a youth's needs, including housing, supportive relationships, independent living skills, education and employment. This document becomes the youth's transition plan where progress is evaluated during each meeting. A copy of the plan must be given to the youth and all individuals assisting the youth.

Credit Reports for Youth in Foster Care

DHS obtains credit reports for youth ages 16 and 17, including tribal youth, in central office and has contracts with three credit reporting agencies to obtain electronic reports for youth. For individuals 18 to 21, caseworkers assist the individuals to obtain a copy of their credit reports from annualcreditreport.com. At the request of tribes, a credit report will be requested by DHS from a credit report agency for Indian children in care within the tribal child welfare system as necessary. No challenges in this process have been identified.

Educational Assistance

In 2010, education planners were hired and trained. Education planners work with foster youth age 14 and older, on their education needs and goals. They work one-on-one with youth to assist with education record transfer, advocate for remaining in the youth's school of origin, special education issues, post-secondary preparation and attendance and disciplinary issues. Education planners provide training and technical assistance to child welfare workers in their counties. Currently 16 education planners cover the needs of youth in 41 counties in Michigan. Education goals and objectives are identified in the well-being section of the DHS Child and Family Services Plan 2015 - 2019.

Assistance with Start-up Living Expenses

Youth 18 and older are eligible for independent living supports that include a one-time utilization for first month's rent, security deposit and startup goods with a lifetime limit of \$1,000 for the first month's rent, utilities and damage deposit. Room and board funds are also available to youth ages 18 through 20 who are no longer in foster care. Youth can access funds through the local DHS office.

Goal 3: DHS will transition current contracts providing specialized independent living services to include evidence-based practices with performance measures.

Objectives:

- By April 1, 2015, DHS will phase out the current specialized independent living services to purchase Independent Living Plus services.
- By April 1, 2015, Independent Living Plus contracts will be awarded.
- Independent Living Plus will include practical hands-on instruction. A portion of time spent learning independent living skills should be in the youth's community.

- Measures on whether contract agencies are meeting children's needs will be transparent, allowing DHS to monitor progress to ensure positive outcomes.

Measures:

- By April 1, 2015, Independent Living Plus contracts will be awarded and providing services to youth.
- By July 1, 2015, DHS will be receiving performance measurement reports from Independent Living Plus contractors.

Summer Youth Employment

An interagency agreement has existed between DHS and the Michigan Strategic Fund since 2009 to provide summer youth employment opportunities to foster youth. The Summer Youth Employment Program provides job readiness training and summer employment linked to academic and occupational learning for up to 350 youth per year. The 2014 Summer Youth Employment Program will be implemented in eight sites, serving youth in 15 counties. The 2014 program increased the minimum amount of time spent on job readiness training to two weeks. This will mean more training on related skills such as resume building and interview skills.

DHS expanded programming available through the Michigan Youth Opportunities Initiative. Programming results in positive outcomes in permanency, education, employment, housing, health, financial management and social relationships. Engaging youth enables DHS to receive critical input on current policy and practice. The Michigan Youth Opportunities Initiative has a self-evaluation component. The self-evaluation team consists of DHS staff, private agency staff, youth participants and community stakeholders.

Goal 4: During 2015 - 2019, DHS will use the self-evaluation team to identify strategies for engagement with foster youth about gender and race disparity.

Objective: DHS will review data collected through self-evaluation to identify disparities in participation and service delivery related to gender and race.

- DHS will include state and national data and current research to increase engagement of foster youth by gender.
- DHS will collaborate with the MiTEAM engagement model to interface training and communication as it relates to youth engagement and outreach.

Measures:

- Enrollment of males in Michigan Youth Opportunities Initiative will increase annually.
- Enrollment in Michigan Youth Opportunities Initiative by race will more closely match the population of youth in their county of care.

Young Adult Voluntary Foster Care

In 2011, Michigan passed the Young Adult Voluntary Foster Care Act, allowing youth to remain in foster care until age 21 and receive financial support. To be eligible for Young Adult Voluntary Foster Care, a participant must maintain employment of at least 80 hours per month or participate in an educational program. Youth in most placement types are eligible for Young

Adult Voluntary Foster Care payments. In Michigan, the majority of youth in Young Adult Voluntary Foster Care are in the following placement types:

- Independent living, including attending a college or university.
- Living with a licensed or unlicensed relative.
- Guardianship.
- Adoption.

Participants living with a biological parent, regardless of the status of that parent's parental rights or incarceration, become ineligible for Young Adult Voluntary Foster Care.

Participation in Young Adult Voluntary Foster Care allows youth to continue receiving services and case management as they transition into adulthood. Services vary statewide and include mental health, medical, dental, substance abuse, educational and employment supports. Placements to support homeless and runaway youth are available under Chafee-funded contracts. Young Adult Voluntary Foster Care participants have access to Chafee-funded goods and services. Michigan also contracts with seven colleges and universities to provide independent living coaches for older youth currently and formerly in foster care.

Participation in Young Adult Voluntary Foster Care is voluntary and participants may choose to exit the program at any time. Participants also become ineligible when they fail to meet educational, employment, or disability-related requirements. If a participant becomes ineligible, there is a 30-day grace period before the youth is ineligible for the program payments, allowing the youth to rectify eligibility requirements during the grace period. Michigan allows for unlimited exits and re-entries in to Young Adult Voluntary Foster Care.

Since April 1, 2012, DHS has approved 1,053 youth for Young Adult Voluntary Foster Care. As of May 29, 2014, 472 youth in Michigan are active with the program. To ensure the needs of young adults are addressed in program improvement efforts, young adult foster cases are included in continuous quality improvement case reviews for quality and compliance with program standards. Feedback for improvement is shared with the local office. Identified trends are shared with the Education and Youth Services unit for planning and follow-up.

Goal 5: During 2015 - 2019, DHS will use the National Youth in Transition focus group, the self-evaluation team and the Jim Casey Youth Opportunity Initiative to assess outcomes of youth participating in Young Adult Voluntary Foster Care.

Objectives:

- DHS will review housing, education and employment data to determine the status of youth exiting extension of care.
- DHS will include recommendations from the National Youth in Transition focus group, self-evaluation team and the Jim Casey Youth Opportunity Initiative to develop programming that enhances outcomes for foster youth.

Measure: Youth leaving Young Adult Voluntary Foster Care will demonstrate improved stability in the areas of housing, education and employment.

Support for Foster Children in Higher Education

Michigan has eleven post-secondary institutions that offer campus-based support programs to youth that have experienced foster care and are attending college. Most programs offer scholarships and programming services. Of these, seven institutions have contracts with DHS to provide independent living skills coaches to all participating youth. These institutions are:

- Baker College of Flint.
- Eastern Michigan University.
- Ferris State University.
- Michigan State University.
- Saginaw Valley State University.
- University of Michigan – Flint.
- Wayne State University.

Coaches assist students acclimating to campus life and reaching their education goals. In addition, coaches assist with all areas of the student's life such as employment, budgeting, housing, daily living skills and medical/mental health needs.

Western Michigan University and the University of Michigan, in addition to having coaches on campus, also use DHS employees as liaisons. The liaisons work with students that were in foster care to ensure they receive all services for which they are eligible, including:

- Young Adult Voluntary Foster Care.
- Education and Training Vouchers.
- Youth in Transition funds.
- Medicaid.
- Daycare.
- Supplemental Nutrition Assistance Program.

Consultation with Tribes

The Education and Youth Unit presented at the quarterly regional Tribal-State Partnership meeting, provided outreach by calling each tribe and conducted follow up. This item is an agenda item at each Regional Tribal State Partnership meeting. As of April 2014, five tribes have signed the Memorandum of Understanding. The Memorandum of Understanding references the policy for Youth in Transition funds, eligibility, eligible goods and services, the process for submitting requests and documentation needed. Technical assistance is offered at each quarterly meeting and also provided as requested. One Michigan tribe, the Keweenaw Bay Indian Community, has requested a Title IV-E tribal/state agreement that will be effective when their federal plan is approved.

Chafee Program Improvement Efforts

As described throughout this section, youth will be included in program evaluation and development to improve outcomes for youth in foster care.

Chafee Foster Care Independence Program Training

To support Chafee policy and procedures, child welfare specialists are trained on Youth in Transition policy in the pre-service training institute and the program-specific transfer training provided by the Office of Workforce Development and Training. Technical assistance is provided to child welfare staff and local DHS and private agencies as requested. As new issues are identified, information is distributed to child welfare management and staff through communication issuances and monthly supervisory phone calls.

Collaboration with Other Private and Public Agencies

DHS collaborates with other private and public agencies to assist youth in the following ways:

- DHS collaborated with the Department of Community Health to implement the Patient Protection and Affordable Care Act that expands medical coverage to age 26.
- In 2008, Michigan expanded Medicaid coverage to youth aging out of foster care until their 21st birthday. Foster Care Transitional Medicaid allows youth to access medical services while transitioning to independence.
- The Michigan Youth Opportunities Initiative is a partnership between DHS and Jim Casey Youth Opportunities Initiative. The partnership is in its eleventh year, with the focus to assist older youth in foster care through training, advocacy, leadership development and financial competency.
- In response to the growing problem of child trafficking, Michigan Department of Human Services, in collaboration with the Michigan Department of Attorney General, created a protocol for child welfare professionals, court personnel, law enforcement officials and schools. The protocol outlines the needs of this population and the coordinated response required. The protocol addresses the following four goals in cases of child trafficking:
 - To provide a coordinated investigative approach while minimizing trauma to the victim.
 - To provide protection and the delivery of specialized services to the child victim and appropriate family members.
 - To provide cross-professional training to promote a better understanding of the unique nature and challenges of cases involving child sex trafficking and labor trafficking.
 - To provide alternatives for handling the case after the child has been identified as the victim of human trafficking.
- To meet the continued needs of youth and young adults experiencing and at risk for homelessness, DHS developed contracts to provide an array of services available through its Homeless Youth and Runaway programs. These contracts ensure:
 - A minimum of 25 percent of the youth served are former foster youth or homeless due to a dissolved adoption or guardianship.
 - Foster youth who have voluntarily remained in, or return to, foster care after their 18th birthday who are homeless, at risk of being homeless may receive services through the Homeless Youth Runaway contracted agencies. This population does not count towards the 25 percent service requirement.

Michigan Department of Human Services Child and Family Services Plan 2015 - 2019

DHS has committed to reducing homelessness for foster alumni in the following ways:

- DHS collaborates with housing resource partners to develop safe, stable and affordable housing for youth exiting foster care.
- DHS has partnerships with faith-based organizations and community partners to expand housing opportunities for youth.
- DHS has committed to Michigan's 10-year plan to end homelessness with a focus on the youth population, organized around the five thematic areas of opening doors:
 - Increase leadership, collaboration and civic engagement.
 - Increase access to stable and affordable housing.
 - Increase economic security.
 - Improve health and stability.
 - Retool the homeless crisis response system.

Training Planned for 2015 – 2019 in Support of Chafee Goals

Education and Youth Services staff will provide ongoing training to field staff regarding services available to older youth in foster and juvenile justice program areas. Staff provide in-person trainings in DHS office settings, participate in monthly conference calls with statewide children's services supervisory staff, and provide ongoing technical assistance when needed. Education and Youth Services staff continue to work with the Office of Workforce Development and Training to develop statewide training resources for use by children's services staff.

EDUCATION AND TRAINING VOUCHERS PROGRAM

The Chafee Education and Training Voucher program is a state-administered program implemented through a contract with Lutheran Social Services of Michigan since 2006. Lutheran Social Services of Michigan maintains an online database and website (www.mietv.lssm.org) that streamlines the application process. Youth have three options to receive an Education Training Voucher application: online, downloading a paper application or calling a toll-free number to request an application (1-877-660-METV). Disbursement of Education and Training Voucher funds is made to the post-secondary institutions, vendors or youth. In some instances, funds are provided for living expenses, such as groceries.

Outreach to Constituents and Stakeholders

Education and Training Voucher staff complete a minimum of 50 outreach activities each year, including training for staff statewide, participation on webinars and mass mailings or emails. Lutheran Social Services of Michigan has developed relationships with community partners including county DHS offices, post-secondary institutions, private foster care agencies and local college access networks to ensure those working with eligible youth are aware of financial supports available. The application requires that youth send in their financial aid award information to ensure the youth is not receiving funding in excess of their needs.

Michigan Department of Human Services Child and Family Services Plan 2015 - 2019

Lutheran Social Services of Michigan developed a database to track utilization of Education and Training Vouchers that collects data on each youth's award and education history such as grades, school transfer and expected graduation date. This database ensures a youth is never awarded more than \$5000 in one fiscal year, per policy.

Education and Training Vouchers for Unaccompanied Minors

In 2013, DHS began including unaccompanied refugee minors in the Education and Training Voucher program. The Education and Training Voucher staff works closely with the Office of Refugee Services to ensure that youth are aware of the program and application process. In 2013, 99 unaccompanied refugee minors were awarded Education and Training Vouchers.

Education and Training Vouchers for Tribal Youth

All tribal human services directors are sent Education and Training Voucher material and provided technical assistance. DHS participates in quarterly Tribal-State Partnership meetings that include tribal human services directors.

Education and Training Vouchers Awarded

	Total ETVs Awarded	Number of New ETVs
2012-2013 School Year (July 1, 2012 to June 30, 2013)	746	355
2013-2014 School Year (July 1, 2013 to March 31, 2014)	634	234
2013-2014 School Year*estimated (July 1, 2013 to June 30, 2014)	750	400

MONTHLY CASEWORKER VISIT FORMULA GRANTS AND STANDARDS FOR VISITS

Michigan continues to improve the rate of children in foster care visited by their caseworkers every month, exceeding the federal goal. Michigan used the federally approved sampling methodology on monthly caseworker visits. The target and Michigan's performance for the percentage of children visited each month by fiscal year is:

- 2010: 70 percent (Michigan achieved 70.9 percent).
- 2011: 90 percent (Michigan achieved 83.8 percent).
- 2012: 90 percent (Michigan achieved 96.4 percent).
- 2013: 90 percent (Michigan achieved 94.7 percent).

Michigan continues to exceed the federal goal of achieving at least 50 percent of the number of monthly visits made by caseworkers to children in foster care occurring in the child's residence. The percentage of children visited in their residence by fiscal year is:

Michigan Department of Human Services
Child and Family Services Plan 2015 - 2019

- 2010: Michigan achieved 85.4 percent.
- 2011: Michigan achieved 84.6 percent.
- 2012: Michigan achieved 85.3 percent.
- 2013: Michigan achieved 88.2 percent.

Michigan's standard for the frequency of caseworker visits for children in foster care under the responsibility of the state exceeds federal standards. Current foster care policy for caseworker contacts with children in out-of-home placement is as follows:

- The caseworker must have at least two face-to-face contacts per month with the child for the first two months following an initial placement or placement move. The first face-to-face contact must take place within five business days from the date the case is assigned or within five business days of the placement move. At least one contact each month must take place at the child's placement.
- The caseworker must have at least one face-to-face contact with the child each calendar month in subsequent months. At least one contact each calendar month must take place at the child's placement.
- Each contact must include a private meeting between the child and the caseworker.

The topics listed below must be discussed with the child at each visit. The child's perception of the following issues and concerns must be documented in the case service plan:

- Child's feelings/observations about the placement.
- Education.
- Parenting time.
- Sibling/relative visitation plans.
- Extracurricular/cultural activities/ hobbies since last visit.
- Permanency plan.
- Medical, dental and mental health.
- Any issues or concerns expressed by the child.

Goal: Michigan will report monthly caseworker visit data each year by December 15. Since 2012, Michigan has used the monthly caseworker visit grant to promote family engagement with caseworkers through training aimed at addressing difficult issues in a respectful way that resolves differences.

- In 2012, Michigan provided Crucial Conversations training to over 750 caseworkers and other child welfare staff.
- In 2012 through 2014, Michigan provided Crucial Accountability training to 750 caseworkers, supervisors and other child welfare staff.
- Course evaluations showed a notable improvement in staff perceptions of how effective they are in resolving difficult issues and in improving communication.
- Crucial Conversations and Crucial Accountability training was adapted to teach communication skills specific to child welfare case scenarios.

Michigan Department of Human Services Child and Family Services Plan 2015 - 2019

- Crucial Conversations and Crucial Accountability training has been linked with the MiTEAM enhancement by training peer coaches as trainers and coaching them to assist with difficult communication issues in their local office.

Michigan will use monthly caseworker grant funds in 2015-2019 to provide training, assist in family engagement and assessment and improve caseworker retention.

ADOPTION INCENTIVE PAYMENTS

If Michigan is allocated Adoption Incentive Funds in the time period of 2015 to 2019, DHS will ensure the funds are used for allowed activities and spent in a timely manner.

CHILD WELFARE WAIVER DEMONSTRATION PROJECT

In 2012, DHS was granted a waiver under Section 1130 of the Social Security Act to implement a five-year child welfare demonstration project. DHS implemented the project, Protect MiFamily, August 2013 in Kalamazoo, Macomb and Muskegon counties. The target population includes families with children from birth through age 5 determined by CPS to be at high or intensive risk for maltreatment and that reside in a participating county. Both Title IV-E-eligible and non-eligible children may participate.

Participating counties use this Title IV-E flexibility to expand secondary and tertiary prevention services to improve outcomes for children and families. The demonstration project seeks to reduce maltreatment and out-of-home placement, while improving parental capacity and child well-being. Contracts were awarded to three private agencies to engage families in an enhanced screening, assessment and in-home case management model for a 15-month period, coupled with access to an array of family support services.

Title IV-B funds are used to maximize the use of flexible Title IV-E dollars in the demonstration in the following ways:

- Protect MiFamily services rely, in part, on the availability of community programming and services funded through Title IV-B. These funds provide supportive services in demonstration counties and support families in improved parenting behaviors and the maintenance of new skills. It is anticipated that the project may stimulate innovation in the development of local family support services and preservation activities eligible for Title IV-B reimbursement.
- Michigan's Title IV-E waiver uses an experimental research design in which families are referred to treatment and control groups. Services funded through Title IV-B are provided to families selected for the control group, such as Families Together Building Solutions, Wraparound, parent support groups and parenting skills training.
- Title IV-B funded services may also be employed as step-down services, should a family require ongoing support.

Michigan Department of Human Services
Child and Family Services Plan 2015 - 2019

- To maximize fully the amount of Title IV-E funds available to the state, Michigan will consider using the reinvestment monies accumulated because of cost savings to support only child welfare activities eligible for both Title IV-E and IV-B reimbursement. A priority will be placed on investing cost savings to prevent child abuse and neglect, preserving and reuniting families and promoting safety.

The Protect MiFamily project is consistent with the DHS Child Welfare Mission and Vision. It integrates the goals and objectives of the Child and Family Services Plan by:

- Enhancing services and supports to the population at greatest risk of maltreatment.
- Addressing families' basic needs and focusing resources on the most vulnerable.
- Providing evidence-based services.
- Engaging families as partners.
- Keeping children safely in their own homes.
- Reducing abuse and neglect.
- Improving the well-being of children.
- Improving family functioning.
- Implementing continuous quality improvement.
- Evaluating program effectiveness on established outcomes.

DHS contracted with an independent evaluation team to determine the effectiveness of the demonstration using an experimental design. Interim and final evaluation reports will include process, outcome and cost/benefit analyses. As required, the state will ensure the savings resulting from the waiver demonstration will be used for the provision of child welfare services.

Attachment C - States

Title IV-B, subpart 1 Assurances

The assurances listed below are in 45 CFR 1357.15(c) and title IV-B, subpart 1, sections 422(b)(8), 422(b)(10), and 422 (b)(14) of the Social Security Act (Act). These assurances will remain in effect during the period of the current five-year Child and Family Services Plan (CFSP).

1. The State assures that it is operating, to the satisfaction of the Secretary:
 - a. A statewide information system from which can be readily determined the status, demographic characteristics, location, and goals for the placement of every child who is (or, within the immediately preceding 12 months, has been) in foster care;
 - b. A case review system (as defined in section 475(5) of the Act) for each child receiving foster care under the supervision of the State/Tribe;
 - c. A service program designed to help children:
 - i. Where safe and appropriate, return to families from which they have been removed; or
 - ii. Be placed for adoption, with a legal guardian, or, if adoption or legal guardianship is determined not to be appropriate for a child, in some other planned, permanent living arrangement which may include a residential educational program; and
 - d. A preplacement preventative services program designed to help children at risk of foster care placement remain safely with their families.
2. The State assures that it has in effect policies and administrative and judicial procedures for children abandoned at or shortly after birth (including policies and procedures providing for legal representation of the children) which enable permanent decisions to be made expeditiously with respect to the placement of the children.
3. The State assures that it shall make effective use of cross-jurisdictional resources (including through contracts for the purchase of services), and shall eliminate legal barriers, to facilitate timely adoptive or permanent placements for waiting children.
4. The State assures that not more than 10 percent of the expenditures of the State with respect to activities funded from amounts provided under this subpart will be for administrative costs.
5. The State assures that it will participate in any evaluations the Secretary of HHS may require.
6. The State assures that it shall administer the Child and Family Services Plan in accordance with methods determined by the Secretary to be proper and efficient.

Effective Date and Official Signature

I hereby certify that the State complies with the requirements of the above assurances.

Certified by: *Susan Kangas*

Title: Director

Agency: Michigan Department of Human Services

Dated: 6/27/2014

Reviewed by: _____

(ACF Regional Representative)

Dated: _____

Title IV-B, subpart 2 Assurances

The assurances listed below are in 45 CFR 1357.15(c) and title IV-B, subpart 2, sections 432(a)(2)(C), 432(a)(4), 432(a)(5), 432(a)(7) and 432(a)(9) of the Social Security Act (Act). These assurances will remain in effect during the period of the current five-year CFSP.

1. The State assures that after the end of each of the first four fiscal years covered by a set of goals, it will perform an interim review of progress toward accomplishment of the goals, and on the basis of the interim review will revise the statement of goals in the plan, if necessary, to reflect changed circumstances.
2. The State assures that after the end of the last fiscal year covered by a set of goals, it will perform a final review of progress toward accomplishments of the goals, and on the basis of the final review:
 - a. Will prepare, transmit to the Secretary, and make available to the public a final report on progress toward accomplishment of the goals; and
 - b. Will develop (in consultation with the entities required to be consulted pursuant to subsection 432(b)) and add to the plan a statement of the goals intended to be accomplished by the end of the 5th succeeding fiscal year.
3. The State assures that it will annually prepare, furnish to the Secretary, and make available to the public a description (including separate descriptions with respect to family preservation services, community-based family support services, time limited family reunification services, and adoption promotion and support services) of:
 - a. The service programs to be made available under the plan in the immediately succeeding fiscal year;
 - b. The populations which the programs will serve; and
 - c. The geographic areas in the State in which the services will be available.
4. The State assures that it will perform the annual activities in the 432(a)(5)(A) in the first fiscal year under the plan, at the time the State submits its initial plan, and in each succeeding fiscal year, by the end of the third quarter of the immediately preceding fiscal year.
5. The State assures that Federal funds provided under subpart 2 will not be used to supplant Federal or non-Federal funds for existing services and activities which promote the purposes of subpart 2.
6. The State will furnish reports to the Secretary, at such times, in such format, and containing such information as the Secretary may require, that demonstrate the State's compliance with the prohibition contained in 432(a)(7)(A) of the Act.

7. The State assures that in administering and conducting service programs under the subpart 2 plan, the safety of the children to be served shall be of paramount concern.
8. The State assures that it will participate in any evaluations the Secretary of HHS may require.
9. The State assures that it shall administer the Child and Family Services Plan in accordance with methods determined by the Secretary to be proper and efficient.
10. The State assures that not more than 10 percent of expenditures under the plan for any fiscal year with respect to which the State is eligible for payment under section 434 of the Act for the fiscal year shall be for administrative costs, and that the remaining expenditures shall be for programs of family preservation services, community based support services, time limited family reunification services, and adoption promotion and support services, with significant portions of such expenditures for each such program.

Effective Date and Official Signature

I hereby certify that the State complies with the requirements of the above assurances.

Certified by: Susan Kangas

Title: Director

Agency: Michigan Department of Human Services

Dated: 6/27/2014

Reviewed by: _____

(ACF Regional Representative)

Dated: _____



STATE OF MICHIGAN
**Department of
Human Services**

Cadillac Place, Suite 5-350
3038 W. Grand Boulevard
Detroit, MI 48202

Director's Office
Phone: 313-456-4887

Memorandum

To: DHS Executive Staff
From: Maura D. Corrigan
Subject: Signature Authority

Date: June 23, 2014

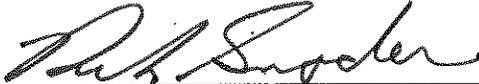
I will be out of the office on June 26 to June 27, 2014, as will Duane Berger.

In my absence, Susan Kangas will have my signature authority.

**State Chief Executive Officer's Certification
for the
Education and Training Voucher Program
Chafee Foster Care Independence Program**

As Chief Executive Officer of the State of Michigan, I certify that the State has in effect and is operating a Statewide program relating to the Chafee Foster Care Independence Program:

1. The State will comply with the conditions specified in subsection 477(i).
2. The State has described methods it will use to:
 - ensure that the total amount of educational assistance to a youth under this and any other Federal assistance program does not exceed the total cost of attendance; and
 - avoid duplication of benefits under this and any other Federal assistance program, as defined in section 477(b)(3)(J).



Signature of Chief Executive Officer

6-2-14

Date

Title IV-E, Section 477 Certifications

Certifications for the Chafee Foster Care Independence Program

As Chief Executive Officer of the State of Michigan, I certify that the State has in effect and is operating a Statewide or areawide program pursuant to section 477(b) relating to the Foster Care Independence Program and that the following provisions to effectively implement the Chafee Foster Care Independence Program are in place:

1. The State will provide assistance and services to youth who have left foster care because they have attained 18 years of age, and have not attained 21 years of age [Section 477(b)(3)(A)];
2. Not more than 30 percent of the amounts paid to the State from its allotment for a fiscal year will be expended for room and board for youth who have left foster care because they have attained 18 years of age, and have not attained 21 years of age [Section 477(b)(3)(B)];
3. None of the amounts paid to the State from its allotment will be expended for room or board for any child who has not attained 18 years of age [Section 477(b)(3)(C)];
4. The State has consulted widely with public and private organizations in developing the plan and has given all interested members of the public at least 30 days to submit comments on the plan [Section 477(b)(3)(E)];
5. The State will make every effort to coordinate the State programs receiving funds provided from an allotment made to the State with other Federal, State and Tribal programs for youth (especially transitional living youth projects funded under part B of title III of the Juvenile Justice and Delinquency Prevention Act of 1974); abstinence education programs, local housing programs, programs for disabled youth (especially sheltered workshops), and school-to-work programs offered by high schools or local workforce agencies [Section 477(b)(3)(F)];
6. Adolescents participating in the program under this section will participate directly in designing their own program activities that prepare them for independent living and the adolescents will be required to accept personal responsibility for living up to their part of the program [Section 477(b)(3)(H)]; and
7. The State has established and will enforce standards and procedures to prevent fraud and abuse in the programs carried out under the plan [Section 477(b)(3)(I)].
8. The State will use training funds provided under the program of Federal payments for foster care and adoption assistance to provide training to help foster parents, adoptive parents, workers in group homes, and case managers understand and address the issues confronting adolescents preparing for independent living, and will, to the extent possible, coordinate such training with the independent living program conducted for adolescents [Section 477(b)(3)(D)];
9. The State has consulted each Tribe in the State about the programs to be carried out under the plan; there have been efforts to coordinate the programs with such Tribes; and benefits and services under the programs will be made available to Indian youth in the State/Tribe on the same basis as to other youth in the State; and that the State negotiates in good faith with any Indian tribe, tribal organization, or tribal consortium in the State

that does not receive an allotment under 477(j)(4) for a fiscal year and that requests to develop an agreement with the State to administer, supervise, or oversee the programs to be carried out under the plan with respect to the Indian children who are eligible for such programs and who are under the authority of the tribe, organization, or consortium and to receive from the State an appropriated portion of the State allotment for the cost of such administration, supervision or oversight [Section 477(b)(3)(G)];

10. The State will ensure that an adolescent participating in this program is provided with education about the importance of designating another individual to make health care treatment decisions on behalf of the adolescent if the adolescent becomes unable to participate in such decisions and the adolescent does not have or does not want, a relative who would otherwise be authorized under State law to make such decisions, whether a health care power of attorney, health care proxy or other similar document is recognized under State law, and how to execute such document if the adolescent wants to do so [Section 477(b)(3)(K)].

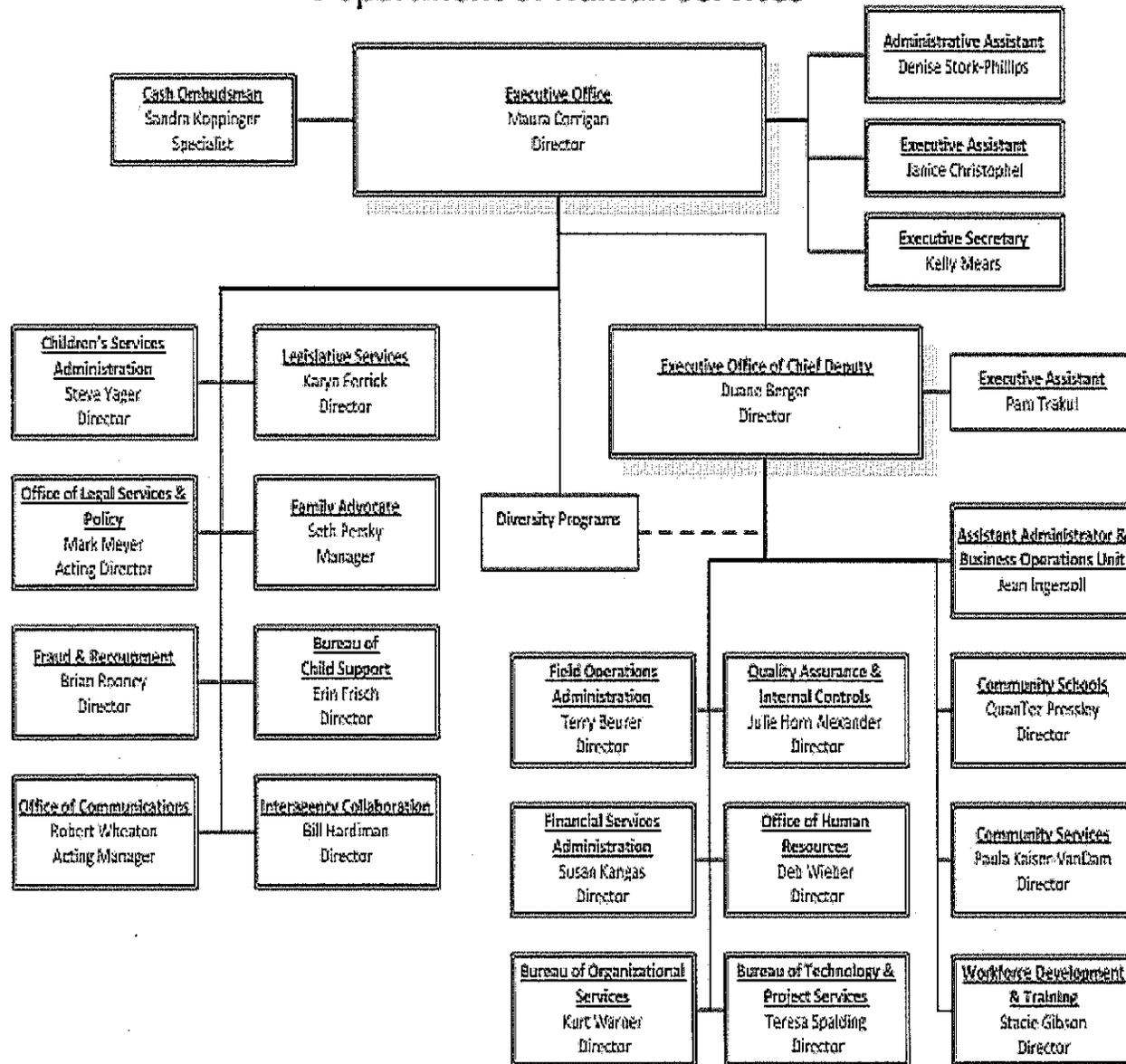


Signature of Chief Executive Officer

6-2-14

Date

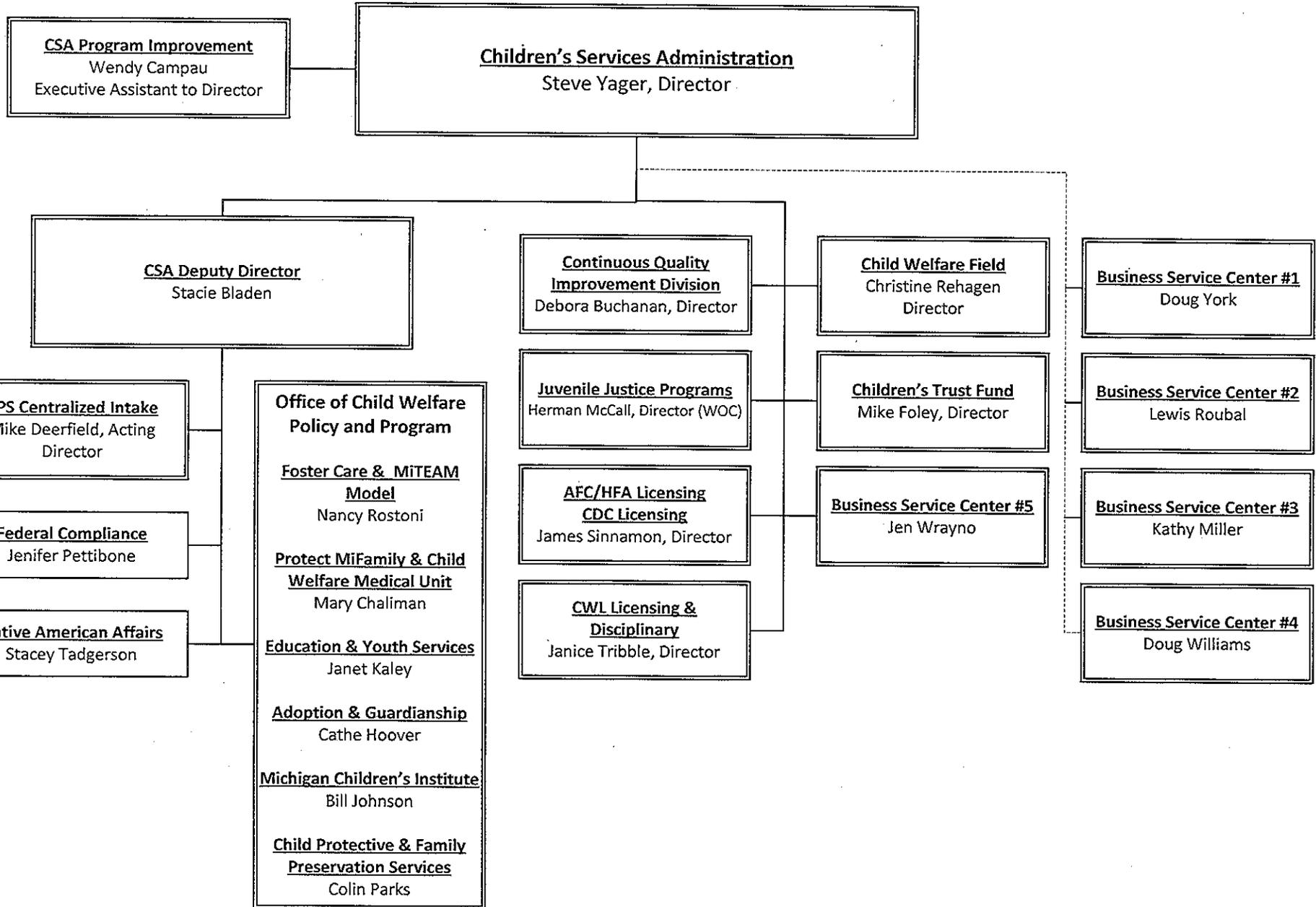
Department of Human Services



CFSP Attachment B

CFSP Attachment B

Department of Human Services
Children's Services Administration
05-05-14



CFSP Attachment B

Safety		Safety sub-team			
Outcome S1:		Children are, first and foremost, protected from abuse and neglect.			
Goal:	DHS will reduce the maltreatment of children in foster care.	Year	Data Measure	Trend	CFSP Reference
S1.1 Objective: DHS will increase the rate of absence of maltreatment in care.			NCANDS		
Benchmarks:		2015-2019	Data Profile		Page 10
		Baseline	99.35		
2015	Achieve the national standard rate or higher.	2015			
2016	Achieve the national standard rate of 99.68 or higher.	2016			
2017	Achieve the national standard rate of 99.68 or higher.	2017			
2018	Achieve the national standard rate of 99.68 or higher.	2018			
2019	Achieve the national standard rate of 99.68 or higher.	2019			
Outcome S2:		Children are safely maintained in their homes whenever possible and appropriate.			
Goal:	DHS will reduce the rate of repeat maltreatment of children.	Year	Data Measure	Trend	CFSP Reference
S2.1 Objective: DHS will increase the rate of absence of repeat maltreatment to achieve the National Standard of 94.6.			NCANDS		
Benchmarks:		2015-2019	Data Profile		Page 10
		Baseline	93.2		
2015	Achieve the national standard rate of 94.6 or higher.	2015			
2016	Achieve the national standard rate of 94.6 or higher.	2016			
2017	Achieve the national standard rate of 94.6 or higher.	2017			
2018	Achieve the national standard rate of 94.6 or higher.	2018			
2019	Achieve the national standard rate of 94.6 or higher.	2019			
Permanency		Permanency sub-team			
Outcome P1:		Children have permanency and stability in their living situations.			
Goal:	DHS will increase permanency and stability for children in foster care.	Year	Data Measure	Trend	CFSP Reference
P1.1 Objective: DHS will increase the percentage of children reunified with their family in less than 12 months.			AFCARS		
Benchmarks:		2015-2019	Data Profile		Page 12
		Baseline	59.20%		

Goal Matrix

2015	Increase by 1%.	2015			
2016	Increase by 1%.	2016			
2017	Increase by 1%.	2017			
2018	Increase by 1%.	2018			
2019	Increase by 1%.	2019			
P1.2 Objective: DHS will decrease the median length of time to reunification. Benchmarks:		2015-2019	AFCARS Data Profile		
		Baseline	10.0		
2015	Decrease by .3	2015			
2016	Decrease by .3	2016			
2017	Decrease by .3	2017			
2018	Decrease by .3	2018			
2019	Decrease by .3	2019			
P1.3 Objective: DHS will maintain or continue to exceed the national standard for timely adoptions. Benchmarks:		2015-2019	AFCARS Data Profile		
		Baseline	141.7		
2015	106.4 or higher	2015			
2016	106.4 or higher	2016			
2017	106.4 or higher	2017			
2018	106.4 or higher	2018			
2019	106.4 or higher	2019			
Outcome P2: The continuity of family relationships and connections is preserved for children.					
Goal:	DHS will maintain and preserve family relationships and the child's connections.	Year	Data Measure	Trend	CFSP Reference
P2.1 Objective: Children will have visits with their mother and father a minimum of once weekly. Benchmarks:		2015-2019	MISACWIS		Page 14
		Baseline			
2015	Establish a baseline.	2015			
2016	Determine goals for improvement.	2016			
2017		2017			
2018		2018			
2019		2019			

Goal Matrix

Well-being		W1: Permanency sub-team. W2 and W3: Well-being sub-team			
Outcome W1:		Families have enhanced capacity to provide for their children's needs.			
Goal:	Families will have enhanced capacity to provide for their children's needs.	Year	Data Measure	Trend	CFSP Reference
W1.1 Objective: Caseworkers will visit with parents at least one time per month to address issues pertaining to safety, permanency and well-being and promote achievement of case goals. Benchmarks:		2015-2019	MISACWIS Report		Page 16
		Baseline			
2015	Establish a baseline using the new MISACWIS report.	2015			
2016	Determine goals for improvement.	2016			
2017		2017			
2018		2018			
2019		2019			
W1.2 Objective: Caseworkers will assess the need of parents initially and on an ongoing basis to identify the services necessary to achieve case goals. Benchmarks:		2015-2019	QSR and DCQI Review		
		Baseline			
2015	Establish a baseline prior to implementation in champion counties.	2015			
2016	Determine goals for improvement.	2016			
2017		2017			
2018		2018			
2019		2019			
W1.3 Objective: Caseworkers will involve the child and family in case planning. Benchmarks:		2015-2019	QSR and DCQI Review		
		Baseline			
2015	Establish a baseline prior to implementation in champion counties.	2015			
2016	Determine goals for improvement.	2016			
2017		2017			
2018		2018			
2019		2019			

Goal Matrix

Outcome W2:		Children receive appropriate services to meet their educational needs.			
Goal:	Children will receive appropriate services to meet their educational needs.	Year	Data Measure	Trend	CFSP Reference
W2.1 Objective: School-aged children will be registered and attending school within five days of initial placement or any placement change.		2015-2019	DCQI Review		Page 16
Benchmarks:		Baseline			
2015	Establish a baseline.	2015			
2016	Determine goals for improvement.	2016			
2017		2017			
2018		2018			
2019		2019			
W2.2 Objective: Children entering foster care or experiencing a placement change will remain in their school of origin whenever possible and if it is in the child's best interest.		2015-2019	DCQI Review		
Benchmarks:		Baseline			
2015	Establish a baseline.	2015			
2016	Determine goals for improvement.	2016			
2017		2017			
2018		2018			
2019		2019			
W2.3 Objective: DHS will identify options for gathering data that provides information related to enrollment and educational services provided to children in foster care.		2015-2019			
Benchmarks:		Baseline			
2015	Meet with Department of Education and local school districts served by Pathways to develop data sharing plans.	2015			
2016	Determine goals for implementation.	2016			
2017		2017			
2018		2018			
2019		2019			
Outcome W3:		Children receive adequate services to meet their physical and mental health needs.			

Goal Matrix

Goal:	Children will receive timely physical and mental health services that are documented in the case record.	Year	Data Measure	Trend	CFSP Reference
W3.1 Objective: Children entering foster care receive an initial physical examination within 30 days of entry. Benchmarks:		2015-2019	DCQI Health Review		Page 17
		Baseline	75.40%		
	2015	95%	2015		
	2016	95% or higher	2016		
	2017	95% or higher	2017		
	2018	95% or higher	2018		
	2019	95% or higher	2019		
W3.2 Objective: Children entering foster care receive a mental health screening within 30 days of entry. Benchmarks:		2015-2019	DCQI Health Review		
		Baseline	53.80%		
	2015	95%	2015		
	2016	95% or higher	2016		
	2017	95% or higher	2017		
	2018	95% or higher	2018		
	2019	95% or higher	2019		
W3.3 Objective: Parents, caseworkers and children will engage in an informed consent process with physicians prescribing psychotropic medication. Benchmarks:		2015-2019	HLO Case Read		
		Baseline	55%		
	2015	Increase by 5%	2015		
	2016	Increase by 5%	2016		
	2017	Increase by 5%	2017		
	2018	Increase by 5%	2018		
	2019	Increase by 5%	2019		

Goals

A. Information System		MISACWIS sub-team			
Goal:	MISACWIS will be compliant with federal requirements for statewide automated child welfare information systems.	Year	Data Measure	Trend	CFSP Reference
A.1.1 Objective: DHS will submit the Adoption and Foster Care Analysis Reporting System file to the Children’s Bureau semi-annually and ensure the file contains less than 10 percent errors for each data element. Benchmarks:		2015-2019	MISACWIS Data		Page 20
		Baseline			
2015	Submit file.	2015			
2016	Submit file.	2016			
2017	Submit file.	2017			
2018	Submit file.	2018			
2019	Submit file.	2019			
A.1.2 Objective: DHS will submit the National Child Abuse and Neglect Data System file to the Children’s Bureau annually and ensure the file contains less than 10 percent errors for each data element. Benchmarks:		2015-2019	MISACWIS Data		
		Baseline			
2015	Submit file.	2015			
2016	Submit file.	2016			
2017	Submit file.	2017			
2018	Submit file.	2018			
2019	Submit file.	2019			
Goal:	The MISACWIS staff will evaluate and provide enhanced system training for MISACWIS users to ensure they are able to correctly enter information.	Year	Data Measure	Trend	CFSP Reference
A.2.1 Objective: DHS will track MISACWIS system usage to determine whether users are entering information into the system. Benchmarks:		2015-2019	MISACWIS Data		Page 21
		Baseline			
2015	Track MISACWIS system usage.	2015			
2016	Determine if it is beneficial to continue to track usage.	2016			
2017		2017			
2018		2018			
2019		2019			

Goals

A.2.2 Objective: DHS will provide enhanced system training to MISACWIS users with each major release, including training webinars and web-based training, if appropriate. Benchmarks:		2015-2019			
		Baseline			
2015	Provide training.	2015			
2016	Provide training.	2016			
2017	Provide training.	2017			
2018	Provide training.	2018			
2019	Provide training.	2019			
A.2.3 Objective: DHS will perform level three evaluations quarterly to evaluate users' knowledge of the system and modify MISACWIS training based on user feedback. Benchmarks:		2015-2019			
		Baseline			
2015	Perform level three evaluations quarterly.	2015			
2016	Determine if it is beneficial to continue level three evaluations quarterly.	2016			
2017		2017			
2018		2018			
2019		2019			
B. Case Review System MITEAM and CQI sub-team					
Goal:	DHS' child welfare case review system will ensure each child has a case plan that promotes permanency.	Year	Data Measure	Trend	CFSP Reference
B.1.1 Objective: A written case plan will be developed jointly with the child's parents for each child in foster care. Benchmarks:		2015-2019	QA Compliance Review		Page 21
		Baseline			
2015	Establish a baseline.	2015			
2016	Determine benchmarks.	2016			
2017		2017			
2018		2018			
2019		2019			

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B.1.2 Objective: For children in foster care, periodic court review hearings will occur in a timely manner. Benchmarks:	2015-2019	MISACWIS Data		
	Baseline			
2015 Establish a baseline.	2015			
2016 Determine benchmarks.	2016			
2017	2017			
2018	2018			
2019	2019			
B.1.3 Objective: For children in foster care, a permanency hearing will occur no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter. Benchmarks:	2015-2019	MISACWIS Data		
	Baseline			
2015 Establish a baseline.	2015			
2016 Determine benchmarks.	2016			
2017	2017			
2018	2018			
2019	2019			
B.1.4 Objective: For each child that has been in foster care 15 of 22 months, termination of parental rights petitions are filed or compelling reasons will be documented. Benchmarks:	2015-2019	QA Compliance Review		
	Baseline			
2015 Establish a baseline.	2015			
2016 Determine benchmarks.	2016			
2017	2017			
2018	2018			
2019	2019			
B.1.5 Objective: Caregivers will be notified of court hearings and the notification includes how they could exercise their right to be heard. Benchmarks:	2015-2019	QA Compliance Review		
	Baseline			
2015 Establish a baseline.	2015			
2016 Determine benchmarks.	2016			

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Goals

2017		2017			
2018		2018			
2019		2019			
C. Quality Assurance System		MITEAM and CQI sub-team			
Goal:		Year	Data Measure	Trend	CFSP Reference
DHS will maintain the continuous quality improvement case review process to ensure the quality assurance system: <ul style="list-style-type: none"> • Operates in jurisdictions where services in the Child and Family Services Plan are provided. • Includes standards to ensure children in foster care are provided quality services that protect their health and safety. • Identifies strengths and needs of the service delivery system. • Provides relevant reports. • Evaluates implemented program improvement measures. 					
C.1.1 Objective: DHS will use the Strengthening Our Focus Advisory Council, MITEAM and the Continuous Quality Improvement sub-team to engage stakeholders to assess the scope of reviews, data obtained, recommendations and reports.		2015-2019 Baseline			Page 22
2015	Further develop the MiTEAM and CQI sub-team to include a representative of stakeholders and address review information to improve the QA system.	2015			
2016	Maintain the MiTEAM and CQI Sub-Team and hold regular meetings to utilize stakeholders to ensure an effective QA system.	2016			
2017	Maintain the MiTEAM and CQI sub-team and hold regular meetings to utilize stakeholders to ensure an effective QA system.	2017			
2018	Maintain the MiTEAM and CQI sub-team and hold regular meetings to utilize stakeholders to ensure an effective QA system.	2018			
2019	Maintain the MiTEAM and CQI sub-team and hold regular meetings to utilize stakeholders to ensure an effective QA system.	2019			

Goals

D. Staff Training		Training sub-team			
Goal:	DHS will develop training with the input of internal and external stakeholders.	Year	Data Measure	Trend	CFSP Reference
D.1 Objective: DHS will utilize the training sub-team of the Strengthening Our Focus Advisory Council structure that serves as a representative body of stakeholders to address improving training practices.		2015-2019			Page 26
Benchmarks:		Baseline			
2015	Develop the role of the training sub-team.	2015			
2016	Maintain the training sub-team.	2016			
2017	Maintain the training sub-team.	2017			
2018	Maintain the training sub-team.	2018			
2019	Maintain the training sub-team.	2019			
Goal:	DHS will deliver training that supports the MiTEAM model, child welfare vision and values and key performance indicators.	Year	Data Measure	Trend	CFSP Reference
D.2.1 Objective: DHS will continue involvement in the MiTEAM expansion efforts.		2015-2019			Page 27
Benchmarks:		Baseline			
2015	Assist in providing statewide training on MiTEAM/CQI expansion efforts and modify training as needed.	2015			
2016	Maintain child welfare training curriculum that integrates evolving child welfare priorities.	2016			
2017	Maintain child welfare training curriculum that integrates evolving child welfare priorities.	2017			
2018	Maintain child welfare training curriculum that integrates evolving child welfare priorities.	2018			
2019	Maintain child welfare training curriculum that integrates evolving child welfare priorities.	2019			
Goal:	DHS will continuously evaluate and improve all training to assure effectiveness in providing staff with the skills and knowledge required for their position.	Year	Data Measure	Trend	CFSP Reference
D.3.1 Objective: DHS will create a comprehensive staff training evaluation protocol.		2015-2019			Page 27
Benchmarks:		Baseline			

Goals

2015	Implement the evaluation protocol.	2015			
2016	Maintain/modify the evaluation protocol to utilize feedback.	2016			
2017	Maintain/modify the evaluation protocol to utilize feedback.	2017			
2018	Maintain/modify the evaluation protocol to utilize feedback.	2018			
2019	Maintain/modify the evaluation protocol to utilize feedback.	2019			
D.3.2 Objective: DHS will administer a level one evaluation for all staff training. Benchmarks:		2015-2019	Monthly Score Card		
		Baseline	95%		
2015	100%	2015			
2016	100%	2016			
2017	100%	2017			
2018	100%	2018			
2019	100%	2019			
D.3.3 Objective: DHS will administer level two and three evaluations for initial staff training. Benchmarks:		2015-2019			
		Baseline			
2015	Implement level two and three evaluations protocol.	2015			
2016	Evaluate and modify level two and three evaluations.	2016			
2017	Maintain the administration of level two and three evaluations.	2017			
2018	Maintain the administration of level two and three evaluations.	2018			
2019	Maintain the administration of level two and three evaluations.	2019			
Goal:	DHS will procure an integrated learning management system to track and monitor training requirements and evaluations results.	Year	Data Measure	Trend	CFSP Reference
D.4.1 Objective: DHS will utilize a learning management system effectively to track staff training.		2015-2019			Page 27
		Baseline			
2015	Implement a learning management system.	2015			
2016	Interface the learning management system with MiSACWIS and the DHS human resources database.	2016			
2017	Maintain the learning management system.	2017			
2018	Maintain the learning management system.	2018			
2019	Maintain the learning management system.	2019			

Goals

Goal:		Year	Data Measure	Trend	CFSP Reference
D.5.1 Objective: DHS will explore centralizing specific training for foster and adoptive parents.	DHS will expand training for foster and adoptive parents.	2015-2019			Page 27
Benchmarks:		Baseline			
2015	Submit a proposal for consideration of centralizing specific foster and adoptive parent training options.	2015			
2016	Determine funding sources for implementing centralized foster and adoptive parent training.	2016			
2017	Assess progress and determine benchmarks.	2017			
2018		2018			
2019		2019			
E. Service Array and Resource Development					
Training sub-team					
Goal:	Families identified at risk will be provided effective services and interventions to keep children safe in the home when reasonable and meet their unique and diverse needs.	Year	Data Measure	Trend	CFSP Reference
E.1.1 Objective: DHS will determine the feasibility of using data to target protecting interventions and preservation services to families at greatest risk of experiencing severe or fatal child abuse or neglect.		2015-2019			Page 30
Benchmarks:		Baseline			
2015	Convene work group.	2015			
2016	Establish a plan.	2016			
2017	Implement a pilot.	2017			
2018	Assess pilot progress and make recommendations.	2018			
2019	Establish benchmark based on outcome of pilot.	2019			
E.1.2 Objective: DHS will maintain or increase existing family preservation services that demonstrate effectiveness in achieving established outcomes.		2015-2019			
Benchmarks:		Baseline			
2015	Families First is available in all 83 counties.	2015			

Goals

2016	Establish outcome measurements for existing family preservation services and a method to track and measure success.	2016			
2017	Assess services based on outcome measures and develop a plan to eliminate ineffective services and enhance effective services.	2017			
2018	Assess and maintain effective services.	2018			
2019	Assess and maintain effective services.	2019			
E.1.3 Objective: DHS will develop or expand supports available to families to address legal, concrete, or poverty-related needs.		2015-2019			
Benchmarks:		Baseline			
2015	Identify available services and gaps in services statewide.	2015			
2016	Establish a plan to expand effective services and supports.	2016			
2017	Develop or expand supports.	2017			
2018	Maintain supports.	2018			
2019	Maintain supports.	2019			
E.1.4 Objective: DHS will expand Families Together Building Solutions.		2015-2019			
Benchmarks:		Baseline	27 counties		
2015	Expand program to 10 additional counties.	2015			
2016	Expand program to 10 additional counties.	2016			
2017	Expand program to 83 counties (statewide).	2017			
2018		2018			
2019		2019			
E.1.5 Objective: DHS will expand Protect MiFamily program.		2015-2019			
Benchmarks:		Baseline	3 Sites		
2015	Convene a work group to examine the feasibility of expanding Protect MiFamily and to obtain federal approval.	2015			
2016	Develop a plan and provide training to expand Protect MiFamily to three additional counties.	2016			
2017	Implement Protect MiFamily in three additional counties.	2017			
2018	Maintain sites and examine the feasibility of expanding to additional sites.	2018			

Goals

2019	Maintain sites and examine the feasibility of expanding to additional sites.	2019			
Goal:	Parents with children in foster care will be provided services and supports to achieve timely reunification.	Year	Data Measure	Trend	CFSP Reference
E.2.1 Objective: DHS will expand supportive visitation or its equivalent to make it available to parents in all 83 counties to enable frequent and quality parent-child visits. Benchmarks:		2015-2019			Page 30
2015	Establish outcome measure to determine effectiveness.	Baseline	39 Counties		
2016	Expand to 50 counties.	2015			
2017	Expand to 62 counties.	2016			
2018	Expand to all 83 counties (statewide).	2017			
2019		2018			
E.2.2 Objective: DHS will expand the availability of parent-partners or the program equivalent. Benchmarks:		2015-2019			
2015	Establish outcome measure to determine effectiveness.	Baseline	Wayne County		
2016	Expand program to five counties.	2015			
2017	Expand program to ten counties.	2016			
2018	Expand program to 20 counties.	2017			
2019		2018			
E.2.3 Objective: DHS will expand the Family Reunification Program statewide. Benchmarks:		2015-2019			
2015	Establish outcome measurements for existing family preservation services and method to track and measure success.	Baseline	41 of 83 counties		
2016	Expand program to serve 51 counties.	2015			
2017	Expand program to serve 72 counties.	2016			
2018	Expand program to serve 83 counties (statewide).	2017			
2019		2018			

Goals

Goal:	Parents will have access to evidence-based services and supports that build parenting capacity to safely and effectively meet the needs of their children.	Year	Data Measure	Trend	Reference Section
E.3.1 Objective: DHS will gradually discontinue parenting skills classes or interventions which are not evidence-based.	Benchmarks:	2015-2019			Page 30
2015 Identify parenting skills classes available and assess which are evidence-based.	2016 Establish phased elimination plan for non evidence-based classes.	Baseline			
2015 Identify parenting skills classes available and assess which are evidence-based.	2016 Establish phased elimination plan for non evidence-based classes.	2015			
2016 Establish phased elimination plan for non evidence-based classes.	2017 Eliminate funding for all non evidence-based classes.	2016			
2017 Eliminate funding for all non evidence-based classes.	2018	2017			
2018	2019	2018			
2019	E.3.2 Objective: DHS will expand availability of evidence-based parenting skills interventions to meet the unique needs of parents with infants-toddlers through teens.	2019			
E.3.2 Objective: DHS will expand availability of evidence-based parenting skills interventions to meet the unique needs of parents with infants-toddlers through teens.	Benchmarks:	Baseline			
2015 Establish a plan for expanding evidence-based parenting skills interventions.	2016 Implement a plan for expansion.	2015			
2015 Establish a plan for expanding evidence-based parenting skills interventions.	2017 Determine goals for benchmarks.	2016			
2016 Implement a plan for expansion.	2018	2017			
2017 Determine goals for benchmarks.	2019	2018			
2018	E.3.3 Objective: DHS will incorporate the Protective Factors framework into existing and future family preservation contracts to build and sustain parenting capacity.	2019			
E.3.3 Objective: DHS will incorporate the Protective Factors framework into existing and future family preservation contracts to build and sustain parenting capacity.	Benchmarks:	Baseline	0		
2015 Develop a plan for training and inclusion of Protective Factors framework into existing preservation contracts.	2016 All contracts will include the Protective Factors framework.	2015			
2015 Develop a plan for training and inclusion of Protective Factors framework into existing preservation contracts.	2017	2016			
2016 All contracts will include the Protective Factors framework.	2018	2017			
2017	2019	2018			
2018	2019	2019			
2019					

Goals

Goal:	Children who come to the attention of the child welfare system will experience enhanced well-being as a result of intervention.	Year	Data Measure	Trend	CFSP Reference
E.4.1 Objective: DHS will implement a strategy to uniformly measure the well-being of children who come to the attention of the child welfare system and the impact that interventions applied have on child well-being.		2015-2019			Page 30
Benchmarks:		Baseline			
2015	Convene a work group to identify plan for uniform well-being measure.	2015			
2016	Provide training and develop policy, procedures, systems development and tracking to implement well-being measures.	2016			
2017	Phased implementation of well-being measures in foster care program.	2017			
2018	Phased implementation of well-being measures in CPS ongoing program.	2018			
2019		2019			
E.4.2 Objective: DHS will make available a full range of trauma-focused care including screening, assessment, and evidence-based interventions to parents and children who come to the attention of the child welfare system.		2015-2019			
Benchmarks:		Baseline			
2015	Identify current trauma-focused initiatives across the state and establish plan for coordinated expansion.	2015			
2016	Trauma screening, assessment, and interventions made available statewide.	2016			
2017	Increase accessibility of full range of trauma-focused care.	2017			
2018	Maintain accessibility of trauma-focused care.	2018			
2019	Maintain accessibility of trauma-focused care.	2019			
E.4.3 Objective: DHS will make available appropriate interventions and adequate supports for teens experiencing mental health issues, complex trauma, homelessness, sexual or labor exploitation, teen parenthood, substance abuse, and LGBTQ issues.		2015-2019			
Benchmarks:		Baseline			
2015	Convene a work group to develop a plan.	2015			

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2016	Identify interventions and supports available to serve teens.	2016			
2017	Implement a plan to expand available screening, interventions, and supports.	2017			
2018	Expand and maintain support services to teens.	2018			
2019	Expand and maintain support services to teens.	2019			
E.4.4 Objective: DHS will initiate inter-agency suicide prevention efforts to reduce the number of children who take their own lives.		2015-2019			
Benchmarks:		Baseline			
2015	Determine baseline number of youth suicides in Michigan in the most recent year available.	2015			
2016	Convene a statewide suicide prevention conference.	2016			
2017	Implement DHS policy and programs to prevent suicide of youth in DHS care and supervision.	2017			
2018		2018			
2019		2019			
Goal:	Foster parents and relative caregivers will have access to specialized individualized support services to enable them to safely meet the needs of children placed in their care and increase placement stability.	Year	Data Measure	Trend	CFSP Reference
E.5.1 Objective: DHS will Identify how risk factors can help workers identify children and providers who can benefit from intensive support to ensure child safety and stability in placement.		2015-2019			
Benchmarks:		Baseline			
2015	Convene a work group to address risk factors and individualized supports for children and caregivers to increase absence of maltreatment and placement stability.	2015			
2016	Develop a plan and initiate implementation.	2016			
2017		2017			
2018		2018			
2019		2019			

Goals

F. Agency Responsiveness to the Community		Communications Sub-Team			
Goal:		Year	Data Measure	Trend	CFSP Reference
DHS will engage in ongoing consultation with tribal representatives, consumers, services providers, foster care providers, the juvenile court and other public and private child and family service agencies to ensure collaboration addresses the major concerns in implementing the provisions of the CFSP and annual updates.					
F.1.1 Objective: DHS will operate a state implementation team structure that serves as a representative body of stakeholders responsible for strategically addressing priority issues related to improving the practices directly related to the federal outcomes of safety, permanency and well-being for children served by the child welfare system. Benchmarks:	Establish a plan to further develop the council, sub-teams and county implementation teams in four champion counties.	2015-2019	Annual Implementation Report		Page 32
	Evaluate the implementation schedule for a more rapid deployment of the local team structure and adjustments to the current benchmarks for statewide implementation.	Baseline			
2015		2015			
2016		2016			
2017		2017			
2018		2018			
2019		2019			
F.1.2 Objective: DHS will utilize the Strengthening Our Focus Advisory Council and sub-team structure to operationalize a continuous quality improvement plan that includes engaging internal and external stakeholders in assessment and development of effective strategies. Benchmarks:	Utilize the council and sub-teams for ongoing collaboration.	2015-2019	Annual Implementation Report		Page 32
	Utilize the council and sub-teams for ongoing collaboration.	Baseline			
2015		2015			
2016		2016			
2017		2017			
2018		2018			
2019		2019			

Goals

G. Foster and Adoptive Parent Licensing, Recruitment, and Retention					
		Placement Sub-Team			
Goal:		Year	Data Measure	Trend	CFSP Reference
DHS will implement an annual adoptive/foster parent retention and recruitment plan that ensures there are foster and adoptive homes that meet the diverse needs of the children and youth that require out-of-home placement.					
G.1 Objective: DHS will recruit and license an adequate and sufficient array of foster and adoptive homes.		2015-2019			Page 34
Benchmarks:		Baseline			
2015	September: approved plans returned to counties for implementation.	2015			
2016	September: approved plans returned to counties for implementation.	2016			
2017	September: approved plans returned to counties for implementation.	2017			
2018	September: approved plans returned to counties for implementation.	2018			
2019	September: approved plans returned to counties for implementation.	2019			
Goal:		Year	Data Measure	Trend	CFSP Reference
The Office of Child Welfare Policy and Programs and the placement sub-team will ensure best practices for recruitment and retention are used and barriers addressed as needed.					
G.2.1 Objective: DHS will ensure there are strategies for training staff to work with diverse communities including cultural, racial and socio-economic variations.		2015-2019	MISACWIS Data		Page 34
Benchmarks:		Baseline	All new staff will complete PSI.		
2015	PSI and in-service trainings, which include topics such as poverty and cultural diversity, will be provided to new and experienced staff.	2015			
2016	PSI and in-service trainings, which include topics such as poverty and cultural diversity, will be provided to new and experienced staff.	2016			

Goals

2017	PSI and in-service trainings, which include topics such as poverty and cultural diversity, will be provided to new and experienced staff.	2017			
2018	PSI and in-service trainings, which include topics such as poverty and cultural diversity, will be provided to new and experienced staff.	2018			
2019	PSI and in-service trainings, which include topics such as poverty and cultural diversity, will be provided to new and experienced staff.	2019			
<p>G.2.2 Objective: DHS will ensure procedures for timely search for prospective parents for a child needing an adoptive placement, including the use of exchanges and other interagency efforts, if such procedures ensure that placement of a child in an appropriate household is not delayed by the search for a same race or ethnic placement.</p> <p>Benchmarks:</p>		2015-2019	MARE Data		
		Baseline	80% / 80%		
2015	80% of local recruitment achievements will be within at least 90% of their recruitment goals.	2015			
2016	80% of local recruitment achievements will be within at least 90% of their recruitment goals.	2016			
2017	80% of local recruitment achievements will be within at least 90% of their goals.	2017			
2018	80% of local recruitment achievements will be within at least 90% of their goals.	2018			
2019	80% of local recruitment achievements will be within at least 90% of their goals.	2019			

Goals

Indian Child Welfare Act Compliance		Native American Affairs			
Goal:	DHS will ensure compliance with the Indian Child Welfare Act statewide.	Year	Data Measure	Trend	CFSP Reference
NAA.1.1 Objective:	Increase the number of cases where children are identified as American Indian/Alaska Native at the onset statewide.	2015-2019	MISACWIS data Indian heritage was explored.		Page 46
Benchmarks:		Baseline			
2015	Establish a baseline using new MISACWIS data.	2015			
2016	Determine goals for improvement.	2016			
2017		2017			
2018		2018			
2019		2019			
NAA.1.2 Objective:	Children will be placed in the least restrictive culturally appropriate setting to meet their safety, permanency, and well-being needs.	2015-2019	MISACWIS data ICWA/MIFPA placements were achieved.		Page 46
Benchmarks:		Baseline			
2015	Establish a baseline using new MISACWIS data.	2015			
2016	Determine goals for improvement.	2016			
2017		2017			
2018		2018			
2019		2019			
NAA.1.3 Objective:	American Indian/Alaska native foster and/or adoptive homes will be prepared, supported and available for the placement of Native American children.	2015-2019	MISACWIS data ICWA/MIFPA placements were achieved.		Page 46
Benchmarks:		Baseline			
2015	Establish a baseline using new MISACWIS data.	2015			
2016	Determine goals for improvement.	2016			
2017		2017			
2018		2018			

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2019		2019			
Goal:	Increase cultural connections of children in care statewide.	Year	Data Measure	Trend	CFSP Reference
NAA.2.1 Objective: Children will develop a positive self-identity and increase self-esteem. Benchmarks:		2015-2019 Baseline	DHS 120d and survey data cultural connections were achieved		Page 46
2015	Develop a survey and obtain baseline data.	2015			
2016	Establish benchmarks based on baseline data.	2016			
2017		2017			
2018		2018			
2019		2019			
NAA.2.2 Objective: Children will obtain life-skills necessary to be healthy, competent, and contributing adults in the future. Benchmarks:		2015-2019 Baseline	DHS 120d and survey data cultural connections were achieved		
2015	Develop a survey and obtain baseline data.	2015			
2016	Establish benchmarks based on baseline data.	2016			
2017		2017			
2018		2018			
2019		2019			
NAA.2.3 Objective: Children will demonstrate lower detrimental risk taking behaviors. Benchmarks:		2015-2019 Baseline	DHS 120c and survey data cultural connections were achieved		
2015	Develop a survey and obtain baseline data.	2015			

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2016	Establish benchmarks based on baseline data.	2016			
2017		2017			
2018		2018			
2019		2019			

Michigan Indian Tribes

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FOSTER AND ADOPTIVE PARENT LICENSING, RECRUITMENT AND RETENTION PLAN

DHS will develop and maintain an adequate number and array of adoptive and foster home placements to meet the safety and permanency needs of children requiring out-of-home care. DHS is increasing recruitment and retention of homes for adolescents, sibling groups and children with disabilities by:

- Distributing recruitment and licensing data to DHS and private agencies monthly.
- Increasing public awareness of the need for adoptive and foster homes through media and targeted recruitment activities within the counties.
- Collaborating with the Faith Communities Coalition on Foster Care and other initiatives.
- Providing technical assistance to produce viable recruitment and retention plans.

DHS surveys foster caregivers whose licenses are discontinued licenses to ascertain the reason for the closure. The results of the closed home surveys show the majority of homes close voluntarily, with adoption as one of the top reasons for not continuing as foster parents. The top four reasons foster parents closed their license:

1. Adopted the child(ren) placed with them.
2. Need to focus on family needs.
3. Demands/stress of being a foster parent.
4. Frustration with court/agency/foster care system.

Goal 1: DHS will implement an annual foster and adoptive parent retention and recruitment plan that ensures foster and adoptive homes are available that meet the diverse needs of the children and youth that require out-of-home placement.

Objective: DHS will recruit and license an adequate array of foster and adoptive homes.

- Analyzing licensing and Michigan's Statewide Automated Child Welfare Information System (MiSACWIS) data to determine the need for foster and adoptive homes by county, and negotiating licensing goals with counties based on need.
- Producing specialized scorecards that track the number of licensed homes, relative and non-relative homes and homes for adolescents in each county.
- Providing tools for recruiting, licensing and retaining foster parents.
- Collaborating with MiSACWIS to develop standard reports on adolescents, sibling placements and splits, children with disabilities and children waiting for adoptive homes. These include new foster care entry data.

Status:

- DHS provides counties with demographic data of children entering, exiting and currently in foster care. This information is used in local recruitment plans.
- Monthly scorecards are provided to counties and business service centers showing progress toward licensing goals.

Foster and Adoptive Parent Diligent Recruitment Plan

- An annual plan template was released to the counties and private agencies.
- Annual plans were developed by local offices in collaboration with private agencies.

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- Annual plans covering all 83 counties were submitted to the statewide recruitment and retention coordinator. Each plan highlighted:
 - Agencies actively licensing homes in the county.
 - Goals for the number of non-relative homes needing licensure.
 - Goals for the number of homes for teens needing licensure.
 - County plans to recruit foster and adoptive families.

Planned Activities for 2014

The recruitment goals and action steps for 2014 require collaboration between the DHS county office, private agencies and tribes that serve the county, faith communities and key foster/adoptive/kinship parents to determine recruitment needs, goals and actions steps.

- In 2013, scorecards were provided to agencies showing final licensing goals. Scorecards are sent to directors monthly that show local progress on goals.
- Five business service center annual plans and budgets for 83 counties were approved.
- The county plans were submitted to their appropriate business service center. Each center developed a plan based on the county plans.

Technical Assistance Provided to Counties and Local and Regional Entities

Goal 2: The Office of Child Welfare Policy and Programs and the placement sub-team will ensure best practices for recruitment and retention are used and barriers addressed as needed by:

- Ensuring there are strategies for training staff to work with diverse communities including cultural, racial and socio-economic variations.
- Ensuring procedures for timely search for prospective parents for a child needing an adoptive placement, including the use of exchanges and other interagency efforts, if such procedures ensure that placement of a child in an appropriate household is not delayed by the search for a same race or ethnic placement.

Planned Activities for 2014

- DHS will continue the statewide Strategic Planning Committee with stakeholders and the business service centers to discuss successful recruitment and retention strategies.
- DHS implemented a recruitment and retention pilot in three counties to assist recruiting and training foster, adoptive and kinship parents.
- DHS requested technical assistance through the National Resource Center on Recruitment on customer service.

Media and Events

DHS collaborates with the Michigan Adoption Resource Exchange, the Faith-Based Coalition on Foster Care and the Michigan Association for Foster, Adoptive and Kinship Parents on media and recruitment events including the Heart Gallery Opening.

Planned Activities for 2014

- DHS will collaborate with several media companies on public service announcements and billboards statewide.
- DHS will collaborate with a graphic design company to create targeted recruitment materials for consistent recruitment messaging statewide.
- DHS continues to collaborate with the Department of Natural Resources to host four Family Fun Events for foster, adoptive and kinship families. The Department of Natural Resources will launch the “share the outdoors with a foster child” campaign.

Michigan Adoption Resource Exchange

The Michigan Adoption Resource Exchange is the liaison between adoptive applicants and adoption agencies. The exchange receives referrals from families interested in adopting photo-listed children and refers them to agencies serving those children. The exchange operates the Heart Gallery, a traveling photographic exhibit to find families for children in foster care.

Planned Activities for 2014

Foster/Adoptive Parents as Recruiters. DHS local offices and private agencies include experienced foster and adoptive parents in local recruitment activities that:

- Developed resource books and newsletters for adoptive and foster parents.
- Established mentoring programs.
- Used recognition events to honor foster parents.
- Presented information at malls, churches, 4-H groups and community forums.
- Emphasized the importance of collaboration to meet recruitment and retention goals.

DHS will increase recruitment and retention using adoptive and foster parents by:

- Including experienced foster parents to explain the benefits of fostering and adopting and the need for homes for adolescents, sibling groups and children with disabilities.
- Developing partnerships between agencies to use adoptive and foster parents and foster children to increase awareness.
- Enhancing partnerships with national and state associations.
- Enhancing collaboration with churches, schools and community organizations.

Planned Activities for 2014

The Foster, Adoptive and Kinship Parent Collaborative Council will host two conferences.

- DHS will continue to operate the foster care and adoption navigator programs.
- Encourage agencies to develop and host parent-led support groups.
- Ensure foster and adoptive parent representation on work groups.

Targeted Recruitment

Local DHS offices and private agencies include foster youth at presentations to engage prospective foster and adoptive parents for older youth. DHS will target recruitment for special populations of adolescents, sibling groups, children with disabilities and children waiting for adoption. DHS will:

Attachment E

- Engage adolescents to identify connections and activities to find permanent families.
- Involve foster children in activities to increase interaction among foster youth.
- Develop recruitment plans for teenagers, children with disabilities and sibling groups.
- Use permanency monitors and adoption consultants to address children's special permanency needs.
- Provide literature to adoptive and foster parents describing special populations' needs.
- Implement mentoring for adoptive and foster parents.
- Increase the number of foster parent recognition events.

Measures:

- Collaboration with youth and adoptive and foster parents on targeted recruitment.
- Increased number of resources to provide training, support and education.
- Decreased number of children waiting for an adoptive home.

Planned Activities for 2014

- Continue using adoption resource consultants and extreme recruitment to find adoptive families for waiting children.
- Continue to collaborate with the Michigan Adoption Resource Exchange on finding homes for all waiting children.

Faith-Based Recruitment

DHS will facilitate the adoption of children and services for youth in the foster care system by involving members of the faith community in recruiting, training and supporting adoptive/foster families. Collaborating with the faith community will:

- Increase awareness of the need for foster and adoptive parents among churches.
- Provide gatherings where organizations and child-placing agencies can network.
- Challenge congregations to collaborate with agencies on projects or programs to benefit foster children, foster/adoptive/kinship families or aging-out youth.
- Encourage congregations to recruit foster and adoptive parents and mentors.

Planned Activities for 2014

DHS hosted the Faith-Based Summit in April 2014 to unify faith leaders and organizations to increase the number of foster/adoptive parents and gain commitments to provide resources for foster children.

Statewide Strategic Recruitment and Retention Plan

DHS established a committee of staff, community partners and agencies to create a comprehensive recruitment and retention plan. DHS will continue to collaborate with stakeholders in Michigan on initiatives in 2014 including:

- Targeted, child-specific recruitment to meet the needs of children in care.
- Recruitment and development of unrelated homes and homes for sibling groups.
- Addressing barriers to retention of foster and adoptive parents.

Attachment E

- Training for staff and prospective foster and adoptive parents on placement resources and concurrent planning.
- Timely search of prospective parents for children in care.
- Collaboration with agencies and community-based organizations.
- Development of strategies to address permanency needs from the first day children enter the child welfare system.

DHS will implement a strategic plan that encompasses all retention and recruitment supports in a collaborative effort that will:

- Raise awareness of the need for foster and adoptive parents.
- Distribute practice guides to agencies, organizations and faith communities.
- Create a tracking system for agencies recruiting and licensing foster parents through MiSACWIS.
- Educate agencies on current successful recruitment activities.

Public and private agencies collaborate to create an annual diligent foster and adoptive parent retention and recruitment plan for each county. In addition, each business service center creates its own adoption and foster parent recruitment and retention plan.

HEALTH CARE OVERSIGHT AND COORDINATION PLAN

The Health Care Oversight and Coordination Plan provides the structure and guidance to support the activities of DHS and its partners. DHS is committed to ensuring every child in foster care receives the preventive and primary health care necessary to meet his or her physical, emotional and developmental needs. Foster care caseworkers are provided information on how to access assessment and treatment for children with behavioral needs. Foster care policy and Michigan's Health Care Oversight and Coordination Plan requirements include:

- Every child entering foster care must receive a comprehensive medical examination including a behavioral/mental screening within 30 calendar days from the child's entry into foster care, regardless of the date of the last physical examination.
- Annual medical exams are required for children and youth ages 3 through 20.
- Children under 3 require more frequent medical exams outlined in the current American Academy of Pediatrics Periodicity Schedule.
- Children re-entering foster care after their case closed must receive a full medical examination within 30 days of the placement episode.
- All children must have a medical home.
- The foster care worker is responsible for any recommended follow-up health care.
- The completion of a medical passport that is shared with medical providers.

Coordination and Collaboration

DHS takes a team approach to addressing the needs of children in foster care by working with and soliciting input and feedback from a variety of experts that includes:

- Department of Human Services:
 - Office of Child Welfare Policy and Programs.
 - Division of Continuous Quality Improvement.
 - Child Welfare Field Operations.
 - Office of Workforce Development and Training.
- Department of Community Health:
 - Medical Services Administration.
 - Medicaid Program Operations and Quality Assurance.
 - Office of Medicaid Health Information Technology.
 - Behavioral Health and Developmental Disabilities Administration.
- Private Foster Care Agencies:
 - Michigan Federation for Children and Families.
 - Association of Accredited Child and Family Agencies.
- Community-Based Professional and Advocacy Organizations:
 - American Academy of Pediatrics, Michigan chapter.
 - Michigan Association of Family Physicians.
 - Michigan Primary Care Association.
 - Michigan Council of Child and Adolescent Psychiatry.
 - Association for Children's Mental Health, Michigan branch.

Medical Data Management

DHS policy requires documentation of all medical, dental and mental health services and maintenance of a medical passport for each child that is updated as services are provided. The medical passport is available to foster caregivers and medical providers throughout the child's foster care placement. The Michigan Statewide Automated Child Welfare Information System (MiSACWIS) includes functional enhancements, including the capacity for private placement agency foster care organizations to enter data directly, and the improved capacity to obtain reports from the data entered in the course of casework.

Health Care Needs of Children in Foster Care

DHS recognizes the importance of addressing medical concerns for children placed into foster care timely, with adequate oversight and through establishing a method to share medical information including prescriptions with caregivers, medical providers and the court. These include:

- **Insurance Coverage.** Michigan ensures that all children are enrolled in a Medicaid Health Plan on entry into foster care to ensure the continuity of health care services. DHS tracked the enrollment of children in Medicaid Health Plans at the time of foster care entry and the DHS Child Welfare Medical Unit provides assistance to the field when barriers occur. Once a child is successfully enrolled in a Medicaid Health Plan, this information is given to foster parents so they can facilitate routine medical care for the children in their care.
- **Comprehensive (Routine) Medical Examination Timelines.** DHS ensures that all foster children receive routine, scheduled, comprehensive medical examinations according to the nationally accepted guidelines as outlined by the American Academy of Pediatrics. Foster care policy outlines expectations for completion of medical and dental examinations and immunization status. DHS undertook multiple internal efforts to meet this goal. These include:
 - Monitoring the assignment to a Medicaid Health Plan at the time of placement.
 - Efforts by local DHS health liaisons to develop relationships with the primary care community to support cooperation and access.
 - Providing data to local offices to help gauge their adherence to policy and assist with local planning efforts.
 - Conducting targeted case reviews and interviews with foster care workers and foster families to establish baselines and measure compliance with health requirements.
- **Care Continuity.** DHS policy requires foster parents to maintain care with the child's previous primary care provider (i.e. "medical home") unless doing so is impracticable. When there must be a shift in the primary care provider, it is important for foster care workers to take several steps to ensure medical information is transferred. To facilitate this, DHS:
 - Collaborated with the State Court Administrative Office to encourage judges to include an order for medical records transfer at the time of court-ordered removal.
 - Collaborated with the Child Welfare Training Institute and Child Welfare Field Operations to include training to ensure consent for release of information forms are available for parents to sign at the time of court proceedings.

- A provision of the Affordable Care Act was the extension of Foster Care Transitional Medicaid to former foster youth from ages 21 to 26, effective January 1, 2014. In addition to providing this information to foster care staff, DHS:
 - Revised information systems to continue Medicaid coverage for current beneficiaries until age 26.
 - Provided written information from the federal Medicaid program to DHS health liaison officers.
 - Distributed Affordable Care Act Medicaid extension information to post-secondary education programs with independent living skills coaches and campus coach programs.
 - Included information on the Affordable Care Act in Fostering Success Michigan's informational webinar and forwarded it to its Google distribution group.
- **Durable Power of Attorney for Health Care.** DHS updated policy in 2011 to provide foster children with the option to execute a Durable Power of Attorney and distributed a brochure for foster youth that explains the purpose of a Durable Power of Attorney and how to attain one. Efforts are being made to locate an organization to assist youth with completing a Durable Power of Attorney, as caseworkers cannot provide legal assistance. Other efforts include development of a webpage on the Foster Youth in Transition website that includes:
 - The purpose of a Durable Power of Attorney.
 - How to choose a patient advocate.
 - A brochure explaining Durable Power of Attorney.
 - Frequently asked questions.
 - A link to the Michigan State Bar website for additional information.

Mental Health Care Needs

Circumstances leading to foster care, i.e. neglect and abuse, significantly raises the likelihood of mental health problems in children served by foster care systems. These circumstances highlight the need for early and periodic screening and, when indicated, assessment for mental health problems followed by referral for appropriate mental health treatment. Early and periodic screening may be the first indication of need for those children not actively involved in treatment before entry into foster care. Because data showing that surveillance alone identifies fewer instances of mental health need compared to formal screening, language requiring mental or behavioral health screening at each comprehensive examination was included in the Medicaid Provider Manual update in 2013. Discussion regarding the policy language and translation to physician practice is ongoing.

DHS has taken steps to facilitate mental health screening during comprehensive medical examinations. DHS provided the Ages and Stages Questionnaire: Social-Emotional brochure to local DHS offices and private placement agencies and worked with field operations and the DHS training office for training staff. DHS local offices and private agencies have access to these screening tools and complete the appropriate tool prior to each comprehensive medical examination as part of MiTEAM practice. Follow-up training will be in webinar format so it will be easily available to all foster care workers. Because DHS recognizes that outreach to the

primary care community is needed for screening to become operational, the DHS medical consultant is developing educational materials to assist primary care providers with the scoring and interpretation of the mental health screening tools outlined in Medicaid policy. This project will provide data that will drive additional initiatives to improve the capacity of primary care physicians to meet the mental health needs of foster children.

Oversight of Psychotropic Medications

DHS has an infrastructure to streamline psychotropic medication oversight and address appropriate use for foster children to enhance the management of health data and the translation of data into changes in practice. The goals are:

1. To ensure that children have access to comprehensive mental health assessment.
2. Interdisciplinary treatment that includes psychotropic medications when indicated.
3. To ensure that a rigorous process of informed consent has occurred when psychotropic medications are recommended.
4. To ensure that psychotropic medication recommendations are consistent with current clinical standards based on evidence and/or best practice guidelines.

Organizational Structure

In response to this need, DHS and the Michigan Department of Community Health are developing the Foster Care Psychotropic Medication Oversight Unit. This unit:

- 1) Develops, maintains and updates databases necessary to track the use of psychotropic medications in the foster care populations. This includes tracking individual and aggregate use and reporting on trends based on age and placement status and changes in prescribing.
- 2) Tracks informed consent documentation from the field, to ensure that all data have been received.
- 3) Facilitates case reviews by physicians and responses to the field.

Psychotropic Medication Data Management

The DHS Child Welfare Medical Unit receives informed consent documents from the field when there is an indication that the recommended medication regimen meets criteria requiring further review. This provides closer monitoring of the informed consent process and improve capacity for identifying instances in which psychotropic recommendations should be reviewed. The goal is to maintain all data specific to foster children in MiSACWIS and to cross-reference the MiSACWIS data with Medicaid pharmacy claims to analyze psychotropic medication prescribing trends.

Psychotropic Oversight Policy and Procedures

DHS continues to develop policy and practice under these general principles:

- A psychiatric diagnosis based on the current Diagnostic and Statistical Manual should be made before prescribing psychotropic medications.
 - Clearly defined symptoms and treatment goals should be identified and documented in the medical record when beginning treatment with a psychotropic medication.

- When recommending psychotropic medication, clinicians should consider potential side effects, including those that are uncommon but potentially severe and evaluate the benefit-to-risk ratio of pharmacotherapy.
- Except in the case of emergency, informed consent must be obtained from the appropriate party(s) before beginning psychotropic medication. Informed consent includes diagnosis, expected benefits and risks of treatment, including common side effects, discussion of needed laboratory monitoring and uncommon but potentially severe adverse effects.
- Appropriate monitoring of indices such as height, weight, blood pressure or other laboratory findings should be documented in the medical record.
- Monotherapy regimens for a given disorder of specific target symptoms should be tried before polypharmacy regimens.
- Doses should usually be started low and titrated carefully as needed.
 - Only one medication should be changed at a time, unless a clinically appropriate reason to do otherwise is documented in the medical record.
- The frequency of clinician follow-up with the patient should be appropriate for the severity of the child's condition and adequate to monitor response to treatment, including symptoms, behavior, functioning and potential side effects.
- The potential for emergent suicidality should be carefully evaluated and monitored in the context of the child's mental health condition.
- If a medication is used in a child for a primary target symptom of aggression and the behavior disturbance has been in remission for six months, then serious consideration should be given to slow tapering and discontinuation of the medication. If the medication is continued, the necessity for continued treatment should be evaluated at a minimum of every six months.
- The clinician should clearly document in the child's medical record any care provided, including history, mental status assessment, physical findings, impressions, laboratory monitoring specific to the prescribed drug and potential known risks, medication response, presence or absence of side effects, treatment plan and intended use of prescribed medications.

These principles and amendments to policy and practice were communicated to foster care workers and supervisors, private agency leadership, community partners and health and mental health providers. DHS will continue to review and amend policy in the context of changing general practice standards, new medical knowledge and foster care practice needs across the state.

Psychotropic Medication Oversight/Review Process

Since Psychotropic Medication in Foster Care policy was enacted in 2012, the oversight and review process has remained essentially the same. In general, the review outcomes fall into one of three categories:

1. One or more triggering criteria are present; there is no indication of medical concern in spite of presence of triggering criteria; the documentation supports the recommended

medication regimen; no further action is needed.

2. One or more triggering criteria are present; there is no indication of medical concern despite the presence of triggering criteria; documentation is insufficient to support the recommended medication regimen; some response may be warranted depending on the circumstances.
3. One or more triggering criteria are present; one or more of these criteria may pose a medical concern. Correspondence with the prescribing clinician is initiated, focused on highlighting the apparent medical concern.

Providing well-coordinated, comprehensive, trauma-informed health care to children in foster care is a challenge that requires ongoing commitment to collaboration between state departments, non-governmental advocacy organizations and the medical and mental health provider community. This collaboration must extend throughout each level of systems from the individual child and family served to the highest level of organizational leadership. The development of policy based on the best available evidence about effective care delivery, infrastructure to support all parties involved and oversight mechanisms to hold all members of the systems accountable are critical to the achievement of positive outcomes.

CHILD WELFARE DISASTER PLAN

Michigan participated in disaster planning, response and recovery activities required by the Child and Family Services Improvement Act of 2006 and Section 422 (b)(16) of the Social Security Act. Michigan's child welfare disaster plan remained in place in 2012. The Child Welfare Disaster Plan addresses federal requirements to:

- Identify, locate and continue services for children under state care or supervision who are displaced or adversely affected by a disaster.
- Respond, as appropriate, to new child welfare cases in areas adversely affected by a disaster, and provide services in those cases.
- Remain in communication with caseworkers and other essential child welfare personnel who are displaced because of a disaster.
- Preserve essential program records.
- Coordinate services and share information with other states.

DHS holds the primary state responsibility to perform human service functions in the event of a disaster. The DHS emergency management coordinator is responsible for conducting emergency planning and management, and interfaces with DHS local directors and central office staff to ensure adequate planning.

Emergency Response Planning for State-Level Child Welfare Functions

DHS has incorporated the following elements into an integrated emergency response:

- **Coordination with the Michigan Emergency Coordination Center.** The state-level Emergency Coordination Center is activated by the DHS emergency management coordinator during a state-declared emergency or at the request of a local DHS local director or designee. The coordination center is a central location for alignment of services and resources to victims of a disaster.
- **Local shelter and provision of emergency supplies.** DHS requires all DHS local offices to have a plan for disasters that provides temporary lodging and distributes emergency supplies and food, as well as an emergency communication plan. This plan should use the state plan for widespread emergencies and address local emergencies.
- **Dual and tri-county emergency plans.** In large counties with more than one local office site or in local offices located in dual or tri-counties, each local office site is required to have an emergency or disaster plan designed to address unique local needs. Local and district DHS offices submit their emergency office procedures to the Field Operations Administration/Child Welfare Field Operations for approval and to the DHS emergency management coordinator. DHS local offices review and update their disaster plans annually and re-submit updated plans.
- **Foster parent emergency plans.** According to licensing rules for foster family homes and foster group homes for children, licensed foster parents must develop and maintain an emergency plan to use in case of emergency. This must include plans for relocation, if necessary, communication with DHS and private agency caseworkers and birth parents as well as a plan to continue the administration of any necessary medications to foster

children and a central repository for essential child records. The plan must also include a provision for practicing drills with all family members every four months.

- **Institutional emergency plans.** According to licensing rules for child-caring institutions, an institution shall establish and follow written procedures for potential emergencies and disasters including fire, severe weather, medical emergencies and missing persons.

Local Office Emergency Procedures

DHS local offices are each required to create their own emergency plan that addresses local needs and resources. The required elements of local office emergency plans include:

- Resource list including local facilities suitable for temporary lodging and local resources for emergency supplies, clothing and food. The licensing certification worker updates and distributes this list annually and as needed in an emergency.
- An emergency communication plan that includes the person to contact in case of emergency. When there is an emergency or natural disaster, a communications center in a different region from the disaster area shall be established as a backup for the regional/local office. The selected site should be far enough away geographically that it is unlikely to be affected directly by the same event.
- A hard copy listing of all foster care placements for children under the supervision of the local office that includes telephone numbers, addresses and alternate contact persons.

Local emergency plans are submitted to the Child Welfare Field Operations Administration and the DHS emergency management coordinator, and are reviewed and revised as necessary to ensure all required elements are included.

Emergency Communication

- **Staff communication protocol.** During an emergency, the local office mobilizes a protocol to communicate with staff to ascertain their safety and ability to come to the work site (or an alternative site) and perform emergency and routine duties. The local office director or designee will initiate this protocol. The local office director or designee will maintain contact with the DHS emergency management coordinator to synchronize services and provide updates.
- **Caregiver communication protocol.** During an emergency that involves evacuation, either voluntary or mandatory, all caregivers shall inform DHS of their foster children's whereabouts and status using telephone service, cell phone, email or another means of communication when normal methods of communication are compromised. CPS centralized intake will provide a toll-free number that caregivers may use for this purpose when other means of communication are inoperable.
- **Disaster coordination protocol.** Each local office will designate an individual(s) to coordinate information from the area affected by a disaster and communicate it to the Field Operations Administration/Child Welfare Field Operations. The protocol will include instructions that all staff in the affected area should call in

to a locally designated communication center. If communication channels are compromised, the centralized intake telephone lines may be used to share instructions. The foster caregiver guidelines for responding to emergencies shall include the centralized intake for abuse and neglect toll-free number (855) 444-3911, to be used as a clearinghouse to share instructions or ascertain the location and well-being of foster children and youth in the affected area.

The local emergency/disaster plan shall include:

1. The person whom staff and clients may contact for information locally during an emergency during normal work hours as well as after hours.
2. The expectation that all staff not directly affected by an emergency shall report for work unless excused.
3. The person whom clients may contact during an emergency when all normal communication channels are down.
4. The person designated to contact legal parents to inform them of their child's status, condition and whereabouts if appropriate.
5. The minimum frequency that all caregivers shall communicate with the designated communication site during emergencies or natural disasters.
6. The necessary information to be communicated in emergencies.
7. How and where in the case record the information is to be documented.
8. The method of monitoring the situation and the local person responsible.
9. Procedures to follow in case of voluntary or involuntary closure of facilities.
10. Any additional requirement as specified by the local or regional office.

Foster Parents' Responsibilities Developing an Emergency Plan

- **Family emergency plan.** Licensed foster parents shall develop and display a family emergency plan that will be approved by their local office and become part of their licensing home study. Foster parents must update and review their plans annually. The plan should include:
 1. An evacuation plan for various disasters, including fire, tornado and serious accident.
 2. A meeting place in a safe area for all family members if a disaster occurs.
 3. Contact numbers that include:
 - a. Local law enforcement.
 - b. Regional communication plan with contact personnel.
 - c. Emergency contacts and telephone numbers of at least one individual likely to be in contact with the foster parent in an emergency. It is preferable to list one local contact and one out-of-county contact.
 - d. DHS centralized intake toll-free number or another emergency number to be used when no other local/regional communication channels are available.
 4. A disaster supply kit that includes special needs items for each household member (as necessary and appropriate), first aid supplies including prescription medications, a change of clothing for each person, a sleeping

bag or bedroll for each foster child, battery-powered radio or television, batteries, food, bottled water and tools.

5. Each local office designates a contact person as the disaster relief coordinator. In the event of a mandatory evacuation order, foster parents must comply with the order insofar as they must ensure they evacuate foster children in their care according to the plan and procedures set forth by the state emergency management agency (DHS).
 - **Communication with DHS caseworkers during emergencies.** Foster parents and DHS caseworkers have a mutual responsibility to contact each other during an emergency that requires evacuation or displacement to ascertain the whereabouts, safety and service needs of the child and family, as described above. If other methods of communication are not operating, the centralized intake telephone line will be mobilized to serve as a communications clearinghouse.
 - **School response.** As part of the disaster plan, each foster parent will identify what will happen to the child if he/she is in school when an emergency occurs, such as an arrangement for moving the child from the school to a safe, supervised location.
 - **Review plan with each foster child.** Foster parents will review this plan with each of their foster children regularly and the worker will update this information in the provider's file.

Federal Disaster Response Procedures

Following is a listing of the required procedures for disaster planning and Michigan's procedures that address those requirements:

1. To identify, locate and continue availability of services for children under state care or supervision.

- During an emergency that involves evacuation, either voluntary or mandatory, all caregivers shall inform DHS of their foster children's whereabouts, status and service needs, utilizing telephone service, cell phone, email or the centralized intake number when normal methods of communication are compromised.
 - Following declaration of a public emergency that requires involuntary evacuation or shelter, the assigned caseworker or another designated worker will contact the legal parent to ascertain the whereabouts, condition and needs of the child and family.
 - The local office must provide information on where to seek shelter, food and other resources and coordinate services with the DHS emergency management coordinator. The voluntary or involuntary closure of facilities in emergencies is addressed in the licensing rules for child-placing agencies (R 400.12412 Emergency Policy).

2. Respond as appropriate to new child welfare cases in areas adversely affected by a disaster and provide services in those cases.

- If current staff is displaced or unable to provide services, alternate counties designated in local DHS disaster plans shall be prepared to help provide services to new child welfare cases and to children under state care or supervision displaced or

adversely affected by a disaster. The toll-free centralized intake number will be the primary means of accessing services for new child welfare cases.

3. Remain in communication with caseworkers and other essential child welfare personnel who are displaced because of a disaster.

- In an emergency, caseworkers and caregivers must first attempt to call their local office to report their status and receive information or instructions. If the local office phone lines are unavailable, caseworkers and caregivers will contact the alternate local office. In offices covering multiple counties, they will call the designated county.
- Caseworkers may use cell phones to remain in contact. Michigan State Police radios are located in offices without cell phone towers to maintain cell phone service.
- If the local Emergency Coordination Center is activated by the DHS emergency management coordinator, the toll-free centralized intake number will be available as a backup communication method for current and new child welfare cases.

4. Preservation of essential program records.

- DHS maintains essential records in the MiSACWIS database and can access records statewide. DHS caregivers enrolled in electronic funds transfer will not have a disruption in foster care payments, since payments are made to their account electronically.
- To safeguard the database itself, the servers are located in Michigan's secure data center. Schedules are configured to perform a full system backup for both onsite and offsite storage. The databases are also configured for live replication in case of a disaster that involves loss of the primary server. The Department of Technology, Management and Budget retains one quarterly update per year and maintains an annual backup indefinitely. That code base is backed up as well, so in case of a catastrophic event that affects the computer system, the application can be rebuilt with minimal loss of time.

5. Coordinate services and share information with other states.

- In the event of an emergency, the DHS emergency management coordinator is responsible, under the direction of the Michigan governor and in coordination with the state DHS director, to mobilize and coordinate the statewide emergency response including sharing information with other states.
- The DHS Office of Communication will coordinate communication on the DHS emergency response to the news media, DHS executive staff and human resources, persons served and the public.

Goal: DHS will implement the disaster plan described above in collaboration with the Field Operations Administration and the Children's Protective Services and foster care program offices.

Status: DHS Child Welfare Field Operations reviewed Michigan's Child Welfare Disaster Plan in 2012 and determined no changes were necessary. The protocols for the DHS Local Office Emergency Plan, Foster Care Emergency Plan and Local Office Emergency Contact List were distributed and implementation by Child Welfare Field Operations is underway. A

communication issuance was sent to the local DHS field offices and private agencies to implement the disaster plan requirements.

Goal: If an emergency happens in Michigan that affects one or more communities, service provision in those communities or the state as a whole, DHS will mobilize the Michigan Child Welfare Disaster Plan, as described above.

Status: Michigan was not affected by an emergency or disaster in 2013. The state did not make any changes to the child welfare disaster plan.

DHS TRAINING PLAN

The director of the Office of Workforce Development and Training reports to the chief deputy director of DHS. The reporting structure of the Office of Workforce Development and Training is organized around the life-cycle of training. Over the next five years, the training office will continue to create standardized processes for:

- Analysis of training and development needs, locally and statewide.
- Design of training and other information-sharing formats.
- Development and validation of training curricula.
- Implementation and delivery of training and support.
- Evaluation of training and support programs and processes.

Training Administration and Evaluation

The Office of Workforce Development and Training will provide an array of supportive services as needed, from facilitating webinars and coaching individuals and small groups on specific skills, to assessing needs and developing and implementing statewide training plans. Various formats will be used depending on the need, most often a blended learning approach of classroom, web-based and on-the-job training. The training office will continuously evaluate training curricula and other products and services for effectiveness. The Office of Workforce Development and Training is committed to:

- Administering a level one evaluation for every training.
- Administering level two and three evaluations for initial training.
- Taking training to the field and modeling the engagement, teaming and mentoring skills expected of staff.
- Developing standardized processes to deliver excellent customer service.
- Finding creative and technology-based solutions to meet ever-changing needs.
- Sharing evaluation results with collaborative partners to develop an ongoing quality improvement process.
- Utilizing evaluation results to improve curricula and identify future development needs.

The training office is responsible for training all DHS staff, including those for public assistance, adult services and juvenile justice residential programs. The operational structure of training will continue to be enhanced to assure that the needs of all DHS units and programs are supported in a way that is:

- Inclusive, integrated and culturally competent.
- Responsive to and supportive of the field.
- Data-driven by research and evaluation results.
- Aligned with the strategic goals of DHS and the Children's Services Administration.

Child Welfare Training Overview

The Office of Workforce Development and Training helps prepare child welfare professionals in Michigan to carry out the responsibility of keeping children safe from abuse and neglect, assuring they reach permanency timely, strengthening families and improving child well-being. To continue child welfare reform in Michigan, the training office is working with the DHS Children's Services Administration to assure content from various disciplines and knowledge bases relevant to child and family services policies, programs, and practices are integrated through the curriculum path of child welfare staff. DHS created planning and implementation teams structured to address all areas of child welfare. All federal, state and department initiatives that require training will be filtered through these teams to the training sub-team for planning and implementation.

Helping child welfare staff understand the continuum of care and apply MiTEAM case practice skills is critical to developing the child welfare workforce. It is important to understand how a child or family experiences the child welfare system, regardless of the program(s) with which they are involved. The training office assists staff in understanding how decision-making may affect safety, permanency and child well-being far into the future. Training field staff in family engagement skills and the importance of maintaining family, cultural and community relationships is a critical element of the MiTEAM model. Child welfare training will continue to be driven by the DHS child welfare vision, mission and guiding principles and will focus on developing behaviors identified as key performance indicators. In addition, the training office will be responsive to:

- DHS director's priorities.
- Legislative mandates.
- Boilerplate contract language.
- Audit findings.
- State and federal laws.
- New policy.
- Emerging best practices.

Training Audience

Training content will support the cross-professional coordination required to provide for children and families as they access various services across the Michigan child welfare system.

Training audiences may include any of the following:

- Public, private or tribal staff and managers of child welfare agencies.
- Biological/relative/foster/adoptive caregivers.
- Foster youth.
- Contracted service providers and community partners.
- Child welfare court personnel and volunteers/advocates.
- Law enforcement.
- Medical, mental health, substance abuse, domestic violence and education professionals.

Initial Training: Pre-Service Institute

Before providing services, public and private child welfare caseworkers are trained in the laws, programs, policies, systems and the MiTEAM case practice model. The nine-week pre-service institute is a combination of classroom, web-based and on-the-job training to help caseworkers learn and put into practice the skills necessary to meet the needs of children and families. This training must be completed within 16 weeks of hire or promotion and the caseworker can be assigned a progressive caseload through the initial training period. All caseworkers are assigned a mentor and receive feedback from their supervisor and other experienced staff to apply concepts learned in the classroom to their job functions. Foster and adoptive parents and youth speak to the caseworkers during training to help relate the work to the customer. Child welfare certificate holders (see collaboration section) complete five weeks of the pre-service institute. Each caseworker is evaluated through two competency based exams and a comprehensive evaluation by training staff and his or her field supervisor in the following areas:

- Communication.
- Safety awareness.
- MiTEAM practice skills (teaming, engagement, assessment, mentoring).
- Interviewing.
- Documentation.
- Testifying.
- Decision-making and case planning.
- Self-awareness and diversity.

Program-Specific Transfer Training

When caseworkers who have completed pre-service institute in one program area are reassigned, they must complete program-specific transfer training. This two-week training is a combination of classroom, web-based and on-the-job training designed to give experienced caseworkers focused training in the new program.

New Supervisor Institute

New child welfare supervisors must complete 40 hours of training within three months of hire or promotion and pass a competency-based evaluation. In addition, new DHS supervisors must complete New Supervisor Institute training within six months of hire or promotion. To streamline training requirements for supervisors, the training office is collaborating with internal and external stakeholders to redesign supervisor training. The New Supervisor Institute is being realigned to provide a core curriculum to all entering supervision, as well as program-specific information needed to complete essential daily tasks.

Other Child Welfare Staff

There are initial training requirements for other child welfare supportive staffs, such as:

- Child welfare funding specialists.
- Health liaison officers.

- Education planners.
- MiTEAM peer coaches.
- Maltreatment in care investigators.
- Child welfare licensing consultants.
- Permanency resource monitors.
- Continuous quality improvement analysts.
- Data management staff.
- Foster care navigators.
- Michigan Youth Opportunities Initiative staff.
- Prevention staff.

As the department identifies new or revised roles for child welfare professionals, the training office will work with the relevant program area and the Children's Services Administration to identify and develop an appropriate initial and ongoing training plan.

Ongoing Training

As of 2014, child welfare caseworkers and those in supportive positions are required to complete a minimum of 32 in-service training hours per fiscal year. It is expected that there will be ongoing training requirements for supervisors, managers and administrators over the next five years. The Office of Workforce Development and Training will collaborate with internal and external stakeholders to create an extended curriculum path for key positions. This path will help assure child welfare staff receives the ongoing or in-service training most relevant to improving performance that impacts outcomes for children and families. The path identified for each position will include specific targeted training and development in skills that take time to develop and are critical to protect children and provide effective services. These include:

- Comprehensive Assessment of Needs and Strengths certification and re-certification.
- Conducting quality caseworker/child, caseworker/parent visits and coaching for parent/child visits.
- Understanding the impact of trauma.
- Understanding child development and the impact of abuse and neglect.
- Working with families experiencing domestic violence and substance abuse.
- Working with Native American families in compliance with the Indian Child Welfare Act and the Michigan Indian Family Preservation Act.
- Providing for permanence and making the first placement the best placement.
- Helping youth transition to independence successfully.
- Providing for the educational, medical and mental health needs of children.
- Effective service planning and community partnerships.
- Self-care and personal safety.
- Engaging families, including relatives and absent or incarcerated parents.
- Safety planning, threatened harm and risk assessment.
- Recruitment and retention of quality foster and adoptive homes.

- Working with special populations.
- Working effectively with the courts.
- Effective communication, including the continued use of Crucial Conversations, Crucial Accountability and Influencer curricula.

University-Based Continuing Education

The seven Michigan universities with graduate social work programs have developed a DHS-approved in-service track for continuing education courses for DHS and private child welfare staffs. A large array of in-service options are provided and updated regularly to reflect changing trends and needs.

Continuing Education Units

The Office of Workforce Development and Training is an approved provider for social work continuing education units. Many training courses offer staff continuing education free to assist in maintaining state of Michigan licensure.

Web-Based Learning

To deliver cost-effective, on-demand knowledge that does not require travel time away from service delivery, the Office of Workforce Development and Training offers over 150 courses via web-based learning. As part of the commitment to offer blended learning options, the training office will continue to improve the scope and depth of web-based learning development and delivery.

Leadership Development

The training office provides leadership skill development and performance consultation services to staff. Staff develops and delivers classroom and web-based training and professional networking websites. Leadership development efforts include:

- Performance consultation: Professional consultation services to local DHS offices that includes detailed data gathering and root cause analysis, intervention and follow-up.
- Management development program: The curriculum is designed to help managers build positive communication, team building and strengthen relationship skills. Spanning six months, it consists of monthly webinars, homework assignments, online discussion forums and networking with peers.
- Management support program: This program is open to managers as a drop-in support. Periodic webinars are offered on topics identified through needs analysis.
- DHS Emerging Leader: This program is geared toward DHS employees seeking professional development in the area of leadership. The program consists of five web-based courses, two classroom courses and individual work with a mentor who is serving in a management or supervisory role.

Further development in leadership training and support will be established over the next five years. DHS is committed to providing ample support for supervisors and all levels of

management and administration to assure front-line staff is supported and thrive in a fast-paced, high-stress, high-stakes environment.

Collaboration

Collaboration is critical in providing effective child welfare services. Office of Workforce Development and Training staff participate in various committees to assure consistency in addressing the training and development needs of child welfare professionals and foster families. Following is a point-in-time snapshot of collaborative efforts typical of the office. Additional partners will be identified as needed.

- The Training Council is a collaboration of public and private agencies, universities and other stakeholders that reviews curricula and course content and makes recommendations for improvement.
- The State Implementation Team. The training subcommittee identifies key training and support strategies for systemic child welfare reform. This group assures that training needs are met for the MiTEAM enhancement and continuous quality improvement in the champion counties and assure modified settlement agreement goals are met.
- The Trauma-Informed Systems of Care group shares information and resources about trauma-informed interpersonal practice with children and families.
- The Race Equity Coalition reviews training methods and curricula to assure cultural competence in the workforce.
- The MiSACWIS Training subcommittee assures all new and experienced staff will be trained to use the MiSACWIS system.
- The Child Welfare and Juvenile Justice steering committee helps identify priorities and the service and administrative components of the integration of child welfare and juvenile justice services.
- The Mobile Worker Technology steering committee is developing a process for providing access to training materials on mobile applications such as iPhones.
- The CPS Advisory Committee helps identify training needs for CPS staff.
- The Adoption Oversight Committee helps improve adoption training.
- The Learning Management System committee collaborates to ensure an integrated learning management system is implemented to track and monitor training statewide.
- The Services Release Planning committee assures appropriate prioritization of system updates and related training initiatives.
- The Title IV-E Training steering committee (Protect MiFamily) helps create the curriculum for waiver project staff.
- The MiTEAM/Continuous Quality Improvement subcommittee assures training is delivered to county directors and child-placing agency chief executive officers.
- The Human Trafficking Task Force educates caseworkers on indicators and resources for victims of human trafficking.
- The Peer Training Network and the Training Roundtable are national resources to connect with other states' child welfare training units.

- The Medical Advisory Committee identifies training to address the medical and mental health needs of children. Training is provided to child welfare staff and the medical community.
- Child Abuse and Neglect Conference Planning Committee collaborates in the development of an annual conference that addresses key issues in child welfare.
- Partnerships with the Michigan Association for Foster, Adoptive and Kinship Parents and Michigan Youth Opportunities Initiative allow caseworkers to ask questions about parent and youth experiences in the child welfare system.
- Tribal-State Partnership allows collaboration with tribes to provide training on the Indian Child Welfare Act and the Michigan Indian Family Preservation Act.
- To maximize Title IV-E benefits for judicial training, DHS collaborates with the Court Improvement Program, the Michigan Judicial Institute and Foster Care Review Board to assure quality child welfare training.
- Collaboration with the State Court Administrative Office provides a resource for individual DHS county offices to seek legal training support. State Court Administrative Office staff work with local offices and courts to identify the type of support needed. Typical training provided to child welfare staff is on testifying and petition drafting. Training office staff also assists in the development of court training and conferences.
- Collaboration with the Michigan Attorney General's Office to provide legal training for new and experienced child welfare caseworkers.
- Prosecuting Attorneys Association of Michigan provides training for staff on the model child abuse investigation protocol, forensic interviewing and other topics.
- A Legal Training Coordination work group consists of representatives from DHS, the Wayne County Attorney General's office, State Court Administrative Office and Prosecuting Attorneys Association of Michigan. The group identified partnership between local child welfare professionals and the courts as the main issue of focus.
- The training office collaborates with the Governor's Task Forces and Citizen's Review Panels and other ad hoc task forces to address training needs.
- The Office of Children's Ombudsman and the Office of Family Advocate help identify issues that may require training intervention.
- New partnerships will be forged to provide training to the underserved resource families, including relative caregivers, foster, and adoptive parents who provide safety, nurturance, and permanency for children.
- The training office collaborates with contractors to develop and deliver training to child welfare professionals.

University Partnerships

In addition to the university-based continuing education described above, the Office of Workforce Development and Training will continue to collaborate with Michigan universities.

- In 2013, DHS launched the child welfare certificate program through a partnership with the Michigan schools of social work. The program promotes consistent curriculum and child welfare internship experiences for students in schools of social work with endorsed

child welfare certificate programs. When these students are hired into child welfare, they are able to attend a condensed version of the pre-service institute.

- Michigan State University assisted DHS in developing and implementing the redesigned curriculum for the pre-service institute. The redesign places a sharper focus on MiTEAM skill development and application and places responsibility for the majority of policy and systems training to the field through completion of structured field activities.
- DHS staff collaborates with the Michigan Association of Baccalaureate Social Work Educators. This group convenes bi-monthly. Regular topics of discussion include DHS internship placements and the child welfare certificate program.
- Future collaboration with university partners may include:
 - Program and curriculum evaluation.
 - Human Performance Improvement train-the-trainer.
 - Foster parent training.
 - Service provider training.
 - Education and training for child welfare staff to improve workforce readiness and improve recruitment and retention efforts.

Title IV-E Partial Tuition Reimbursement

DHS plans to reestablish a Partial Tuition Reimbursement program. The policies governing this program will be developed, reviewed and approved.

Family Preservation Services Training

Family preservation trainers deliver training to private agency staff that provides in-home crisis intervention, family support and reunification services. These programs include Families First of Michigan, the Family Reunification Program and Families Together Building Solutions. Family preservation training and technical assistance focuses on research-based service delivery using strength-based, solution-focused techniques.

Foster and Adoptive Parent Training

DHS and private agencies provide orientation, pre-placement and ongoing training for each prospective or licensed foster or adoptive parent in compliance with Michigan's Licensing Rules for Foster Family Homes and Foster Family Group Homes for Children.

- Office of Workforce Development and Training staff provide a four-day train-the-trainer with experienced foster/adoptive and kinship caregivers as co-trainers using the Foster/Adoptive Parents' Resource for Information, Development and Education curriculum (endorsed by the Child Welfare League of America).
- All prospective foster and adoptive applicants are required to attend pre-placement training, which consists of nine modules totaling 24 hours of instruction.
- Each foster parent must annually participate in a minimum of six hours of training. Local offices collaborate with private agencies to provide ongoing foster parent training.
- All foster and adoptive parents are required to complete training in first aid.

- Combinations of counties/agencies with similar needs, called foster parent training coalitions, may deliver training.
- Foster and adoptive parents also receive ongoing training through community forums, the statewide foster parent association, other local foster parent associations, local support groups, the Michigan Association of Foster, Adoptive and Kinship Parents' annual statewide conference, web-based training such as "Foster Parent College," parenting conferences and resource library materials in local DHS offices.
- To ensure curriculum compliance and effectiveness, the training office is leading an evaluation effort to include feedback from the local office and private agency staff and the foster/adoptive parents they train. This feedback will be used to improve orientation and pre-placement training and identify ongoing training needs.

Additional DHS Training Courses

In-Service Training

The university contract to provide in-service training continues to be well-received. The following in-service training courses were offered between April 1, 2013 and March 31, 2014.

- Toward Successful Adoption: Training for Foster Care & Adoption Workers (25)
- If Mama Ain't Happy: Infant Mental Health (13)
- Infant Mental Health: Strengthening Early Parental Bonds (22)
- The Impact of Trauma on Foster Care Children and their Families and Children (25)
- Compassion Fatigue: Self Care & Prevention (21)
- Supporting Children with Special Needs following Grief and Trauma (31)
- Treating the Whole Child: Sensory Processing Disorder in Infants and Children (21)
- An Evidence-Based Approach to Working with Individuals with Mood Disorders & Anxiety (22)
- A Little More Talk to Get a Lot More Action with Motivational Interviewing (33)
- Using Protective Factors to Strengthen Families (14)
- Making the Grade: School Partnerships (21)
- Understanding Substance Abuse & Treatment (19)
- Igniting Greatness: Successful Interventions with Challenging Children (12)
- All in the Family: The Kinship Option (12)
- His-Tory of Four Sons & a Father (15)
- Understanding the Impact of Vicarious (Secondary) Trauma in Social Work Practice (33)
- Trauma Informed Removal and Trauma Focused Cognitive Behavioral Therapy: A Child Welfare Worker's Role in Helping Children Experience Safety with others and within themselves (24)
- Specialized Practice Skills for Working with Offending Fathers (2)
- Identifying and Working with Human Trafficking Survivors (32)
- Using Solution Focused Techniques to Enhance Communication and Understanding (16)
- Foster Success in Education: Resources to Create a College Positive Attitude in Youth and Foster Care (16)
- Effects of Family Violence on Infants and Young Children (23)
- Child Protective Cases: Testifying Tips & Recent Case Laws (34)
- Maximizing Communication Effectiveness (20)
- All Eyes Are Open - Understanding Commercial Sexual Exploitation of Children (11)

Additional DHS Training Courses

- Motivational Interviewing (16)
- Community-Based Strategies for Youth Violence and Bullying (15)
- Assisting Families and Children Who are Impacted by Autism Spectrum Disorder (20)
- The Grieving Infant – Helping Babies & Young Children When They Must Move (40)
- The Effects of Exposure to Domestic Violence on Children (14)
- Brain Injury – From Impact to Intervention (16)
- Understanding Sexuality & Gender Expression (19)
- Working with Children Exposed to Domestic Violence (25)
- Preventing Adoption Disruption: Strategies to Use Before, During & After Adoption (25)
- Promoting Resilience: Trauma-Informed Supervision & Self-Care for Practitioners & Supervisors (34)
- Grandparents in Distress: Supporting Grandparents Who Are Raising Their Grandchildren (32)
- Complicated Grief in Children: Assessment & Treatment (13)
- The Effects of Sexual Abuse on Children & Adolescents: Assessment & Treatment Planning (22)
- Exploring Cultural Competent Practice within the Child Welfare System (22)
- Special Education Advocacy (20)
- Facilitating Recovery: Child Welfare Professionals & Work with Substance Using Populations (35)
- Infant Mental Health: The Impact of Trauma on Infants & Toddlers (36)

Staff Development and Program Support

Online Learning Courses

A contract with Relias, formerly Essential Learning (a Child Welfare League of America-endorsed training provider) has allowed for access to 150 online child welfare courses. The courses completed during this reporting period are below, with the number of trainees in parentheses.

- A Bio psychosocial Model of Addiction (45)
- A Culture-Centered Approach to Recovery (20)
- Abuse (104)
- Adapted Trauma Focused CBT for People with Developmental Disabilities (2)
- ADHD: Diagnosis and Treatment (45)
- Adolescent Suicide (79)
- Advanced Co-Occurring Disorders (18)

Additional DHS Training Courses

Advanced Motivational Interviewing	(17)
Age-Appropriate Activities for Infants and Toddlers	(57)
Age-Specific Care	(5)
Alcohol and the Family	(97)
Analyzing Performance and Corrective Action Plans	(14)
Anxiety Disorders: Diagnosis and Treatment	(51)
Application of the Personal Outcome Measures for Children, Youth, and Families with Youth Children	(3)
Attachment Disorders: Theoretical and Treatment Issues	(21)
Attachment Disorders: Treatment Approaches	(10)
Attitudes at Work	(81)
Autism Overview	(4)
Barriers to Recovery	(12)
Basic Introduction to HIV/AIDS	(15)
Best Practices in Substance Use Treatment Compliance	(15)
Bipolar and Related Disorders	(1)
Bipolar Disorder	(22)
Bipolar Disorder in Children and Adolescents	(23)
Bullying and Emotional Intelligence	(13)
Calming Children in Crisis	(125)
Case Management Basics	(52)
Case Management for Paraprofessionals	(2)
Child Abuse	(54)
Child and Adolescent Psychopharmacology	(13)
Childhood Disorders	(1)
Clinical Supervision: Core Elements	(3)
Clinical Supervision: Recovery Model	(1)
Clinical Supervision: Special Topics Part 1	(1)
Coaching and Mentoring in the Workplace	(33)
Cognitive Behavioral Therapy	(17)
Communication Essentials: Communication Style Effectiveness	(1)
Communication Essentials: Navigating Conversations	(1)
Communication Skills and Conflict Management for Children's Services Paraprofessionals	(21)
Confidentiality and HIPAA	(9)
Confidentiality of Substance Abuse Treatment	(3)
Confidentiality of Substance Abuse Treatment Information	(4)
Conflict Management	(31)
Co-Occurring Disorders	(9)
Crisis Management	(27)
Crisis Management and Positive Discipline with Juvenile Offenders	(1)
Cultural Diversity	(25)

Additional DHS Training Courses

Customer Relations	(7)
Defensive Driving Training	(5)
Depressive Disorders in Children and Adolescents	(8)
Developing and Enriching Language	(2)
Developing Collaborative and Effective Interpersonal Relationships	(3)
Developmental Stages: Birth to Five Years Old	(35)
Developmental Stages: Infancy through Adolescence	(14)
Discrimination in the Workplace: What Supervisors Need to Know	(6)
Documenting the Treatment Planning Process	(2)
Does Your Organization Measure Up: Are You Really Trauma-informed?	(6)
Domestic and Intimate Partner Violence	(48)
DSM-5 Overview	(2)
Early Childhood Oral Health	(8)
Eating Disorders: Diagnosis and Treatment	(9)
Eating Disorders: Overview	(1)
Effective Communication in the Workplace	(14)
Effective Interviewing Techniques	(11)
Effective Teams	(7)
Emergency Preparedness	(3)
Engaging Fathers in Children's Lives Part 1: An Overview	(22)
Engaging Fathers in Children's Lives Part 2: Communication and Principles of Practice	(15)
Engaging Fathers in Children's Lives Part 3: Advanced Techniques	(12)
Environmental Safety for Children's Services Paraprofessionals	(10)
Environmental Safety in the Workplace	(6)
Ethical Decision-Making	(1)
Evaluation and Treatment of Mental Health Concerns Common in Childhood and Adolescence	(3)
Externalizing Disorders: Disruptive Youth	(19)
Family Assessment and Intervention	(15)
Feeding and Eating Disorders: Diagnosis and Treatment	(4)
FLSA: What Supervisors Need to Know	(1)
FMLA: What Supervisors Need to Know	(1)
Foundational Skills: Motivating Others	(1)
Fundamentals of Fetal Alcohol Spectrum Disorders	(18)
Gambling Addiction	(4)
Grief and Loss	(22)
Helping Children and Adolescents Cope with Violence and Disasters	(14)
Hiring and Developing Your Staff	(7)

Additional DHS Training Courses

IDEA in the Early Childhood Classroom	(2)
Identifying And Preventing Child Abuse And Neglect	(4)
Implementing SAMHSA Evidence Based Practices	(3)
Intentional Peer Support: About Peer Support	(6)
Introduction to Trauma-Informed Care	(1)
Learning about People - Interviewing Techniques	(1)
Legal and Effective Interviewing	(9)
Making Parenting Matter Part 1	(13)
Making Parenting Matter Part 2	(11)
Managing Depressive Symptoms in Substance Abuse Clients During Early Recovery	(1)
Medication Management for Children's Services Paraprofessionals Part 1	(1)
Medication Management for Children's Services Paraprofessionals Part 2	(2)
Mental Health Issues for Gays and Lesbians	(4)
Methamphetamine: Effects, Trends, and Treatment	(22)
Motivational Interviewing	(9)
Nutrition	(15)
Nutrition and Exercise for Children's Services Paraprofessionals	(10)
Overview of Bipolar Disorder for Paraprofessionals	(1)
Overview of Medications for Paraprofessionals	(3)
Overview of Mood Disorders in Adults	(2)
Overview of Personality Disorders	(14)
Overview of Psychopharmacology	(3)
Overview of Severe Persistent Mental Illness	(4)
Overview of Suicide Assessment	(4)
Overview of Suicide Prevention	(22)
Overview of Suicide Screening	(9)
Pain	(11)
Panic Disorder: Diagnosis and Treatment	(8)
People With Serious Mental Illness	(27)
Performance Improvement	(10)
Personal Safety in the Community	(28)
Person-Centered Planning	(4)
Physical Safety in the Workplace	(2)
Post Traumatic Stress Disorder	(16)
Practical Strategies for Engaging Families and Children	(8)
Predicting Violence and Threat Assessment	(9)
Problem Solving: Solutions in the Workplace	(6)
Professional Ethics for Social Workers	(2)
Recovery and Severe Persistent Mental Illness	(1)

Additional DHS Training Courses

Relapse Prevention for Therapists: Helping Your Client Develop a Prevention and Recovery Plan	(5)
Safety Crisis Planning for At-Risk Adolescents and Their Families	(10)
Schizophrenia and Medications	(3)
Self Advocacy and Recovery	(5)
Self Advocacy - Communication Skills	(5)
Self Advocacy - Skills Building	(1)
Self Advocacy - The Right Attitude	(1)
Self-Mutilation: Assessment and Treatment	(5)
Shaken Baby Syndrome	(29)
Sleep & Mental Health: Disorders Not Recognized & Not Treated	(7)
Social and Emotional Development in Children	(6)
Solution-Focused Therapy	(8)
Staying Safe in Any Situation: SMART Principles	(11)
Stress Management in the Workplace	(18)
Substance Abuse and Violence Against Women	(7)
Substance Use and Violence Against Women	(1)
Sudden Infant Death Syndrome	(21)
Supervision and Leadership	(9)
Teamwork: The Fundamentals	(3)
Testifying in Court: What You Need to Know	(2)
The ABC's of Bullying	(17)
The Addictive Process	(9)
The Foundations and Fundamentals of Gangs and Gang Membership	(1)
The Twelve Steps	(8)
Therapeutic Boundaries	(14)
Therapeutic Communications	(6)
Time Management	(13)
Trauma Informed Treatment for Children with Challenging Behaviors	(19)
Treatment of Behavioral Health Problems for Individuals with ASD	(1)
Treatment of Male Batterers	(5)
Understanding Borderline Personality Disorder	(12)
Understanding Juvenile Offenders with Mental Disorders	(1)
Understanding Parenting Styles	(16)
Understanding PTSD for Paraprofessionals	(1)
Understanding Recovery	(5)
Understanding Schizophrenia	(2)
Update on Pediatric Antibiotics	(1)
Valuing Diversity in the Workplace	(5)
Welcome to Elevate	(1)

Additional DHS Training Courses

Welcome to the Relias Learning Management System (RLMS)	(2)
Work Life Balance	(15)
Working with Children in Families Affected by Substance Use	(18)
Working with Difficult People	(24)
Working with the Homeless Part 1: An Overview	(5)
Working with the Homeless Part 2: Tools and Techniques for Treatment	(2)
Working with Youth: A Strength-Based Perspective	(7)
Workplace Violence	(8)

In addition to the contracted Relias offerings, online training continues to be developed to meet the needs of a wide-range of caseworkers and supervisors while minimizing travel. It also allows information to be provided on-demand.

• Adoption Assistance Negotiation	(127)
• Lean Evaluation Webinar	(26)
• OTP - Training Facility Coordinator Webinar	(14)
• Supervisor Orientation to PSI Redesign-2014	(249)
• Absent Parent Protocol	(19)
• Administrative Hearings Central Registry Expunction	(109)
• Court Appointed Special Advocates	(288)
• CPS-MIC Part I	(138)
• CWTI LEIN	(201)
• Domestic Violence	(574)
• Engaging the Family	(227)
• Family Preservation	(481)
• Foster Care Review Board	(129)
• ICWA	(522)
• Interstate Compact on the Placement of Children (ICPC) October 2011	(31)
• Introduction to Mental Health	(94)
• Introduction to Substance Abuse	(462)
• Management and Data-Driven Decision Making Training - Supervisor	(16)
• Management and Data-Driven Decision Making Training - Worker	(24)
• Mentoring PSI New Hires	(21)
• MIC Day Care	(56)

Additional DHS Training Courses

- Poverty (117)
- Report Writing (91)
- Sexual Abuse (326)
- Working with LGBTQ Youth (83)
- Young Adult Voluntary Foster Care (2)