



Department of Human Services

State of Michigan

Child and Family Services Plan

2010-2014

2013 Annual Progress and Services Report

June 2013

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*The DHS response to the 2012 Citizen Review Panel Combined Annual Report will be sent when it is completed later in 2013.

INTRODUCTION

The Michigan Department of Human Services (DHS) is the agency recognized by the U.S. Department of Health and Human Services, Children's Bureau as responsible for administering federal child welfare programs under titles IV-B, IV-E and XX of the Social Security Act. The state's child welfare program is state-supervised and administered. DHS is committed to ensuring that children and youth served by our public systems are safe and have permanent and stable family lives, and that children and families have improved quality of life.

The DHS Children's Services Administration is responsible for planning, directing and coordinating statewide child welfare programs, including services provided by DHS offices and private agencies. Michigan has 83 counties served by 78 local offices. Six counties are designated by DHS as "urban" -- Wayne, Oakland, Macomb, Kent, Ingham and Genesee counties. These counties have their own child welfare directors. With eight additional counties, this grouping is known as the Big 14. It includes Berrien, Calhoun, Jackson, Kalamazoo, Muskegon, Saginaw, St. Clair and Washtenaw counties, Michigan's main population centers.

DHS has been assessing internal operations over the last year to identify ways to improve efficient management of core responsibilities. In 2012, DHS established Business Service Centers, a model designed to remove the burden of operational tasks from local office directors and allow them to focus on customer-based core program areas. Business-related activities such as accounting, hiring, staffing allocations, travel requests, procurement, technology and facilities management will be shifted from local offices to six Business Service Centers.

Business Service Centers will facilitate increased communication between the Children's Services Administration director and the Children's Field Operations directors and local administrators responsible for child welfare. The implementation of the Business Service Centers will allow greater focus on the delivery of services by reducing administrative duties assigned to program staff.

These changes are compliant with the modified settlement agreement. The Director of Children's Field Operations retains responsibility for all children's services field operations. Children's services offices in the designated counties remain distinct and the county-level administrators of children's services in each of the designated counties report directly to the Director of Children's Field Operations.

DHS Vision

Compassion. Protection. Independence.

DHS Mission

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

Child Welfare Vision

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

Mission

Child welfare professionals will demonstrate an unwavering commitment to engage and partner 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.
- 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 be 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.

Child welfare professionals will implement these guiding principles by modeling teaming, engagement, assessment and mentoring skills.

Child Welfare Demographics and Caseloads

In fiscal year 2012¹, there were 146,270 Children's Protective Services (CPS) complaints.

¹ In this report, activities for a specific year refer to the fiscal rather than the calendar year; e.g., activities in 2012 include those from October 1, 2011 through September 30, 2012.

- Of these, DHS assigned 90,494 for investigation (62 percent).
- There were 22,205 confirmed CPS cases (25 percent of cases investigated).
- As of March 31, 2012, DHS was responsible for the care and supervision of 13,226 foster children, including those supervised by private agencies under contract with DHS.
- DHS contracts with 90 private agencies that provide foster care services and 66 that provide adoption services. Six agencies are contracted to provide supervised independent living services. Many of these agencies provide multiple services.

In Michigan as of March 31, 2013:

- Twenty-one percent (2,825) of children in foster care live in Wayne County.
- Forty-nine percent (6,529) of foster children are in the six urban counties.
- Seventy percent (9,239) are in Big 14 counties.
- Thirty percent (3,987) are in the remainder of the state.

As of September 30, 2012, of the 836 juvenile justice youth under DHS supervision, 640 were male and 196 were female. Slightly less than half of the youth (42.3 percent) are in community-based placements, foster homes or independent living. Of the youth in residential treatment, 77.1 percent are in privately operated institutions and 22.9 percent are in publicly operated training schools.²

Child Welfare Reform

DHS continues significant reform efforts under the settlement agreement DHS entered into with Children’s Rights, Inc. following the Dwayne B. v. Granholm, et. al. lawsuit. The settlement agreement was modified in 2011 and is now referred to as the modified settlement agreement.

The modified settlement agreement builds on reform efforts already under way and provides a foundation for improving the safety, well-being and permanence for children while providing stronger support for their caregivers. It allows DHS to focus on improved case practice.

Populations at the Greatest Risk of Maltreatment

In 2012, the population identified at greatest risk of maltreatment is children ages 3 or younger living with their biological parents, constituting 35 percent of total child victims (11,723 of 33,600 total victims). This data is captured through the Services Worker Support System (SWSS). Other factors identifying this group of children include their vulnerability due to age and stressors on parents because of the children’s dependent status. Four areas of DHS policy and practice that focus on this population are:

- Multiple Complaint policy.
- Safe Sleep policy.

² Source: DHS Data Management Unit Monthly Fact Sheet, September 2012.

- Birth Match system.
- Early On policy and service provision.

Multiple Complaint Policy

The multiple complaint policy requires that whenever DHS' Centralized Intake for Abuse and Neglect receives a third complaint in a home with a child under 3, a preliminary investigation must be completed to assess the likelihood of maltreatment. This ensures that repeat abuse and neglect complaints on the youngest children are not screened out, but at a minimum, undergo investigation to determine risk to the children and their service needs. This leads to provision of necessary services to improve safety.

Safe Sleep Policy

The Safe Sleep policy requires that workers include in their assessments of children under age 1, factors that place a child at risk of suffocation in his or her sleep environment. In 2012, policy and practice were enhanced to include the following:

- Assisting families to obtain a crib or pack-and-play to prevent the need for co-sleeping with caregivers or others.
- Creation of a media campaign and video instruction featuring parents who have lost a child due to an unsafe sleep environment.
- Collaboration with local and statewide community providers to publicize the importance of safe sleep and what can be done to decrease the number of child deaths.

Birth Match System

This screening system identifies when a parent who previously lost rights to a child or committed an egregious act of abuse or neglect has given birth to a new baby. This service includes automatic case assignment that requires workers to make immediate contact to assess the safety and well-being of the infant and evaluate the risk of maltreatment. Each year this system identifies nearly 1,000 matches, leading to investigation and services for many children at high risk of maltreatment.

Early On Policy and Service Provision

The Child Abuse Prevention and Treatment Act requires that all children under 3 that are involved in a CPS investigation resulting in substantiation receive a referral to Early On services. Children with significant preexisting health needs regardless of their identification as victims are also referred to Early On. In 2012, over 6,000 children were referred to Early On. Each child's needs were assessed and appropriate services were provided.

CHILD WELFARE WORKFORCE INFORMATION

DHS has forged collaborative relationships with Michigan's seven universities with professional social work programs to ensure an adequate field of qualified applicants is trained and educated in child welfare. The universities and DHS collaboratively developed curricula to ensure graduates are well-versed in the skills and knowledge necessary to manage caseloads.

In 2012, DHS continued to expand its child welfare workforce substantially through recruitment events at the universities to develop interest and screen candidates. These events yielded the staff that is helping DHS meet its caseload reduction goals. In addition to the events, DHS regularly posts open positions on its public and civil service websites and through county Michigan Works! (unemployment) offices.

In Michigan:

- DHS child welfare positions offered may be permanent or limited-term, depending on the needs of the local offices.
- Public and private child welfare staffs are required to have a bachelor's degree in a human services field.
- Salaries for DHS child welfare specialists range from \$18.72 to \$30.78 per hour depending on the level of experience.
- DHS' annual retention rate for children's services workers is 94.6 percent.

The following information on DHS and private agency staff training is included in the Child Welfare Training Institute section of this report:

- Training provided to new and transferring workers to ensure competencies are met by caseworkers, supervisors, managers and administrators.
- How ongoing training is selected and delivered.
- In-service training to assist DHS and private agency staffs to develop and stay up-to-date in cutting-edge topics in child welfare.

Evaluation of Training Effectiveness and Skill Development

DHS is evaluating the effectiveness of child welfare training through the following techniques:

- Level one evaluations measure the immediate impressions of trainees, and whether they feel confident about the information and skills they learned. DHS moved to an online format for collecting this information for most training, which has improved the ability to summarize and share results. All training is currently evaluated at level one.
- Level two evaluation measures learning. Trainees complete online competency-based exams after the pre-service institute and new supervisory training.
- Level three evaluation measures transfer of skills/knowledge to job performance. This is conducted through online surveys of trainees' supervisors after the trainees have

returned to work for at least six months. Level three evaluations are conducted on pre-service institute and new supervisory training.

DHS is committed to providing culturally sensitive casework services to all families. Efforts to improve culturally sensitive practice and address racial and cultural issues are described in the Race Equity section of this report. For more information on the degrees, certifications and experience required for child welfare case managers and current worker allocations by county, please see the Child Abuse Prevention and Treatment Act (CAPTA) 2013 Update in Appendix I.

- Services Specialist Job Specification – CAPTA Attachment A.
- 2013 Family and Children’s Services Worker Allocations – CAPTA Attachment B.

MODIFIED SETTLEMENT AGREEMENT

DHS has undertaken a massive effort to overhaul Michigan's child welfare system. When Governor Rick Snyder took office, the newly appointed DHS management began negotiations with Children's Rights Inc. to refine and update the consent decree. On July 18, 2011 a modified settlement agreement and court order was approved by the U.S. District Court.

The agreement with Children's Rights builds on reform begun in 2006 that focuses on the improvement of safety, permanency and well-being of children served by Michigan's child welfare system. DHS committed to developing and maintaining a system aligned with the requirements established and monitored by federal and state statutes and policies.

Michigan's progress in complying with the modified settlement agreement continues to be overseen by court-appointed monitors. Since renegotiation of the agreement, the Children's Services Administration has aggressively worked on several fronts including:

- Successful implementation of a statewide centralized intake system for reports of child and adult abuse and neglect in March 2012.
- Development of a Statewide Automated Child Welfare Information System, MiSACWIS, to be implemented statewide in 2013.
- Implementation of MiTEAM, a case practice model that aligns with the agency's mission, values and principles and incorporates the skills of Teaming, Engagement, Assessment and Mentoring in serving families in the child welfare system.
- Establishing the Continuous Quality Improvement Division that evaluates child welfare practice to improve services.
- Implementation of the voluntary extension of foster care to age 21 in April 2012.
- Achievement of the adoption goal set by the modified settlement agreement and receiving an adoption incentive grant for exceeding the targeted number of adoptions.
- Significant improvement of worker caseload and supervisory ratios.

- Implementation of a new consolidated monitoring process, combining licensing and contract evaluations into a single inspection model.
- Development of an array of placement resources.

DHS is proud of the progress made since the modified settlement agreement. The leadership and innovation in the department and partner agencies has fortified the child welfare community to continue reform efforts.

CASELOAD REDUCTION

Central to good social work practice are manageable caseloads. DHS has set caseload reduction goals in line with the modified settlement agreement. The counties have reduced their caseloads through extensive hiring and redistribution of caseloads. DHS also collaborated with the private providers to create funding mechanisms that allow agencies to bring their foster care and adoption worker caseloads in line with the reduced staffing ratios.

Goal: DHS will continue to work toward achieving worker/caseload goals.

Status: DHS assessed caseload ratios in February 2013 that revealed the following data:

- CPS investigation: 87.4 percent of CPS investigation workers had caseloads in compliance with the 1:12 goal.
- CPS ongoing: 87 percent of CPS ongoing workers had caseloads in compliance with the 1:17 goal.
- Foster care: 80 percent of direct foster care workers had caseloads in compliance with the 1:15 goal.

DHS will continue to monitor the caseloads of its local offices and private agencies.

RACE EQUITY

To address the over-representation of children of color in the child welfare system, DHS is committed to maintaining children safely in their homes. However, when children must be removed, they should be placed in an environment that supports their physical, emotional and cultural needs. Michigan utilized recommendations of the Michigan Disproportionality Report on Race Issues (2006) as a basis for ongoing efforts.

Recommendation: Review the impact of all policies, programs and procedures on families and children of color.

Status: The Michigan Coalition for Race Equity in Child Welfare and Juvenile Justice was created to examine previous Michigan reports as well as the underlying causes of racial and

ethnic disproportionality in Michigan's child welfare and juvenile justice systems. The coalition is co-chaired by Supreme Court Justice Mary Beth Kelly and former state representative Lynn Jondahl. The coalition meets at least quarterly to review progress and engage in sustainability planning for 2014 and beyond. Coalition members will undertake an in-depth data analysis of the underlying reasons for disproportionate minority contact and will include focus groups, surveys and case reviews. This will be presented to the coalition for planning.

Recommendation: Build community support for reducing disproportionality through collaboration with the court.

Status:

- DHS and the State Court Administrative Office finalized a data-sharing agreement for child welfare information to determine where disproportionality exists and measure the effectiveness of interventions.
- The State Court Administrative Office held a full committee meeting for the Michigan Coalition for Race Equity in March 2012. This meeting was attended by judges, lawyers, DHS executive and data unit staff, local DHS management, CPS and foster care staff, private agency executives, law enforcement, Office of the Children's Ombudsman, the State Bar of Michigan, the Department of Community Health and other stakeholders to review data, discuss barriers and create solutions.
- The State Court Administrative Office convened coalition meetings in October 2012 and March 2013 to review trends from 2010 through 2012, assess the current status of race equity and engage in strategic planning.
- The State Court Administrative Office continues to participate in the DHS Tribal-State Partnership that meets quarterly. The DHS director of Native American Affairs participates on the Court Improvement Program Task Force and the Tribal Court Relations subcommittee.
 - These collaborations have resulted in the creation of an Indian Child Welfare Act Court Resource Guide. The groups have distributed an Indian Child Welfare Act Field guide assist caseworkers in following the requirements. Both documents will be updated in 2013 to incorporate the provisions of the recently enacted Michigan Indian Family Preservation Act of 2012.
 - The State Court Administrative Office and Office of Native American Affairs collaborated to deliver training on the new legislation and requirements to DHS and private agency staff, judges and attorneys in 2013. The training was attended by over 130 participants and filmed for posting online.

Recommendation: Ensure culturally proficient practice in state policy and procedures.

Status:

- A Child Welfare Equity Analyst is responsible for researching, interpreting and analyzing legislative and program policy issues to identify best practices for reducing the number of children entering the child welfare system.

- In March 2012, CPS centralized intake was implemented statewide. CPS intake workers receive and manage all complaints of child maltreatment. All intake staff receives training to make consistent, culturally competent decisions.
- DHS is working to improve the placement process, including placing siblings together in their neighborhoods to aid parental visits and maintain important relationships. Staff is expected to look at all viable relative placement and foster care options prior to placing children in residential settings.
- The Office of Workforce Development and Training provides pre-service and in-service training that integrates issues of race and culture as common themes, including:
 - Family Preservation - Self-Awareness: This training widens trainees' views of other cultures, increases their sensitivity and helps participants examine how their own cultural background influences their work.
 - Self-Awareness/Cultural Diversity: This training helps participants define diversity and explore the attitudes, feelings and assumptions that may affect their interactions with children and families.
 - Poverty in Child Welfare gives trainees understanding of how poverty and neglect differ and how to recognize this when determining a family's needs.
 - Indian Child Welfare Act training provides an overview of the history, laws, policy and requirements and shares resources to help workers comply with the act.
 - Cultural Diversity: This training is offered to staff in urban counties to define and examine the benefits of diversity.
- In partnership with Michigan State University, the Child Welfare Training Institute offers free in-service trainings statewide. The following topics were offered in 2012 and 2013:
 - Cultural Considerations: Seeking an Understanding of Those We Serve.
 - Applying Cultural Competence to Caseworker Visits.
 - Culturally Responsive Interventions in Child Maltreatment.

Recommendation: Address families' basic needs and focus resources on the most vulnerable.

Status: DHS developed training on poverty that is incorporated into pre-service and in-service training by the Office of Workforce Development and Training. This training:

- Gives trainees an understanding of how poverty and neglect differ.
- Explores the difference between generational and situational poverty.
- Provides helpful tools for determining the best services or resources to assist a family.

Recommendation: Engage families as partners.

Status: DHS ensures that children in relative placements experience the same level of safety and receive a full array of services and financial support compared with children placed in foster homes. DHS continues to offer the Guardianship Assistance Program and Family Incentive Grant funding. These programs provide financial assistance to the individuals providing permanence for children for whom reunification and adoption are not viable options.

- DHS continues to engage parents in the planning process. The case practice model MiTEAM focuses on competencies of Teaming, Engagement, Assessment and Mentoring to improve outcomes. Statewide training on MiTEAM was completed in 2012.
- Permanency resource monitors ensure the permanency needs of children are addressed. Permanency resource monitors focus on creating innovative strategies to find safe placements for children.
- Saginaw County DHS is collaborating with the Saginaw Family Court on use of the Signs of Safety Model. This model engages families being investigated with a strength-based approach and partners with them to develop safety plans. Since implementation in 2010, entries into care have decreased by 46 percent and children have remained safe.

Recommendation: Ensure state and local partnership and accountability.

Status: The State Court Administrative Office received funding from Casey Family Programs to address over-representation and to initiate a pilot program in Saginaw. The Michigan Committee on Juvenile Justice awarded funding to Saginaw County as a demonstration site to address disproportionate minority contact in both the juvenile justice and child welfare systems. This award was the first of its kind in the state.

Local efforts to address disproportionality

- Arenac County held a cultural potluck celebrating the Hispanic culture. Discussions were held with staff and information was shared regarding diverse populations.
- Gladwin County held a cultural potluck, in which discussions were held with staff to bring awareness of the culture of the Amish community.
- In Washtenaw County, several staff formed a diversity committee to address racial issues and increase awareness. The county DHS held awareness activities in February 2013 to honor Black History Month. Discussions were held with staff on how race equity affects DHS clients and included tips and strategies to deal with inequality.

CHILD AND FAMILY SERVICES REVIEW PROGRAM IMPROVEMENT PLAN

The DHS Division of Continuous Quality Improvement utilized the modified Child and Family Services Review protocol, instrument and interviews with caseworkers to gather data to track progress on the Program Improvement Plan. Foster care and CPS in-home cases were selected from stratified samples from the Big 14 counties. The Child and Family Services Review Unit within the Division of Continuous Quality Improvement read 125 cases, including 93 from the Big 13 counties and 32 from Wayne County over five quarters:

- Quarter three: December 1, 2011 through February 29, 2012.
- Quarter four: March 1, 2012 through May 31, 2012.
- Quarter five: June 1, 2012 through August 31, 2012.
- Quarter six: September 1, 2012 through November 30, 2012.

- Quarter seven: December 1, 2012 through February 28, 2013.

Further breakdown of the types of cases reviewed includes:

- Fifty CPS in-home cases.
- Seventy-five foster care cases, including DHS and private agency supervised cases.

The outcomes for the individual Program Improvement Plan Child and Family Services Review Items are below:

CFSR Item	Prospective PIP Goal in Percent (2 qtr. overlap)	Quarter 3		Quarter 4		Quarter 5		Quarter 6		Quarter 7	
		Applicable Cases	Percent Strength								
3	79.53%	13	92.30%	16	93.75%	10	100%	12	100%	23	95.65%
4	74.40%	25	88%	25	80%	25	92%	25	96%	25	76%
7	93.61%	15	93.33%	15	93.33%	15	93.33%	15	100%	15	93.33%
10	99.23%	9	100%	3	100%	3	100%	6	83.33%	2	100%
17	48.77%	25	72%	25	64%	25	80%	25	60%	25	56%
18	51.25%	24	62.50%	24	83.33%	24	79.17%	25	84%	24	70.83%
19	68.61%	25	80%	25	84%	25	92%	25	92%	25	76%
20	37.03%	17	58.82%	20	60%	22	63.64%	21	76.19%	23	65.22%

Michigan achieved the following National Standard Items:

- Absence of Maltreatment Recurrence.
- Permanency Composite One: Timeliness and Permanency of Reunification.
- Permanency Composite Two: Timeliness of Adoptions.
- Permanency Composite Three: Permanency for Children and Youth in Foster Care for Long Periods of Time.
- Permanency Composite Four: Placement Stability.

The remaining National Standard Item being addressed is the Absence of Child Abuse and/or Neglect in Foster Care (12 months) with a goal of 99.39 percent.

The Program Improvement Plan was implemented on June 1, 2011. Michigan's plan utilizes four strategies to complete the following benchmarks in quarters three through seven, December 1, 2011 through February 28, 2013 and proposed activities through quarter eight, May 31, 2013. The strategies are described below.

Primary Strategy I: DHS will improve safety and risk assessment in policies and practices through the continuum of child welfare services with a particular focus on CPS.

- In June 2012, DHS implemented recommendations on safety planning and assessment.
- MiTEAM requires individualized safety assessments at all family team meetings.
- CPS supervisory tools and guides were developed and implemented to ensure comprehensive safety assessment and increase the quality of engagement.

- CPS policy was modified to require safety assessment and planning after each visit with a child. Safety planning requirements are included in training.
- Safety assessment training including protective factors was provided in two counties.
- The review instrument was modified to include questions on safety planning.
- A certification process ensures all CPS field staff are trained in safety assessment.
- The response system was evaluated, which resulted in a decision to maintain the current system and develop strategies to address barriers to timely contact.
- DHS implemented a pilot project in Kalamazoo and Macomb counties in February 2013 to examine priority response and case opening.
- Maltreatment rates were reviewed and findings showed that existing policy to monitor services in category III cases does not lead to a reduction in repeat maltreatment.
- A recommendation was made to open/close category III cases after following procedures that include:
 - Holding a family team meeting.
 - Assessing safety, risk, needs and strengths of the children and family.
 - Ascertaining the family's willingness to address immediate concerns and reduce the likelihood of repeat maltreatment.
 - Creation of a services agreement.
- Foster care workers must address safety in the narrative of initial and updated service plans by describing how safety concerns were addressed.
- A survey was conducted on service accessibility and ability to individualize services. Recommendations were implemented to address identified gaps.
- The division completed case reviews on maltreatment in care cases and made practice recommendations; an improvement plan for those cases was developed.

Planned Activities for 2013

- Upon implementation of MiSACWIS, safety assessments will be required for caseworkers to progress further in the data system when documenting case management activities.
- DHS has trained safety assessment and planning in Muskegon, Mecosta, Osceola, and Lake counties. Training in Wayne county is planned for 2013. This will also be incorporated in child welfare training.
- DHS will determine appropriate policy to improve services in category III cases.

Primary Strategy II: DHS will enhance the capacity to serve children, families and caregivers by identifying needs, providing services and engaging families in planning throughout the case.

- Technical assistance was provided to ensure practice change when MiTEAM was implemented in November 2012; case reviews continue to measure its effectiveness.
- New policy requires monthly caseworker supervision. Supervisory guides and tools were created to review the status of all CPS and foster care cases during supervision.

- A supervisory shadowing pilot was implemented in eight counties to improve caseworkers' safety assessment and engagement skills.
- The Serious Emotional Disturbance waiver pilot for DHS foster children was implemented in 12 counties and expanded to additional counties in 2012.
- Technical assistance is provided to educate staff on the importance of caseworker visits and accurate data entry.
- Data reports were developed on monthly caseworker visits with parents, which are monitored through case reviews.

Planned Activities for 2013

Continue to monitor caseworker visits with parents through case reviews.

Primary Strategy III: DHS will enhance concurrent permanency planning. These efforts are monitored through case review.

- Concurrent permanency planning is a component of the MiTEAM model.
- Data reports track parent-child face-to-face contacts and sibling visits.
- Foster care policy was modified to require permanency plan decisions comply with timelines and meeting frequency requirements.
- Efforts and resources continue to focus on identifying adoptive families and improving timeliness to adoption for legally free youth with a goal of adoption.
- Technical assistance was provided to increase stability and permanency for children in foster care and prevent placement changes.
- Centralized intake protocol includes identification of Native American children at the time of complaint.
- A Michigan Indian Child Welfare Act Field Guide was developed to assist in early identification of Native American children.
- Review data was gathered on youth 14 and older involved in services to aid transition to adulthood and technical assistance provided to assist caseworkers serving these youth.
- A Summer Youth Employment Program was held. Three hundred and twelve youth participated in 2011 and 272 in 2012.
- Education planners serve as liaisons between the child welfare and education systems to ensure appropriate services and work with youth to improve educational success.
- Statewide Executive Youth Board meetings were held in April and August 2012 to provide information to youth and receive feedback about services.
- Fostering Connections policy was updated in 2012 to offer youth ages 18 through 20 in state-supervised foster care the option of returning to or remaining in care until age 21.
- Foster Youth Financial Security Act policy was updated in 2012, requiring foster youth over 16 to receive an annual credit report, which is reviewed with the youth.
- Analysis of parenting time and reunification occurred and technical assistance was provided.

- The Parent-Child Visitation Task Force worked to maximize parent involvement in the child's life in foster care to facilitate a healthy bond and reduce trauma of separation.
- Training was offered to judges, attorneys, prosecutors and caseworkers to assist them to advocate for increased parent-child visitation.
- The State Court Administrative Office collaborated with DHS and judges to implement standard court reports for child protective proceedings.
- State Court Administrative Office and DHS continue ongoing collaboration to address major child welfare projects and issues.
- The 2012 permanency forums focused on tribal relations, technological solutions and the national permanency round table initiative.
- Foster Care Review Board and Child and Family Services Review case readings track caregiver notification of hearings.
- Michigan's Supreme Court adopted a rule change effective May 2013 for cases in which the court does not request DHS to initiate termination of parental rights for children in care for 15 of the last 22 months, requiring the court to state the reason on the record.

Planned Activities for 2013

Statewide Executive Youth Board meetings are scheduled in April and August 2013.

Primary Strategy IV: DHS will enhance accountability and workforce development.

- The Division of Continuous Quality Improvement developed protocols and implemented case reviews of the following:
 - Child and Family Services Review-modified settlement agreement.
 - CPS centralized intake.
 - CPS investigations.
 - Maltreatment in care investigations.
 - Health case reviews.
 - Disrupted adoptions.
- A statewide interface to the Services Worker Support System for private agencies to enter case data was created and implemented.
- A work group developed reports to support a data-driven supervision model. Training was provided on how to utilize data reports.

Planned Activities for 2013

The Division of Continuous Quality Improvement will provide results of case reviews and make recommendations for practice improvements.

COLLABORATION WITH COURT DEVELOPING THE CFSR PROGRAM IMPROVEMENT PLAN

In 2012, DHS continued to collaborate with the State Court Administrative Office Court Improvement Program to meet the objectives established by the Child and Family Services Review Program Improvement Plan. This collaboration resulted in:

- Institutionalizing permanency forums to improve timeliness to permanency. Two forums were held in 2012 with approximately 200 attending each forum.
- Implementing standard court reports and working with program developers to include the reports in the new MiSACWIS system.
- Improved foster parent notification of court hearings and participation in the hearings.
- Establishing a joint court/DHS task force to assess the frequency and quality of parent-child visitation. The final report was completed in March 2013.
- Establishing practices to improve timeliness in parental rights terminations, including compliance with the requirement for the court to document “compelling reasons” when a petition to terminate parental rights is not filed for children in care for 15 of the last 22 months. The Michigan Supreme Court adopted a new court rule effective May 1, 2013 that requires the court to state on the record the reason a termination petition was not filed for children in care for 15 of the most recent 22 months.

The focus of collaboration in 2012 and 2013 includes:

- Training court personnel to work collaboratively with DHS to ensure parent/child visitation promotes timely family reunification.
- Revising the judicial bench cards so courts are prompted to address parent/child visitation during court hearings.

COORDINATED SERVICE DELIVERY

Michigan’s child welfare services are developed at the state level and delivered through county offices and agencies to ensure consistency in service delivery. In 2012, DHS county offices were reconfigured to allow more efficient and economic service delivery in low-population areas. This resulted in a reduced number of local offices. The new Business Service Center model described earlier improves delivery of child welfare services by transferring business operations to six regional Business Service Centers.

DHS administers the federal Temporary Assistance for Needy Families, Child Care and Development Block Grant, Supplemental Nutrition Assistance Program, Low-income Home and Energy Assistance Program and the title IV-D child support program. DHS also 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. Service descriptions for all DHS program may be found here:

<http://www.michigan.gov/dhs/0,4562,7-124-5453---,00.html>

Michigan counties serve families through resources that include:

- Information on service availability and referrals to community resources.
- Using the United Way's 211 Call Center, available in all counties.
- Web-based resources for coordinated assistance applications and resource lists.

The DHS Bureau of Community Action and Economic Opportunity provides support and oversight to Michigan's 30 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, weatherization, senior services, income tax preparation, food, transportation, employment assistance and economic development.

According to U.S. Census data, almost one in every five Michigan children lives in poverty. The rate is nearly one in two for African American children and more than one in three for Hispanic children. DHS innovative strategies that meet the rising demand for services include:

- The Michigan Combined Application Project that provides a streamlined application for food assistance for citizens with Social Security Income benefits.
- The Home Heating Tax Credit assists low-income families with heating costs.
- Collaboration between private utilities and charitable groups assists certain low-income persons to avoid utility shutoffs during the winter months.

The online Helping Hand Web portal weaves together the various threads of Michigan's safety net. This is available at www.michigan.gov/helpinghand.

PATHWAYS TO POTENTIAL

Pathways to Potential is DHS' human services model that focuses on three critical elements to meet the needs of clients. The three elements are 1) public programs, 2) private partners and 3) informal networks and faith-based supports. The Pathways to Potential model reflects the understanding that accessing public benefits is just one piece of a long pathway that people must take to reach their healthiest and fullest potential. Pathways to Potential uses networking to help clients find solutions to barriers they face. Five outcome areas guide the process:

Safety

- Increase access to prevention services.
- Engage disconnected youth.
- Connect vulnerable youth and adults to a protective network.

Education

- Remove barriers to attendance.
- Remove barriers to active participation.
- Enhance and support parental involvement.

Health

- Remove barriers that prevent access to health care.
- Increase access to healthy foods.
- Increase access to behavioral health care.
- Support good hygiene.
- Support physical fitness.

Self-sufficiency

- Remove barriers to employment.
- Assist in accessing quality childcare.
- Promote adult education.
- Support access to transportation.

Truancy

- Increase school attendance rates.
- Actively seek parental engagement.

The key innovation in Pathways to Potential is to take the services to the people who need them, rather than vice versa. Pathways to Potential was initiated in 124 schools, including schools in Detroit, Pontiac, Flint and Saginaw and will be expanded in 2013. In addition, interagency partnerships are strengthened with the departments of Education and Community Health and the Michigan Economic Development Corporation to support each outcome area.

COORDINATION BETWEEN THE TITLE IV-E AND TITLE IV-D PROGRAMS

DHS and the Office of Child Support collaborated to develop a process that enables foster care and CPS staff to obtain paternity information from the Department of Community Health's Central Paternity Registry, an online central repository for information from affidavits of parentage and notices of orders of filiation filed in Michigan. This process remained in effect in 2012. No changes are anticipated.

COORDINATION WITH THE FOSTERING CONNECTIONS ACT

Michigan's title IV-E state plan amendment, approved in September 2012, demonstrates compliance with provisions of 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.

Technical Assistance Provided to Counties and Local and Regional Entities

Training for the extension of foster care, juvenile guardianships and adoption subsidy was provided to lead workers in each DHS county office. In addition, the Federal Compliance Division, the Young Adult Extension Unit and foster care program office provided:

- Training and job aids for field staff.
- Technical assistance for local staff on-site and by telephone on case-specific matters.
- Trainings conducted at local DHS and private foster care agencies.
- Telephone conferences.

Approximately 478 foster care supervisors, foster care workers, court staff and other community partners attended trainings in 2012.

DHS continues to work with the State Court Administrative Office to provide training to courts and staff. In addition, DHS is developing a system compliant with the Statewide Automated Child Welfare Information System to provide more accurate data for all requirements.

TITLE IV-E COMPLIANCE: FUNDING UNIT

The DHS Federal Compliance Division manages the title IV-E program and state plan. In 2012, the Child and Family Services Review and title IV-B Child and Family Services Plan were transferred to the Continuous Quality Improvement Division.

In June 2013, Michigan will undergo the next title IV-E eligibility review. The period under review began April 1, 2012 and ended September 30, 2012. Michigan is working with the Children's Bureau to prepare and coordinate the onsite review. Michigan collaborates with the State Court Administrative Office to train courts on required findings in addition to offering field support and case reviews to ensure correct eligibility determinations. To date, all foster care cases eligible for title IV-E funding have been reviewed. Analysts from the Federal Compliance Division completed reviews in 16 counties, including the seven largest.

Technical Assistance Provided to Counties and Local and Regional Entities

The Michigan Legislature continued to fund 80 child welfare funding specialist positions in local DHS offices. Their responsibilities are to assure foster care funding determinations and redeterminations are completed correctly. Federal Compliance Division staff supports the field regarding eligibility, funding, legal and payment issues for children in foster care and juvenile justice programs.

Michigan is piloting six payment projects, as required under the modified settlement agreement, to improve payment issues in the largest counties. Northern Wayne, Genesee, Kent, Ingham, Oakland and Macomb counties are participating. In December, Wayne County expanded the pilot to all three districts. The Federal Compliance Division supports these pilots with technical assistance. Division staff trained 68 DHS staff and supervisors new to funding specialist positions between February 2012 and February 2013. The division continued to provide refresher training; 152 staff and supervisors attended training in 2012 that included:

- Instruction on Aid to Families of Dependent Children requirements of living with/removal from a specified relative and deprivation factors.
- Accuracy of payments, identification and execution of reconciliation and recoupment.
- Case review using a new instrument aligned with the title IV-E case review instrument.
- Court orders and findings.

Local offices submit monthly reports to the Federal Compliance Division that provide information on funding specialist activities. A database tracks the information from these reports. A new database with more reporting capacity is being created to provide more accurate data and feedback to local counties.

Staff provides technical assistance to local DHS and court staff on appropriate title IV-E eligibility. The internal title IV-E review committee reviews inquiries from courts and local DHS offices weekly. Federal Compliance Division and State Court Administrative Office staff meets monthly to ensure consistency with judicial title IV-E requirements. The division offered on-site technical assistance to 16 counties and tribal courts in 2012. The State Court Administrative Office and DHS collaborated on title IV-E presentations in five counties to court and DHS staff. DHS continues to provide support and consultation for the Wayne County title IV-E agreement and oversees coordination between DHS and Wayne County to ensure the contract is administered with adequate controls and quality assurance.

Consultation with Tribes on Title IV-E Agreements

Federal Compliance Division staff developed contract language for title IV-E agreements with Michigan tribes. The division is working with the Keweenaw Bay Indian Community to implement its title IV-E Tribal Plan with the Children's Bureau. Additionally, the division completed an agreement with the Little Traverse Bay Band of Odawa Indians. This agreement was signed in November 2012. DHS will continue to support these programs.

MICHIGAN COURT IMPROVEMENT PROGRAM

The State Court Administrative Office, Child Welfare Services Division administers Michigan's Court Improvement Program and receives three federal grants. The division:

- Serves as Michigan trial courts' resource for child protection, foster care and adoption.

- Provides guidance and technical support to family division courts, attorneys and DHS.
- Coordinates judicial liaison contacts with the legislative branch.

Child Welfare Services operates a statewide task force to improve safety, permanency and well-being for foster children. The program helps Michigan implement reforms and track compliance with laws, national standards and program improvement plans. In 2012, the Court Improvement Program focused on:

- Collaborating on the Child and Family Services Review Program Improvement Plan.
- Overseeing a pilot program to improve relations between DHS and the Wayne County Circuit Court. This is the fourth year of the project.
- Engaging attorneys who represent parents in child protection proceedings.
- Increasing program visibility and interaction with Michigan's tribes.

Court Improvement Program - Main Grant

The Court Improvement Program funds a statewide task force that meets quarterly. The task force uses Michigan's 2005 Reassessment Report to guide activities.

Quality Representation Committee: Improve Legal Representation for Children and Parents

This committee establishes training and expectations for attorneys in child welfare proceedings and follows up if expectations are not met. In 2012, the committee drafted two recommendations: jury trial periods and the appointment of counsel in child welfare cases.

Status: The Michigan Supreme Court adopted the recommendation regarding appointment of counsel, which took effect January 1, 2012.

Parent Representation Pilot Project

The State Court Administrative Office began a pilot project in 2012 in Genesee County to ensure parents receive prompt referrals to services that resolve barriers to reunification. A social worker, under the direction of public defenders that represent parents, collaborates with child welfare agencies to identify services to address child safety. To measure effectiveness, outcomes from a sample of 25 closed cases in will be compared with outcomes from new cases.

Status: The staff is collecting case management data to establish a baseline. The baseline measures include:

- Total number of hearings.
- Time to permanency.
- Type of permanency outcome.
- Recidivism.

Policy Committee

Overnight Removal Issues. The Policy Committee discussed emergency removal of children from their homes when the courts are closed. Michigan statutes and court rules provide only

minimal guidance, resulting in disparate practices and uncertainty. Legislation (Senate Bill 320) was introduced in 2010 and reintroduced in 2011 to clarify procedures in emergency removals. **Status:** Complete. Public Act 163 was signed by the governor on June 12, 2012 and given immediate effect.

Requirement that Courts Obtain a Child's Input. The Policy Committee advised courts of federal and state requirements to obtain the child's views during permanency planning hearings. The Policy Committee will design new policies, best practices and protocols for child and youth involvement in dependency hearings and draft additional statutory change. **Status:** In process. A proposal was drafted and is being reviewed by interested groups.

Quality and Depth of Hearing Committee

Child Welfare Services organized a work group to develop a set of standard court reports that meet federal requirements, are less cumbersome and result in a user-friendly document for jurists, parents, foster parents, and others. The new reports will facilitate safe and timely permanency by providing the court with an analytical basis for judicial decisions.

Status: Complete. In March 2012, DHS published the new standard court reports and instructed child welfare staff to begin using them immediately.

Child and Family Services Review Committee

In 2011, the committee helped DHS develop the Child and Family Services Review Program Improvement Plan to address the factors in which the review found that Michigan was not in substantial conformity. The committee continues to assist in carrying out the action steps identified in the Program Improvement Plan, including planning and coordination of the permanency forums and the Parent/Child Visitation Task Force.

Status: In 2012, the adoption and permanency forums focused on breaking barriers to permanency through case-specific approaches. Child Welfare Services provided each of Michigan's 72 county teams with data that included a list of children with a goal of adoption who have been waiting for over six months after termination of parental rights. At permanency forums, teams discussed barriers to permanency.

In February 2012, the Court Improvement Program collaborated with the DHS Federal Compliance Division to establish a statewide interdisciplinary task force to identify ways Michigan can increase the frequency and quality of parenting time, with the goal of improving child well-being and timeliness of reunification.

Status: The reviewers determined the agency had made concerted efforts to ensure parenting time was of sufficient frequency to meet the needs of the family in only 66 percent of the cases reviewed (the national standard is 90 percent). In 2013, the Court Improvement Program will analyze the results to determine how many children achieved the goal of adoption as well as to determine the efficacy of the permanency forums.

Tribal Court Relations Committee

The Tribal Court Relations Committee finalized a draft of the Michigan Indian Family Preservation Act. The act codifies Michigan's compliance with the federal Indian Child Welfare Act. The Tribal Court Relations Committee developed a DHS-State Court Administrative Office Indian Child Welfare Act Field Guide in 2012. The guide contains an overview of the act and contact information for Michigan's 12 federally recognized tribes, the DHS Native American Affairs Office and Indian Outreach Workers.

Status: In January 2013, the Michigan Indian Family Preservation Act took effect.

Court Improvement Program - Data Collection and Analysis Grant

During the latter half of 2012, Child Welfare Services began negotiating a data sharing agreement with the Michigan Department of Community Health to share Medicaid and children's health information. Child Welfare Services is working toward a proactive alert system for courts that would enable them to discern at a preliminary hearing whether a child has Medicaid, who the primary and mental health care providers are, whether the child has a mental or physical condition that requires medication or any life-threatening allergies. This would allow the courts to work in collaboration with DHS on cases where there are aggravated circumstances or parents who do not share information with CPS.

Status: The Court Improvement Program continues to work with DHS to share data that jurists and caseworkers need as they try to find timely permanent placements for children.

DHS is currently building the State Automated Child Welfare Information System to provide courts with limited access and automated information exchange.

- The Court Improvement Program director attends meetings of the SACWIS Executive Steering Committee and the SACWIS Judicial Team to provide input on information courts would like to access and the manner in which they would view it.
- The Data Committee will coordinate with the Model Court Data Utilization Committee to review Judicial Data Warehouse and Court Improvement Program performance reports, work with the program evaluator to identify areas where additional data is needed, perform analyses or obtain clarification from files.
- The committee will coordinate with the National Council of Juvenile and Family Court Judges to learn key elements of data-supported best practices and will recommend how these practices may apply to Michigan.

Court Improvement Program Training Grant

Child Welfare Services administers many training programs with funds from the Court Improvement Program Training Grant and special purpose grants from the Governor's Task Force on Child Abuse and Neglect. Programs are planned by a cross-disciplinary committee. Topic-specific training in 2012 was offered to audiences that include:

- Judges, referees, court staff and attorneys. Child welfare workers.
- Court-appointed special advocates.
- Foster Care Review Board members.
- Michigan's 12 federally recognized tribes.

Child Welfare Services selects the topics and plans the training programs based on recommendations from the federal Child and Family Services Review, the Court Improvement Program statewide task force, the Governor's Task Force on Child Abuse and Neglect, DHS staff, stakeholder community agencies and practitioners in the field. Child Welfare Services also provides training and technical assistance for courts and agency staff on title IV-E issues and continues to offer orientation training for new family division judges and referees.

Status: Ongoing.

Case Service Plan Work Group

In February 2011, this work group of court, DHS, private agency and parent representatives completed drafts of revised formats for the foster care Initial Services Plan, Updated Services Plan and Parent Agency Treatment Plan--Service Agreement. These revised formats ensure greater clarity and specificity. The revisions will be incorporated into policy and implemented when DHS implements Michigan's State Automated Child Welfare Information System. The work group also designed a court report that summarizes the case services plan.

Status: The forms were instituted by DHS and private agencies in 2011.

Educational Work Group

Many Michigan foster children reside in Wayne County and attend the Detroit Public Schools. In early 2010, Child Welfare Services established a work group known as Project C.A.R.E. (Communication, Action/Accountability, Results and Evaluation). Initially, the work group focused its attention on establishing a strong collaborative partnership with the Detroit Public Schools administration and Board of Education. After unsuccessful attempts to engage the school system, the work group decided to focus on the other large school districts in Wayne County in 2012. Subcommittees were established that:

- Develop operational plans and policies to ensure DHS can track a foster child's educational needs and experiences.
- Ensure timely transfer of school records.
- Promote communication between the schools and child-placing agencies.
- Help schools understand the special needs of children in foster care to ensure each youth is prepared to pursue education beyond high school.

Status: Ongoing.

Permanency Options Work Group

Then Supreme Court Justice Maura D. Corrigan, now DHS director, created the Permanency Options Work Group in 2006 to examine state laws and policies. The work group meets

quarterly and includes circuit court judges, a Court of Appeals judge, DHS managers, legislative staff and Supreme Court legal counsel. Issues considered in 2012 include:

- Decentralizing the consent process for uncontested adoptions. In response to the new law, the Michigan Children's Institute superintendent appointed certain DHS directors as designees for consent to adoption and guardianship in some cases.
Status: Complete. The three-bill package to decentralize the consent process was signed into law on May 24, 2011 as 2011 Public Acts 30-32.
- **Extending Foster Care to Age 21.**
Status: Complete. A six-bill package that allowed foster care protection, adoption subsidy and guardianship assistance to extend until age 21 was signed into law in 2011.
- Requiring the court to state on the record the reasons the court did not require the agency to initiate a termination of parental rights petition.
Status: In process.
- Providing clarification to courts on a new law that requires higher standards to remove a child from home and the process by which the agency court must communicate a removal when the court is closed.
Status: Complete.

Additional issues that the Permanency Options Workgroup will consider in 2013 include:

- Merging certain functions of Michigan's external review processes, including the Foster Care Review Board, the Office of Children's Ombudsman, the Office of Family Advocate, the Governor's Task Force on Child Abuse and Neglect and all three citizen review panels. A subgroup is studying this issue.
- Creating a paternity establishment procedure in child welfare proceedings.
- Prohibiting Court of Appeals opinions from including the full names of children in termination of parental rights cases.

Adoption Oversight Committee

Court Improvement Program staff continues to serve on the statewide Adoption Oversight Committee, which meets bimonthly to develop recommendations to improve adoption practices and procedures. The packet was distributed statewide. In 2012, the Adoption Oversight Committee developed recommendations on improving out-of-state recruitment and coordination between agencies.

Status: Continuing.

State Child Fatality Review Team

The team meets four times each year to review cases in which children died despite previous or current CPS involvement. The Court Improvement Program reviews a monthly DHS child fatality report to determine if the courts followed all applicable policies and laws.

State Court Administrative Office Child Fatality Review Committee

The committee immediately reviews deaths that may have resulted from abuse or neglect while a child was under court jurisdiction. In 2011, the State Court Administrative Office and DHS developed an interagency agreement to allow the committee access to DHS Office of Family Advocate reports that summarize each child fatality case and provide recommendations for improvement. The team evaluates the quality and depth of hearings and the actions of judges, referees, prosecutors, court-appointed special advocates and attorneys for all parties.

Status: In 2012, the inter-agency agreement was reauthorized through 2015.

Special Projects: New Jurist Training

This one-day training covers topics such as title IV-E and Adoption and Safe Families Act requirements, the Child and Family Services Review, data collection and sharing, State Court Administrative Office resources and other issues. Each class is small enough to address jurists' case-relevant questions. Child Welfare Services will hold these sessions quarterly.

Status: Ongoing.

Tribal-State Partnership

The Court Improvement Program has been successful in building relationships with Michigan's tribes. The Pokagon Band of Potawatomi Indians was recently awarded one of the Tribal Court Improvement Program grants. Child Welfare Services held a phone conference with the tribal court administrator and chief tribal court judge to offer assistance and provide input on their strategic plans for implementing the Court Improvement Program. This call prompted an invitation to visit the tribe in January 2013 to share information, resources and lessons learned.

- A Child Welfare Services analyst attends Tribal-State Partnership meetings where the Tribal Social Services directors, DHS and the court discuss how to improve services to Native American children and families.
- A Child Welfare Services analyst also serves, by appointment of the chief justice of the Michigan Supreme Court, on the State Bar of Michigan's American Indian Law Committee. The committee meets monthly and the analyst represents the court, responds to questions and follows up on issues as requested

Status: Ongoing.

Infant Mental Health Court

Child Welfare Services assists local court teams and baby courts, special dockets to improve parent-infant interaction and achieve permanence with no recurrence of abuse or neglect.

Status: Staff will continue to offer assistance to the baby court programs.

Absent Without Legal Permission

Child Welfare Services oversees a tracking system for children in foster care who are absent without legal permission from their placement. This is the one statewide child welfare data sharing system all courts and caseworkers access that tracks whether:

- The child's data has been entered into the Law Enforcement Information Network.

- An Amber Alert was necessary and issued.
- The lawyer-guardian ad litem was notified that the child is absent without legal permission.

The system allows the court and DHS to input and retrieve the same data. Caseworkers use the data to include relevant details about the children and efforts to locate them. Courts accept these reports as evidence of the “locate” efforts if they are signed by a DHS manager.

EDUCATIONAL COLLABORATION

Early Childhood Investment Corporation. The Early Child Investment Corporation is the state’s focal point for information and investment in early childhood programs and activities. It funds and provides training and consultation to community leaders to improve the health, development and learning of young children. The Early Child Investment Corporation helps provide support services including:

- The Start Project and Great Start Collaborative, serving every community in the state.
- Seventy Great Start Parent Coalitions that provide education and information.
- Ten resource centers that anchor Michigan’s Great Start Child Care Quality Project.
- CONNECT, Michigan’s online early learning resource for key information about quality childcare and child development including licensed childcare provider search.

Early On

Early On is Michigan’s system that addresses Part C of the Individuals with Disabilities Education Improvement Act and provides services to assist families with infants and toddlers up to 36 months that are experiencing delays in development or have a diagnosed disability. Early On is administered by the Michigan Department of Education. Services are multi-dimensional and are provided through Michigan’s intermediate school districts. When a child is assessed as eligible for Early On services, an Individualized Family Support Plan is developed to guide the intervention process and include a wide range of services to facilitate the child’s development and enhance the family's capacity to support development. Family members and service providers work as a team to plan, implement and evaluate services specific to the family's concerns, priorities and resources. Michigan refers all children from birth to three years who are victims of category I and II preponderance of evidence cases to Early On.

For more information on educational collaboration for youth, please refer to the Chafee Foster Care Independence Program.

DOMESTIC VIOLENCE SHELTER AND SUPPORT AND SEXUAL ASSAULT SERVICES

The goals of the Michigan Domestic and Sexual Violence Prevention and Treatment Board are:

- To contract for:
 - Shelter and services for victims of domestic violence and their children.
 - Comprehensive sexual assault services for victims of sexual assault, family members and significant others.
 - Transitional housing and support services.
- To educate on the prevention and treatment of domestic and sexual violence.
- To improve the criminal justice response to crimes of domestic and sexual violence.
- To ensure safety, confidentiality and justice for victims of domestic and sexual violence.

To achieve these goals, the enabling legislation mandates the board:

- Funds community-based domestic violence prevention and treatment.
- Develops operating standards for victim service programs.
- Provides technical assistance to providers.
- Conducts research to prevent and treat domestic violence.
- Helps state police set up a reporting system for law enforcement agencies.
- Carries out education to the public and professionals.
- Advocates for policies and procedures that improve treatment.
- Advises the legislature and governor.

Comprehensive domestic violence services are provided under contracts with 44 non-profit domestic violence programs that offer:

- Emergency shelter.
- Emergency intervention (24-hour crisis lines and emergency response services).
- Supportive counseling (individual and group).
- Community education and prevention services.
- Personal advocacy with health care, criminal justice, housing and financial assistance.

In 2012, the following services were provided:

- 277,136 shelter nights.
- 88,640 hours of individual counseling.
- 11,785 hours of group counseling.
- 87,761 crisis calls.

The 2012 federal STOP Violence Against Women grant provided \$3.2 million to local projects that improve victim services and the criminal justice response to domestic violence, sexual assault, dating violence and stalking victims throughout the state, including specialized Sexual Assault Nurse Examiner programs, development of policies and protocols and training for law enforcement officers and prosecutors. In 2012:

- 5,046 clients were provided civil legal advocacy/court accompaniment.
- 3,919 clients were provided criminal justice advocacy/court accompaniment.
- 2,671 clients received personal protection orders.
- 5,668 clients were provided with victim/witness notification services.

Comprehensive sexual assault services are provided under contracts with 23 nonprofit sexual assault programs and eight Sexual Assault Nurse Examiner programs. In 2012, the following services were provided:

- 17,620 hours of individual counseling.
- 1,898 hours of group counseling.
- 13,449 crisis calls.
- 1,303 forensic nurse examinations.

The board funds 17 non-profit Domestic Violence Transitional Supportive Housing programs that provide housing for up to 24 months. In 2012, the following services were provided:

- 223,205 nights of housing.
- 4,264 hours of individual counseling.
- 449 hours of group counseling.

The Recovery Act Transitional Housing Assistance Program provided \$2 million from May 2010 to June 2012 to support six programs that offered:

- Transitional housing, including operating expenses of new or existing housing.
- Short-term housing assistance including rent or utility assistance with security deposits and other costs incidental to relocation.
- Support services to enable individuals who are fleeing domestic violence, sexual assault or stalking to secure permanent housing.

PREVENTION OF CHILD ABUSE AND NEGLECT: CHILDREN'S TRUST FUND OF MICHIGAN

The Children's Trust Fund serves as Michigan's only source of permanent funding for the statewide prevention of child abuse and neglect. It is designated by the governor to serve as the lead agency to administer the Community-Based Child Abuse Prevention grant.

The Children's Trust Fund is administratively located in DHS Children's Services Administration and is governed by a 15-member board of directors. In 2012, collaboration included:

- **Prevention Pilot:** In August 2010, DHS initiated a prevention pilot project for child abuse and neglect prevention programs in four urban counties. The prevention pilot project became operational in 2011 and the Children's Trust Fund had administrative and fiduciary responsibilities in 2012.

- **Title IV-E Waiver:** The Children’s Trust Fund provided support and technical assistance in the development of Michigan’s recently awarded title IV-E waiver. The Children’s Trust Fund will work with waiver staff to ensure the delivery of high-quality training and support, especially in relation to the Strengthening Families/Protective Factors framework embedded in the waiver.
- **Strengthening Families/Protective Factors Training:** In 2011, the Children’s Trust Fund secured a grant to develop a training curriculum to train child welfare workers on the research-based Strengthening Families/Protective Factors framework. Through this grant, in 2012 the Children’s Trust Fund:
 - Conducted two pilots of “Using Protective Factors to Strengthen Families: A Training Curriculum for Child Welfare Professionals.”
 - Collaborated with the DHS Office of Workforce Development and Training to facilitate training for Pathways to Potential staff.
- **Child Abuse and Neglect Training:** The Children’s Trust Fund sponsors 150 slots for its grantee network at Michigan’s annual child abuse and neglect conference, served on the planning committee and developed a prevention conference track.
- **Safe Sleep:** The Children’s Trust Fund is involved in a new, interdepartmental initiative to address the issue of safe sleep. Staff presented at a Safe Sleep Steering Committee meeting on the work being done by its local council network and will assist its partners to disseminate the promotional materials developed as a result of this initiative.
- **Supporting Kinship Care:** In 2012, DHS allocated \$50,000 in title IVB-2 funds to implement a Kinship Care Resource Center initiative in Michigan. The Children’s Trust Fund is overseeing contract monitoring of this initiative in 2013.

To serve Michigan’s families and protect Michigan’s children, the Children’s Trust Fund works with an extensive network of local prevention organizations. In 2012, it funded 20 direct service grants that served 24 of Michigan’s 83 counties. The Children’s Trust Fund provided money to local councils that served all 83 counties. It supports community-based programs through:

- Training and technical assistance.
- Evaluation assistance.
- Parent leadership.
- A Child Abuse Prevention Month campaign.

Local Councils

In 2012, the Children’s Trust Fund provided funding to the following councils:

- Tier I – 26 received \$5,000.
- Tier II – 27 received \$10,000.
- Tier III – 20 received \$20,000 or more.
- Multi-county – received \$1,000 for each additional county served.

By statute, the local councils' primary purpose is to develop a collaborative community prevention program. Local councils conduct or participate in needs assessment and increase public awareness of child abuse. They provide non-direct services including:

- Information and referral.
- Public awareness campaigns.
- Child Abuse Prevention Month activities.
- Prevention leadership on local committees.
- Local resource directories.
- Educational workshops and in-service training on shaken baby syndrome, safe sleep, body safety, parent education, bullying and cyber-bullying, Strengthening Families/Protective Factors and mandated reporting.

Local council activities in 2012 included:

- Information booths and fairs (373).
- Baby pantries (437).
- Mandated reporter trainings (215).
- Education services and activities (20,363 participated in parent education workshops, shaken baby prevention sessions and sexual abuse prevention programs).

Direct Services

Direct service grants fund prevention programs and services to promote strong families and prevent child abuse and neglect. They provide services to families who do not have an active CPS case. In 2012, the Children's Trust Fund provided 20 direct service grants consisting of:

- Parent education/family support programs (6).
- Home visitation programs (5).
- Positive youth development programs (1).
- Teen parenting programs (2).
- Fatherhood program (1).
- Individual family support programs (1).
- Respite care program (1).
- Mentoring program (2).
- Prenatal programs (1).

In 2012, direct service programs provided services to 1,560 adults and 1,976 children.

Type of Service Provided	Number of Services
Home visits	4,014
Parenting classes	459
Support groups	119
Group counseling	68
One-on-one counseling	1,910

Screening	541
Childcare	93
Respite care	1,116
Transportation	352
Referrals	1,695
Resource coordination	1,208
Workshops (e.g., Parent Meetings)	105
Prenatal care	55

A list of list of local councils and direct service grantees can be found in Attachment D.

Circle of Parents[®]

The Children’s Trust Fund is the lead agency for the Circle of Parents[®] initiative that provides parent involvement, leadership and support to create shared leadership and strong parenting skills to a support group for all parents, but especially those at risk for abuse or neglect. In 2012, Circle of Parents[®] was operating at 19 program sites with multiple groups operating at most sites. Approximately 307 parents and caregivers and 41 children participated in the program.

Expanding and Strengthening Services

In 2012, the Children’s Trust Fund strengthened prevention services in Michigan through:

- Serving as the state lead for Strengthening Families in Michigan.
 - In December 2012, presented to the Great Start Systems Team and received approval to form an interagency Strengthening Families work group.
 - Provided Strengthening Families presentations and workshops.
 - Worked with state and local partners to explore ways to support and expand the initiative in Michigan.
 - Worked with DHS as described earlier in this report.
- A grant from the Jewish Fund, establishing an initiative in southeast Michigan to address Shaken Baby Syndrome and abusive head trauma through an evidence-based program.
- Serving on the Great Start Systems Team coordinated by the Early Childhood Investment Corporation.
- Serving on the title IV-E waiver workgroup and training subcommittee.
- Offering the third “Parents Partnering for Change” leadership training to parents and caregivers in programs funded by the Children’s Trust Fund.
- Continuing local council regional meetings that provided collaboration opportunities for local councils.

The Children’s Trust Fund also continues to integrate best practices into its work and that of its grantees. Progress on 2012 goals and objectives is described below.

Goal: The Children’s Trust Fund will assist local councils in sustainability, capacity building and best practice efforts.

Status: Completed. The Children’s Trust Fund hosts monthly conference calls to share information on best practices, grant requirements and statewide prevention activities. Additional opportunities include regional meetings, which in 2012 focused on fundraising, quality reporting, board development and safe sleep activities. In 2012, a Child Abuse Prevention Month work group helped create a toolkit and assisted in marketing efforts for Prevention Awareness Day.

Goal: The Children’s Trust Fund will continue to utilize a direct services work group.

Status: Ongoing.

Goal: The Children’s Trust Fund will continue to fund 73 local councils at the current level.

Status: Completed. Funding was maintained at current funding levels for 73 local councils.

Goal: The Children’s Trust Fund will provide resources for Child Abuse Prevention Month.

Status: Completed. The Children’s Trust Fund supported the “Pinwheels for Prevention” campaign at the state and local level and provided pinwheels to local councils, which were also used on Prevention Awareness Day. The Children’s Trust Fund also produced a toolkit and advised councils on implementation strategies.

Goal: The Children’s Trust Fund will Implement a peer review process for local councils.

Status: Completed. After completing a pilot with local councils in 2011, it was determined that a more effective process would be to integrate peer sharing into regional meetings. In 2012, the peer review self-assessment tool was used to create discussion questions at regional meetings. Although the Community-Based Child Abuse Prevention grant no longer requires peer review, peer sharing will still be included at regional meetings and the annual conference.

Goal: The Children’s Trust Fund will strengthen parent leadership in programs it funds and maintain the parent leadership line item in the budget at \$20,000.

Status: Completed. The Children’s Trust Fund hosted the third annual Parents Partnering for Change training in June 2012. A grantee panel at the 2012 annual conference focused on strategies to implementing effective parent leadership. This line item was also maintained.

Planned Activities for 2014

Unless significantly impacted by budgetary changes, the services funded or administered by the Children’s Trust Fund are anticipated to remain the same in 2014:

- **Local Councils:** All 73 local councils will be in the second year of the 2013-2015 grant cycle. The 2013-2015 application was modified to enable local councils to identify evidence-informed or evidence-based programming. Local councils also indicated whether programs and services aligned with one or more protective factors.

- **Direct Services:** Direct service grants will fund prevention programs as detailed earlier. The 2014 budget will make approximately \$300,000 available for new direct service grants. In addition, existing direct service grants will continue to be funded. For local councils and direct service grants, the estimated number of individuals and families served can vary based on annual activities and services.
- **Collaboration and Partnerships:** The Children’s Trust Fund is the state chapter of both Prevent Child Abuse America and the National Alliance of Children’s Trust and Prevention Funds. The Children’s Trust Fund will also remain on the board of the Parent Leadership in State Government initiative and will continue to administer the Michigan Citizen Review Panel for Prevention. The Children’s Trust Fund works with many other individuals and organizations to strengthen prevention work, including:
 - Circle of Parents.®
 - Citizen Review Panels.
 - Early Childhood Investment Corporation.
 - KIDS COUNT State Advisory Board.
 - Michigan Coalition for Children and Families.
 - Parenting Awareness Michigan.
 - Prevention Network.
 - Signature Auction Event Advisory Committee.
 - University of Michigan Child Abuse and Neglect Conference.

The Children’s Trust Fund encourages local councils and direct service grantees to work with their local multi-purpose collaborative bodies and Great Start Collaborative on activities including needs assessments and the Strengthening Families initiative.

Technical Assistance Provided to Counties and Local and Regional Entities

In 2012, the Children’s Trust Fund conducted or sponsored a number of training, technical assistance and evaluation activities including:

- An annual conference in conjunction with the University of Michigan.
- Local council regional meetings (seven statewide). In total, 74 local council representatives (representing 55 councils) attended.
- Electronic grants administration and management system trainings.
- One-on-one technical assistance.
- Logic model training.
- Protective Factors Survey training.
- Request for proposals technical assistance session.
- The Children’s Trust Fund *News Briefs*, website and listserv were continued.
- Circle of Parents® Training: The Children’s Trust Fund held two workshops and one training for approximately 38 prospective Circle of Parents® facilitators, parent leaders and interested community members.

- News Briefs: In 2012, the Children’s Trust Fund News Briefs were emailed each month to approximately 400 stakeholders.
- Children’s Trust Fund website: In 2012, the Children’s Trust Fund continued to make its website more useful. In 2012, there were 26,845 visits to the website (an average of 74 per day). This was an increase of approximately 4,857 visits over the previous year.

Anticipated Request for Technical Assistance from the Administration for Children and Families Training and Technical Assistance network

The Children’s Trust Fund may request training/technical assistance from the National Resource Center in 2014. In particular, requests may relate to the Parent Leadership Ambassador Training, the Protective Factors Survey and outcome reporting.

Research, Evaluation, Management Information and Quality Assurance Systems

The Children’s Trust Fund continues to support evidence-based and evidence-informed programs, evaluation and outcome accountability. In 2014, the Children’s Trust Fund will provide training and monitoring requirements as needed. In particular, the Children’s Trust Fund plans to implement a new year-end outcome report for direct service grantees.

Program Evaluation

In 2012, all of the Children’s Trust Fund direct service grants utilized the Protective Factors Survey as a measurement tool for the first time. In 2012, 214 post-tests and 573 pre-tests were collected. The greatest increase in improvement was under Knowledge of Parent Item 12: “There are many times when I don’t know what to do as a parent.” Results from the survey will be included in Community-Based Child Abuse Prevention report in 2013.

Direct service and local council grantees also provide program reports via electronic grants administration and management systems. The reports include:

- A report on objectives, activities, expected outcomes, measurement and results.
- A program register that includes data on populations served and services provided.
- An expenditure report that details quarterly expenditures, cash and in-kind match.

The Children’s Trust Fund will continue to provide electronic grants administration and management system/data collection training and technical assistance to support evaluation.

Goal: The Children’s Trust Fund will move toward greater implementation of evidence-based and evidence-informed programs and practices.

Status: Ongoing. All direct service grants are required to meet the “emerging” level on the federal Program Assessment Rating Tool. In 2012, the local council coordinator redesigned the 2013-2015 grant application to include a requirement to associate programming with one or more protective factors. The application included evidence-informed or evidence-based programming local councils could implement. The program register report was also modified to reflect a more specific listing of evidence-informed or evidence-based programming.

Goal: The Children’s Trust Fund will utilize the Program Assessment Rating Tool evidence-based/evidence-informed program information when making direct service grant awards.

Status: Completed. All direct service applicants are required to submit information on their proposed program’s Program Assessment Rating Tool level.

Goal: All new direct service grants will have a logic model and will meet the “emerging” Program Assessment Rating Tool level as defined by Community-Based Child Abuse Prevention.

Status: Completed. A logic model or conceptual framework is a required component of the “emerging” Program Assessment Rating Tool level. All new grants approved by the Children’s Trust Fund Board of Directors in 2012 met this objective.

COORDINATION WITH TRIBES: OFFICE OF NATIVE AMERICAN AFFAIRS

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

The Office of Native American Affairs coordinates statewide consultation for:

- 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 (January 25-26, 2012; April 25, 2012; August 14-15, 2012; and October 24-25, 2012).
- 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 (March 28, 2012).
- Michigan Tribal Child Care Task Force meetings (semi-annually): a collaborative body of tribal childcare and education directors and DHS staff working to ensure Zero to Three services, Great Start and Pathways to Success for young children and adults.
- The Office of Workforce Development and Professional Training (monthly), providing Indian Child Welfare Act training for new child welfare and supervisory staff (monthly new worker eLearning modules and facilitator-led supervisor training).
- Regional Indian Outreach Workers meetings (quarterly) for professional development (November 1, 2012).

- The State Court Administrative Office Court Improvement Program Statewide Task Force meetings (quarterly) to advocate on behalf of tribal families (February 3, 2012, April 20, 2012, June 22, 2012 and October 5, 2012).

Tribal Consultation

Michigan engages in government-to-government relations with the state's federally recognized tribes prescribed by Presidential Memorandum 2009 (Tribal Consultation), Governor Rick Snyder's Executive Directive 2012-2, title XX (1994), and the Administration for Children and Families' guidance on tribal consultation. Through tribal consultation agreements and tribal 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.

Tribal Consultation Plan Update

The title IV-B plan was created collaboratively with tribal members at the April 2013 Tribal-State Partnership meeting, and the exchange of tribal/DHS title IV-B plans will occur at the July 2013 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 tribes or communities:

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

Michigan has an Indian child welfare agreement with the Saginaw Chippewa Indian Tribe and negotiated a new title IV-E agreement with Little Traverse Bay Bands of Odawa Indians in 2012.

Michigan's 2013 Tribal Consultation Plan Update is itemized in Attachment E.

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.
- Participating in regional/national tribal consultation through the following events:
 - Midwest Alliance of Sovereign Tribes tribal council meeting (February 17, 2012).
 - National Indian Child Welfare Association conference (April 22-24, 2012).
 - Casey Family Programs Title IV-E Summit (November 5-6, 2012).

- Midwest Child Welfare Implementation Center meeting (April 3-5, 2012).
- United Tribes of Michigan meetings (February 29, 2012, August 23, 2012, October 9 - 10, 2012, November 7 - 8, 2012).
- Child Welfare League of America monthly Indian child welfare state manager conference calls.
- Bureau of Indian Affairs regional tribal meeting (June 26, 2012).
- Governor's Tribal Summit (August 23, 2012).
- Administration for Children and Foster Care Caucus (July 30, 2012).
- Administering, supporting and developing new 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 court, 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.
- 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.
- In 2012, Michigan enacted Public Act 565, the Michigan Indian Family Preservation Act, codifying the state's compliance with the federal Indian Child Welfare Act.

A copy of Public Act 565 with an Executive Directive can be found in Attachment F.

Michigan Indian child welfare data for 2012:

- DHS supervised 200 child welfare cases (in-home and out-of-home).
- DHS served 47 children eligible for adoption.
- DHS had 55 youth eligible for Youth in Transition services.
- DHS had 74 licensed foster homes.
- DHS served 37 juvenile justice cases.

Source: DHS Data Management Unit

Tribal representatives have stated their belief that the above data under reports the number of Indian children and families served. A meeting has been scheduled between the Office of Native American Affairs and Continuous Quality Improvement to explore this discrepancy and strategize how to improve the accuracy of data reports on Indian children and families.

A listing of tribal directories with contact information is included in Attachment G.

Native American Affairs and Tribal Collaborative Partnerships in 2012

- Michigan Tribal Social Service Directors' Coalition (Indian child welfare).
- Tribal health directors (emergency preparedness).
- Tribal childcare directors (childcare 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.

Copies of the memoranda of understanding can be found in Attachment H.

CHILD WELFARE WAIVER DEMONSTRATION PROJECT

In September 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 flexible funding demonstration project, Protect MiFamily, in August 2013 in three geographical areas: Kalamazoo, Macomb and Muskegon counties. The target population includes families with children from birth to age 5 that have been determined by CPS to be at high or intensive risk for maltreatment and reside in a participating county. Both title IV-E-eligible and non-eligible children may participate.

Participating counties will use 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 monies are used to maximize the use of flexible title IV-E dollars in the demonstration in the following ways:

- Protect MiFamily, title IV-E waiver funded services rely, in part, on the availability of community programming and services funded through title IV-B. These funds provide adjunct/supportive services that are available in demonstration counties and support families in the maintenance of new skills and improved parenting behaviors. It is anticipated that the IV-E waiver may stimulate innovation in the development of local family support services and preservation activities that are eligible for title IV-B reimbursement.
- Michigan's title IV-E waiver utilizes an experimental research design in which families are referred to treatment and control groups. Services and programs funded through title IV-B are provided to families selected for the demonstration 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 served through the waiver require ongoing support.
- To fully maximize the amount of title IV-E funds available to the state, Michigan will consider using the reinvestment monies (accumulated as a result 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 in areas of priority – those aimed at preventing abuse and neglect, preserving and reuniting families, and promoting safety.

The waiver demonstration 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 when feasible.
- 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.

An independent evaluation team was contracted 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.

COMMUNITY-BASED SERVICES

The DHS service delivery strategy involves utilizing families and their natural supports to help keep families together. The programs provided under the community-based services umbrella incorporate federal Child and Family Services Review standards. Three examples of community-based program funding that allow local DHS offices to contract for services designed to keep children safely in their home:

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

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

- Families First of Michigan.
- Family Reunification Program.

Families First of Michigan and the Family Reunification Program are key components of the DHS child welfare continuum. These services reduce abuse and neglect to prevent removal and help reunify children in foster care with their families more quickly.

Goal: DHS will review the outcomes associated with these services and determine what changes, if any, will be made to ensure they are flexible enough to meet the needs of children

and families. DHS will target services to specific client needs; the services will be evidence-based and will ensure cultural competence as a part of the service provision.

Status: Ongoing.

Title IV-B(2) Promoting Safe and Stable Families

Strong Families/Safe Children is Michigan's statewide implementation of the federal title IV-B (2) program. DHS is the designated state fiduciary for these funds and provides program support. Michigan allocates the funds annually to 83 counties for community-based collaborative planning and delivery of the following:

- Family preservation services.
- Family support services.
- Time-limited reunification services.
- Adoption promotion and support services.

Program Design and Decision-Making Process

The program requires that local collaborative groups participate in a community services planning process. Groups include representation from the following stakeholders:

- Michigan Department of Community Health.
- Michigan Department of Education.
- DHS.
- Public and private service organizations.
- Courts.
- Parents.
- Consumers.

Federal legislation and state program standards direct that services be provided for the following purposes:

- To keep children safe in their home and prevent separation of families.
- To prevent child maltreatment.
- To promote family strength and stability.
- To return children in foster care to their families in a safe and timely manner.
- To promote and support adoption from the foster care system and help families maintain permanency.

Strong Families/Safe Children Program Goals

The desired outcomes from services funded by Strong Families/Safe Children are positive changes for children and families in the form of child safety, permanency and improved family functioning. The specific service goals and objectives are determined locally. Outcome data is reported annually by DHS local offices with their community collaboratives. Outcome data from the community reports is compiled for reporting on the aggregate goal measures.

Strong Families/Safe Children Aggregate Measures

- Seventy-five percent of all reported local service outcomes will be achieved.
- Seventy-five percent of local service outcomes targeting child safety will be achieved.
- Seventy-five percent of local service outcomes targeting permanency will be achieved.
- Seventy-five percent of local service outcomes targeting improved family functioning will be achieved.

2012 Strong Families/Safe Children Program Data Reported by County DHS Offices:

- Eighty-two percent of all reported local outcomes were achieved.
- Eighty-eight percent of local outcomes targeting child safety were achieved.
- Eighty percent of local outcomes targeting permanency were achieved.
- Eighty-two percent of local outcomes for improved family functioning were achieved.

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 care 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.

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 from services.

- Wraparound coordination.
- Supportive visitation.
- Parent partners peer mentoring.

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. These services may include:

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

Family Support Services

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

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

The services include:

- Family advocate or family mentoring services.
- Healthy Families programs.
- Parenting/life skills.
- Home-based family support services.
- Families Together/Building Solutions.
- Mentoring programs for youth.

Family support services are provided to parents or primary caregivers responsible for the care and supervision of children with:

- An open foster care, juvenile justice or CPS category I, II or III case.
- A DHS 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) Percentages

Federal reporting percentages in fiscal year 2012 were:

- Family preservation placement prevention, 14.9 percent.
- Family support, 58.1 percent.
- Time-limited reunification, 10.9 percent.
- Adoption promotion and support, 14.6 percent.

- Administrative costs, 1.5 percent.

Rationale for Expenditures

The above percentages reflect 2012 expenditures for the total title IV-B(2) grant and include other allowable expenditures in addition to Strong Families/Safe Children. The higher percentage of family support expenditures was due to expenditures through the Prevention Pilot grants that were awarded in the state's urban counties for prevention services. The grants helped communities leverage funds for services beyond the term of the grant awards.

Child and Family Services 101 Estimates for 2014

The Child and Family Services 101 estimates for fiscal year 2014 submitted with this report 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.

Program Modifications for 2014

No program modifications are planned at this time.

Technical Assistance Provided to Counties and Collaborative Partners

DHS will provide technical assistance to local offices related to Strong Families/Safe Children program requirements, client eligibility and allowable services.

Status: Ongoing.

Child Protection Community Partners (not title IV-B(2) funded)

This program provides funding for services to children of families at low to moderate risk of child abuse or neglect. The purpose of the funding is to:

- Support prevention and early intervention programs.
- Reduce the number of re-referrals for substantiated abuse and 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 a preponderance of evidence of child abuse or neglect and either:

- A low to moderate risk of future harm to the child (CPS category III), or
- 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 (not title IV-B(2) funded)

Funding is provided 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 the 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 identified needs.

Families First of Michigan (not title IV-B(2)-funded)

Families First of Michigan is entering its 25th year as a home-based, intensive intervention service model supporting CPS, foster care, adoption and juvenile justice programs. Referrals are also accepted from domestic violence shelters and American Indian tribes in select areas. The purpose of the service model is to:

- Keep children safe in their own home and prevent foster care placement.
- Return children to their families in a safe and timely manner.
- Provide enhanced safety for children in the home.
- Defuse the potential for violence within the family.

Examples of intervention services the service model provides are:

- Parenting skill modeling.
- Budgeting.
- Housekeeping.
- Counseling.

- Advocacy.
- Connecting families with community resources.

Client Eligibility Criteria

Eligible families have at least one child at imminent risk of placement in out-of-home care. Agencies that provide services to tribal children and families must ensure cultural competence in program intervention. Designated domestic violence shelter programs for families may make referrals for families with at least one child at risk of homelessness due to domestic violence.

Program Utilization/Effectiveness

Goal: DHS will work toward increasing the success rate of the program beyond 88.5 percent of families retaining custody one year after intervention without further abuse or neglect.

Status: Completed. Families First of Michigan served 3,159 families in 2012. Eighty-nine percent of families served continued to have their children in their home 12 months after the intervention ended. For the first quarter of year 2013, 794 families were served.

Family Reunification Program (not title IV-B(2)-funded)

The Family Reunification Program is an intensive, in-home service model that enables children in out-of-home placement to return to their permanent family home. The service model is available in 26 counties that serve nearly 85 percent of Michigan's child welfare population. Service delivery averages four hours per week for four months with 24/7 availability. Services may begin as early as 30 days prior to the return of children to their permanent family home.

Client Eligibility Criteria

The Family Reunification Program is available to families who have a child in out-of-home placement due to abuse or neglect. Out-of-home placement includes:

- Residential treatment.
- Family foster care.
- Group family foster care.
- Relative placement.
- Psychiatric hospitalization.

Program Utilization

The Family Reunification Program served 893 families in 2012. The program worked with 269 families during the first quarter of 2013.

Goal: Assess expansion into additional service areas.

Status: In 2013, the Family Reunification Program was expanded to nine additional counties.

Michigan's foster care program serves children judicially ordered into the supervision of DHS who are temporary court wards or permanent state wards. The goal of foster care is to provide a safe and stable home until the children can be safely returned to their birth parents, adopted or placed in another permanent living arrangement. The safety and support of children remains a focus for Michigan. Achievement of an appropriate permanency goal for each foster child within the Adoption and Safe Families Act time requirements is the desired outcome. The foster care program provides case management to children placed out-of-home and their families.

Child Welfare Practice

The foundation of Michigan's child welfare reform is the practice model MiTEAM. The MiTEAM model incorporates family engagement, family team meetings and concurrent planning into a unified practice model for child welfare. The model focuses all child welfare staff on key skills of teaming, engagement, assessment and mentoring when working with a family from CPS intervention through case closure. The goals of MiTEAM are to:

- Establish a unified approach that:
 - Provides for consistency in practice.
 - Clarifies roles and expectations for staff.
 - Informs policy, training and quality assurance.
 - Explains how child welfare intervention and services are delivered to families.
- Improve Michigan's outcomes in:
 - Timeliness and permanency of reunification.
 - Assessing and addressing the needs of children, parents and foster parents.
 - Making diligent efforts to involve parents and children in case planning.
 - Eliminating the recurrence of maltreatment.
 - Eliminating child abuse or neglect in foster care.
- Focus reform efforts on principles of good practice rather than process compliance.
- Encourage family-driven decisions.

Safety

DHS policy directs staff to assess potential placements prior to placing a child in an unrelated foster or relative home. The caseworker evaluates the family's ability to meet the child's needs and the demands of other children in the home.

Michigan uses daily-automated central registry clearances for "named caregivers" that immediately report if a caregiver has been identified as a perpetrator of abuse or neglect. An automated process performs monthly checks in which "named caregivers" are screened for arrests and criminal convictions. Caseworkers conduct criminal history and central registry checks for other adult household members quarterly and document the results.

DHS completed a pilot in Branch/Hillsdale, Van Buren, Oakland, Gogebic/Iron/Ontonagon and Kalamazoo counties that required CPS and foster care supervisors to complete at least one field visit with each caseworker per quarter. This allows supervisors to assess the skills of their caseworkers, provide feedback at critical points, build strong working relationships with staff and monitor their decision-making and engagement skills.

Status: The pilot began on March 1, 2012 and ended in October, 2012. A survey of staff identified strengths, barriers and recommendations for statewide implementation of the shadowing process and tool. The following strengths were identified:

- Provided a supervisory guide for documenting observations and discussion.
- Assisted supervisors to assess caseworkers' ability to develop and review safety plans.
- Assisted supervisors to assess caseworkers' ability to engage children and families.
- Assisted supervisors to assess caseworkers' interview and assessment skills.
- Assisted supervisors to assess caseworkers' ability to communicate effectively with children and families.

Based on survey results, the following recommendations were made to address barriers to a successful statewide implementation:

- The shadowing tool was revised to eliminate redundant questions and add language applicable to the foster care program.
- At the time of implementation, communication was issued to DHS and private agency providers to explain the purpose of shadowing. Supervisors were instructed on the importance of immediate feedback, how to incorporate observations into supervisory conferences, expanding shadowing into court hearings and other environments and identification of training needs.

Permanency

Community involvement and partnership 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:

- A data management unit provides essential statistical information to all 83 counties.
- Permanency resource monitors focus on finding permanency for children who have been in foster care for long periods.
- Permanency forums were institutionalized to provide updates and promote solutions.

As part of the MiTEAM model, DHS implemented family team meetings. These are family-centered planning sessions to guide decisions concerning a child's safety, placement and permanency. Family team meetings include parents, relatives, foster parents, youth, child welfare staff and others the family identifies as supporters. In family meetings, information is shared by caregivers to identify relatives, absent parents and supportive adults for older youth.

Concurrent--rather than sequential--permanency planning is family-centered, child-focused and community-based to maintain children safely in their homes. When this is not an option, the goal is to transition from foster care to the security of a permanent family. Concurrent permanency planning holds promise for expediting family reunification or another permanency goal through the structured, focused and respectful involvement of parents, family and team members early in the planning process.

Technical Assistance Provided to Counties and Local and Regional Entities

Reunification Alerts are available to field staff for review at any time. Caseworkers and supervisors use the tool as a reminder to initiate family team meetings to discuss case planning, strengths and barriers to reunification.

DHS implemented monthly supervisor/worker meetings to review the progress of each case on the workers' caseloads. Supervisory tools were developed to enhance meetings and guide discussion on the proper use of the structured decision making tools.

Status: Two county offices and two private agencies piloted the tools for six months. Staff was surveyed to assess the usefulness of the tools and recommend changes. The tools and guides were revised based on feedback and released statewide in April 2013. Strengths included:

- The forms provide a map of the legal and policy requirements of CPS and foster care case management through the life of the case.
- The pilot caseworkers and supervisors feel the guides and tools are helpful in guiding workers toward best practice in casework and documentation.
- The caseworkers and supervisors like the format that reminds them of required actions.
- The forms assist in documenting the connection between assessment and services.
- The forms guide staff toward best practices and inclusion of all case members' input.
- The forms assist supervisors to support caseworkers by addressing factors that affect the quality of case management, such as objectivity, secondary trauma and the need for worker support.

Relative Search and Placement

Engaging families in family team meetings encourages relatives to become involved early in the case planning process. Michigan is helping relative caregivers become licensed. The Bureau of Children and Adult Licensing grants variances for non-safety standards when possible to overcome barriers relatives may encounter.

Licensure of Relatives

Licensing relative providers remains a priority for DHS. Caseworkers advise relative caregivers of the advantages of becoming a licensed foster care provider and provide the relative with the Relative Agreement for Placement and Licensure form. The form documents that the caregiver discussed licensure with the caseworker and whether they agree to become licensed. Private placement agencies receive financial incentives from DHS for licensing relatives.

Goal: DHS will continue to increase the number of relatives licensed through informing them of the benefits of licensure and assisting them with the process.

Status: In 2012, the state licensed 646 relatives. In 2013, as of February 28, 344 were licensed.

Financial Resources to Assist with Structural Barriers to Licensure

The Michigan Legislature allocated \$375,000 annually in the last four years to eliminate barriers to licensing that include home repairs, medical statements, beds and smoke detectors. In 2012, 301 relatives used this fund to assist with licensure. The Bureau of Children and Adult Licensing may allow variances to licensing rules for non-safety standards on a case-by-case basis. In addition, \$2.5 million has been allocated annually since 2008 to support private agencies to assist in licensing relative caregivers.

Technical Assistance Provided to Counties and Local and Regional Entities

A work group was established to evaluate the relative assessment process. Current policies, forms and job aides were reviewed and counties were surveyed to identify best practices in assessing the safety of a relative's home prior to placement. Counties successful in timely and thorough relative assessments implemented the following:

- Development of a CPS on-call kit that includes the Initial Relative Safety Screen and Initial Relative Home Assessment to assist workers to assess safety of a relative home.
- Completion of the Initial Relative Safety Screen by the CPS worker with the assistance of the caseworker or the Child Welfare Funding Specialist.
- Scheduling case conferences to determine who will license the relatives, i.e., DHS or private agency staff.
- Development of spreadsheets for tracking and monitoring children in unlicensed homes and the status of licensure or waiver.
- Meetings with foster care staff and county directors to review spreadsheets.

Moving forward, the work group will:

- Ensure centralized intake has sufficient training to utilize the Law Enforcement Information Network to complete criminal history clearances and central registry checks after hours and on weekends.
- Revise CPS and foster care policy to ensure the assessment of relatives is streamlined.
- Collaborate with the Office of Workforce Development and Training to ensure policy revisions are included in pre-service and transfer training curricula.
- Release communication to the field regarding relative assessment and placement, emphasizing the use of best practices for safety, permanency and well-being.

To educate child welfare staff on the importance of assessing the safety of children in relative homes, Child Welfare Field Operations presented relative assessment, placement and licensing requirements in the following venues as of March 31, 2013:

- Monthly phone conferences that include DHS and private agency supervisors.

- Quarterly meetings with private agency organizations.
- Presentations at directors' meetings on placement of children with unlicensed relatives.

Foster Care Navigators answered prospective foster parents' questions, assisted in obtaining documentation and served as liaisons between prospective foster parents and licensing workers. The Bureau of Children and Adult Licensing provides data and technical assistance to agencies to assist in identifying and resolving barriers and reduce the length of time to licensure.

Well-Being

Concurrent Permanency Planning

Concurrent planning will expedite permanency for Michigan's children. Key features include:

- Family search and engagement through family team meetings.
- Collaboration between birth and foster families to develop reunification plans.
- Frequent parenting time to support relationships and reduce the impact of separation.
- Concentrating services early in the case to assist family reunification.
- Establishing a back-up permanency plan if reunification is not possible.

Technical Assistance Provided to Counties and Local and Regional Entities

Status: Implementation of the practice model MiTEAM continued in 2012. Implementation consists of training, communication between internal and external partners and staff, technical assistance and updating the model and materials based on observations and feedback. As of November 2012, all counties and placement agency providers had received training in the model that includes concurrent permanency planning practices and expectations.

Case planning for new foster care cases with a federal goal of reunification will continue using family/child assessments, relative search, front-loading services, family team meetings and parent/child contact as outlined in policy. Identification of a concurrent goal will be required prior to completion of the first updated service plan, rather than within the first 30 days after removal. When a concurrent goal is needed, a family team meeting is conducted to discuss:

- The safety plan for the child.
- Case progress.
- Timelines and expectations to achieve permanency.
- Identification of a concurrent permanency goal.
- Placement (stability, support services, permanency).

Concurrent planning focuses on making correct decisions at the initial placement through:

- Utilizing the team meeting process, relative search and engagement.
- Full disclosure of short- and long-range permanency plans and timelines for case progress to assist providers to make informed decisions.

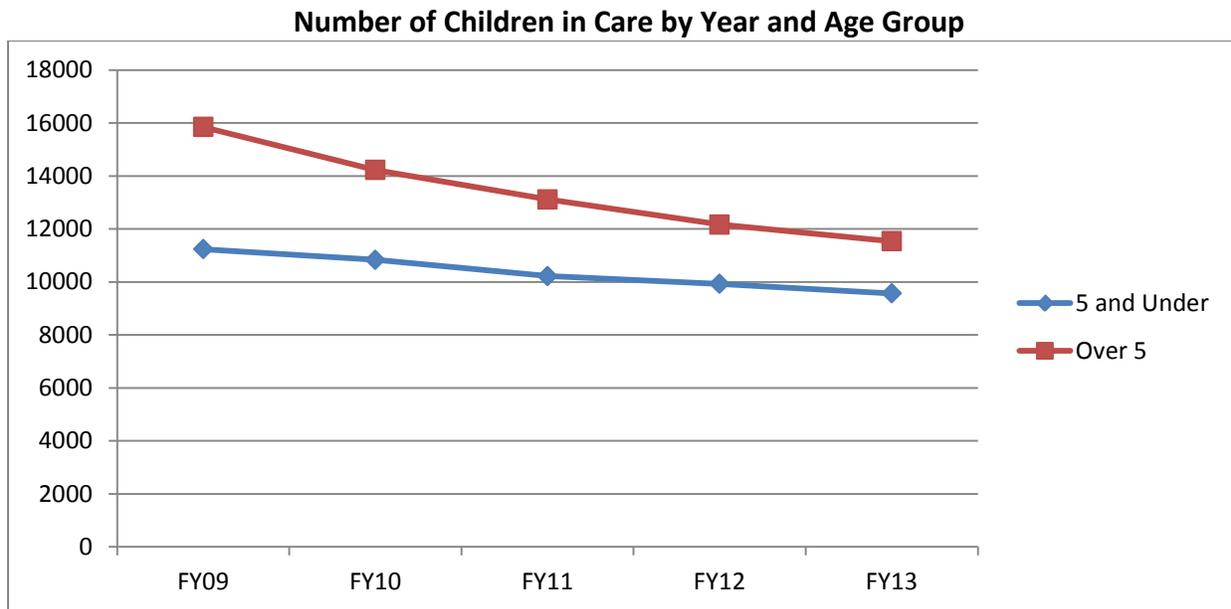
- Parent/child contact guidelines based on the child’s age to maintain their bond, engage the parent with child-rearing and minimize the effects of separation on children.
- Local contracts in pilot counties for visitation supervisors to allow additional visitation.
- Transportation to assist with increased visitation expectations.
- Visitation at varied locations and events to facilitate increased contact.

MiTEAM updates and clarifications are provided ongoing through monthly supervisor phone conferences as well as communication issuances and newsletters. MiTEAM staff provide technical assistance through director meetings, focus groups, conference calls and observation. Based on feedback, DHS revisited implementation in 2012 to align with the MiTEAM mission and guiding principles. In 2013, DHS, stakeholders and the Center for the Support of Families will identify ways to support MiTEAM implementation including:

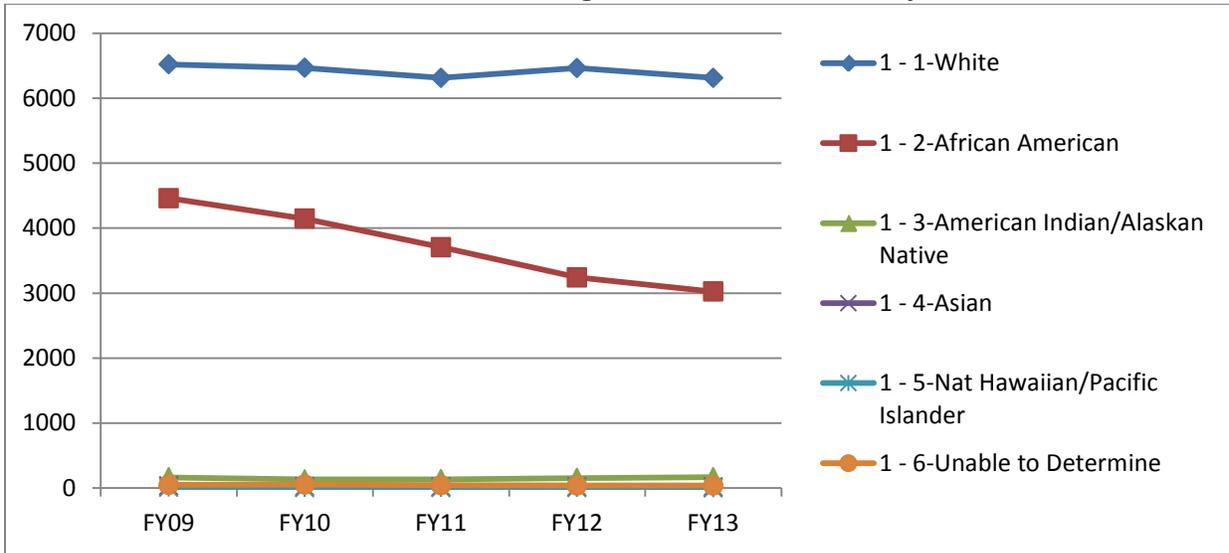
- Reviewing materials to ensure the model is comprehensive enough to guide interactions with children and families.
- Incorporating feedback on MITEAM from child welfare staff and stakeholders.
- Building on lessons learned from the practice models of other states.
- Providing technical assistance and systemic supports to make MiTEAM successful.

Services for Children Age Five and Under

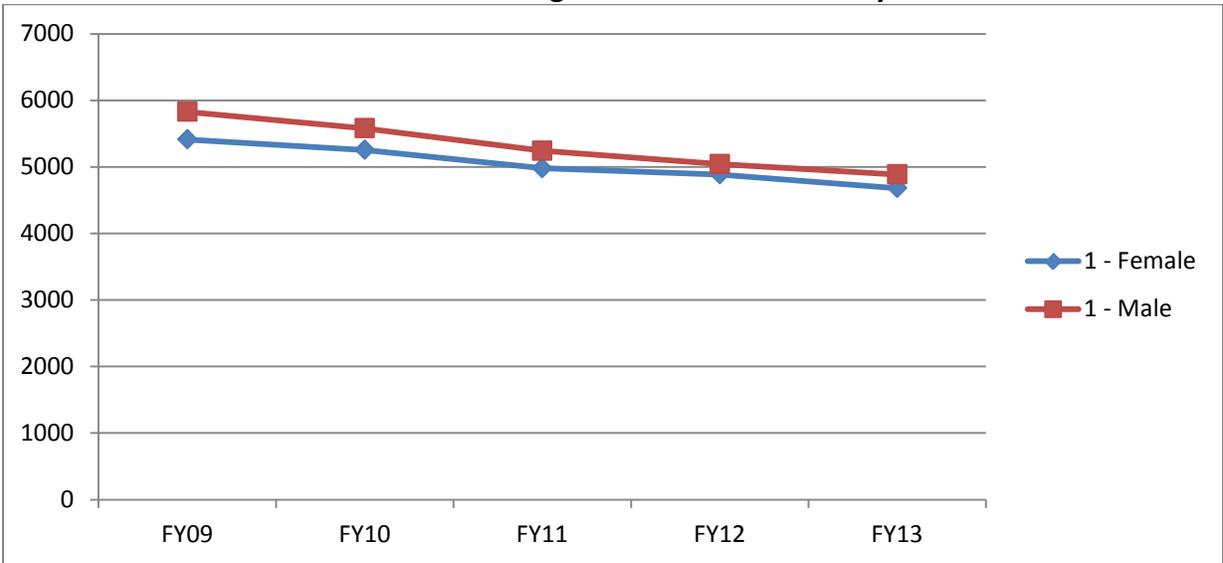
For 2013, it is projected that 9,567 children age 5 and under will be in foster care. This is a 4 percent decrease from 2012. Based on 2012 data and 2013 estimates it is projected that 9,232 children age 5 and under will be in foster care in 2014.



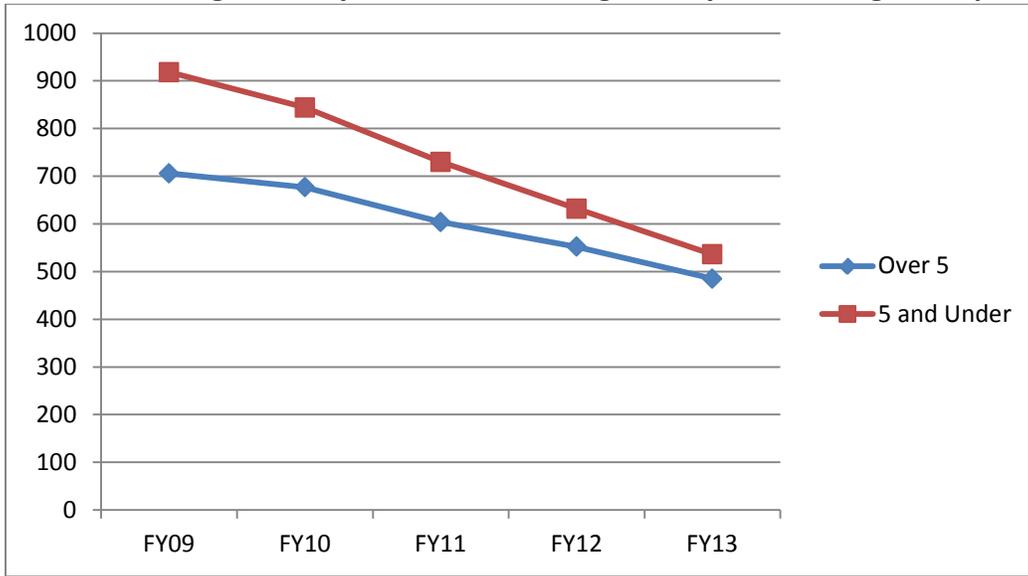
Race of Children Age 5 and Under in Care by Year



Gender of Children Age 5 and Under in Care by Year



Median Length of Stay for Children Exiting Care by Year and Age Group



*For 2013, the data includes a projected number of children that may come into care by the end of the fiscal year.

Demographic Information about Children under the Age of 5 without a Permanent Family

For 2013, as of February 2013, there were 16 children under the age of 5 free for adoption who, upon termination of parental rights, did not have an identified permanent family. Demographic information on the 16 children under the age of 5 without an identified permanent family is shown below.

Gender	
Male	75% (12)
Female	25% (4)
Total	16

Sibling Group	
Yes	63% (10)
No	37% (6)
Total	16

Age	
0	0
1	6% (1)
2	56% (9)
3	31% (5)
4	6% (1)
Total	16

Percent of Children with Identified Developmental Challenges	
Number of Developmental Challenges	Percent of Children
0	6% (1)
1	0
2	63% (10)
3	6% (1)
4	25% (4)
Total	16

Race	
African American	69% (11)
White	6% (1)
Multi-Racial	25% (4)
Total	16

As of February 2013, it is projected that by the end of the fiscal year, approximately 22 children age 5 and under will not have an identified permanent family upon termination of parental rights. This is a 39 percent decrease from the estimated number of children for 2012. Based on 2012 and 2013 data, it is estimated 20 children age 5 and under will not have an identified permanent family upon termination of parental rights in 2014.

Method of Identifying and Tracking Children

To assist counties to identify and track all children to ensure timely permanency, the Reunification Alert and Adoption Alert Reports are available to child welfare staff. The reports list all children in care for seven months or longer, as well as children legally free for adoption. Supervisors utilize the reports during caseworker consultations to discuss service provision, progress and barriers to goal achievement. Family team meetings are required quarterly to engage the parent and caregiver and ensure the child's developmental, emotional and behavioral needs are met.

The Adoption Alert is displayed as a reminder that review of the case is required when a child is in adoption status for three months with no identified family. Case reviews are required at six, nine and 12 months in foster care if the child still does not have an identified family. Permanency resource monitors track these cases and conduct the adoption reviews. The Reunification Alert and Adoption Alert reports are not exclusive to this population (children under the age of 5) and include children of all ages in need of permanency.

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

The 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. As with the Adoption Alert, this method of targeting services according to children's developmental stages is not exclusive to children under the age of 5, but includes all children in care. Other activities not exclusive to this age group to help legally free children find permanent families include:

- Extreme Recruitment.
- Project 340.

In addition, CPS and foster care policy has the following requirements for children under 5:

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

Michigan has 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 behavioral health system is provided for children and families. The Department of Community Health is providing training to its Community Mental Health service providers as part of this initiative.

The Michigan Legislature allocated funds to develop and implement Foster Care Supportive Visitation/In-Home Parent Education contracts in 2013. The Foster Care Supportive Visitation/In-Home Parent Education Program provides intensive individualized parent-child visits. This program provides parents with increased support before and after each visit. The Bavolek Nurturing Parent Program is an essential element of the contract to prevent and treat child abuse and neglect. This program is based on proven psycho-educational and cognitive-behavioral approaches to learning. In these approaches, awareness, understanding, acceptance, and conscious replacement of old patterns of thought and behavior are replaced with healthier ones. Eight contracts were implemented, serving 44 counties.

Approach to Working with Infants, Toddlers and Young Children

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. The age and developmental status are among the factors considered that address each child's vulnerability. 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 concurrent planning policy, Michigan established parenting time requirements specific to infants and young children:

- Children ages 0 to 2: three visits per week.
- Children ages 3 to 5: two visits per week.

Licensing standards for foster parents require that children shall not be placed in a foster or relative home if it will result in one of the following:

- More than three foster children in the home.
- More than six total children, including the foster family's birth and adopted children.
- More than two children under 1 year of age in a foster home.

Western Michigan University received a grant with Kalamazoo County DHS to pilot foster care services with a focus on younger children that is compatible with MiTEAM. The three agencies in Kalamazoo County 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. Initial implementation results include:

- 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.
- Presentations are made to the courts from Kalamazoo Regional Educational Service Agency, Infant Mental Health and DHS 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. It also enhances the quality of service plans.
- Enhanced collaboration occurs with service agencies, particularly Infant Mental Health.
- Collaboration occurs with a literacy program through public schools that serves all ages.

Michigan was approved to conduct a child welfare demonstration project. The demonstration consists of prevention, preservation and support services offered to families with young children at high or intensive risk for maltreatment. The project was designed to increase child safety, strengthen parental capacity and improve child well-being. 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 social and emotional well-being of children. For more information, see the Title IV-E Waiver Demonstration Project.

Training and Supervision of Caseworkers and Caregivers of this Population

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 for 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. DHS developed a toolkit to strengthen supervision that includes a shadowing tool, supervisory checklists, data reports and resources to ensure each case is addressed thoroughly and each child served according to his or her needs. The state is beginning to train child welfare staff on the evidence-based conceptual framework of Strengthening Families through Protective Factors. This approach has been shown to improve outcomes for children from birth to age 5.

Baby Court

The Baby Court pilot 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 successfully implemented a baby court and DHS is evaluating data resulting from the implementation.

Technical Assistance Provided to Counties and Local and Regional Entities

Goal: Implement the Wayne County Baby Court to improve outcomes for very young children.

Status: The Wayne County Baby Court has a presence at both North and South Central District offices. Miami/Dade County provides technical assistance to Wayne County and Wayne State

University gathers data for evaluation. In January 2013, training was conducted for participants including therapists, caseworkers, judges and attorneys. The training described implementation and outcomes of Detroit's baby court, focusing on fidelity to the infant mental health model.

Fetal Alcohol Spectrum Disorder Task Force

In 2012, the Michigan Fetal Alcohol Spectrum Disorder Task Force members developed the task force strategic plan for 2012-2014. The goals are:

- To assist youth ages 16 to 26 with a fetal alcohol spectrum disorder to make a successful transition to adulthood.
- To empower adults with a Fetal Alcohol Spectrum Disorder to reach their potential, avoid pitfalls and prevent secondary disabilities.
- To develop resources to assist individuals age 16 and older with a fetal alcohol disorder to reach their full potential.

The early phase of the strategic plan includes identifying action steps to meet goals. The task force is planning a fetal alcohol spectrum disorder conference for early fall 2013.

The Fetal Alcohol Spectrum Disorder Task Force was involved in the development of the Department of Community Health Fetal Alcohol Spectrum Disorder Interagency Strategic Plan. The plan will be ongoing to facilitate achievement of goals by 2014.

Services to Meet Children's Education Needs

Educational stability is crucial in improving educational outcomes for children in foster care. To ensure educational needs of children are consistently taken into consideration, policy requires coordination with school personnel to ensure children's needs are identified and appropriate services provided. Children entering foster care or changing placements remain in their schools of origin when it is possible and in the child's best interest.

Technical Assistance Provided to Counties and Local and Regional Entities

Michigan completed the following activities to support education policy requirements:

- The Office of Workforce Development and Training addresses education policy in pre-service and program-specific transfer training.
- Fourteen education planners are trained in policy requirements and McKinney-Vento resources available when children enter foster care or move from one placement to another. The education planners developed training with school and DHS staff on foster care education policy and roles.
 - o The education planners continue to develop relationships with local schools and intermediate school districts and educate DHS and private agency foster care staff on their roles and responsibilities.
 - o The education planners work one-on-one with youth age 14 and older by assisting with educational goals.
 - Between April and September 2012, planners worked with 685 youth.

- The most common reason for referral was post-secondary preparation (130 of 685). Other common reasons were to help maintain school of origin, transportation (105 of 685) and help with enrollment (85 of 685).
 - Of the youth referred, 159 had a placement change while receiving services, 59 of whom experienced a school move. Of the 59 moves, 30 youth were enrolled within the required five days.
 - Ninety-one youth received diplomas after receiving planning services. Six received General Educational Development certificates.
 - Technical assistance was provided to 163 caseworkers and supervisors.
- DHS goals include developing an education passport for foster children and improving transportation for children attending out-of-district schools. An education passport was drafted. The Michigan Department of Education was asked to review the draft.
 - o The education passport will be released after the MiSACWIS rollout.
- Michigan's goals include data sharing across systems and involving colleges and universities in developing programs for youth in care.
- In January 2013, the Uninterrupted Scholars Act was signed. It amends the Family Educational Rights Privacy Act to eliminate obstacles to information sharing between education and child welfare agencies. The legislation allows schools to release education records to child welfare workers without parental consent or a court order.
- DHS met with the Department of Education to ensure the legislation is communicated to education and child welfare staff.
- A new release form for educational records is being developed.

Extension of Foster Care to age 21

Policy to support the extension of foster care to age 21 became effective in April 2012. Youth may voluntarily remain in foster care if they are in job training or college, are employed or have a medical condition that prevents them from participating in education or employment.

Extending foster care to age 21 offers supportive services and financial benefits that include:

- Extension of foster care payments to youths or foster care and guardianship caregivers and adoptive parents who continue to care for youth.
- Continued oversight by DHS caseworkers to ensure the youths' needs are addressed.
- Continued health care coverage and counseling services.
- Training in independent living skills.
- More time to finish high school and pursue vocational or secondary education.

Youth participation in the Young Adult Voluntary Program continues to increase monthly. As of April 2013, 314 youth were active in the program.

Credit Reports for Youth in Foster Care

Policy was implemented that requires caseworkers to assist youth to obtain annual credit reports. The state contracted with credit reporting agencies to access reports for youth in foster care. The caseworker assists the youth to interpret results and resolve any concerns.

Child and Family Services Plan Goals and Objectives for Foster Care

Michigan adopted Child and Family Service Review outcomes and the modified settlement agreement as goals and objectives for the foster care program.

Safety

Federal Outcome	Children are, first and foremost, protected from abuse and neglect.	
Performance Indicators	Absence of repeat maltreatment while in a foster care placement – 99.51%	
Results	2009	99.51%
	2010	99.06% ** ³
	2011	99.06%
	2012	99.19%
Action Steps	<p>Assess the current circumstances of any potential foster/relative home prior to placing another child in the home. Status: Ongoing.</p> <p>Implement and oversee the limitations on the number of children in a foster home. Status: Completed.</p> <p>Continue unannounced home visits with all foster care providers quarterly. Status: Ongoing.</p> <p>Conduct and review ongoing criminal history and central registry checks of all caregivers monthly and other household members quarterly. Status: Ongoing.</p> <p>Pilot a supervisory tool. Status: Completed.</p> <p>DHS will negotiate the percentage of improvement during the development of the Child and Family Service Review Program Improvement Plan.</p>	

Permanency

Federal Outcome	Timeliness and permanency of reunification.	
Performance Indicators	Rate of foster care re-entries – 3.2% within 12 months of prior episode.	
Results	2009	3.2%
	2010	3.8% **
	2011	6.6%
	2012	7.5%
Action Steps	<p>Provide an array of services to reduce the rate of re-entry.</p> <p>Utilize structured decision-making tools to ensure families receive the services needed to rectify removal conditions. Status: Ongoing.</p> <p>Review and/or revise statewide policy to ensure that all case planning involves the family and youth. Refer to Case Management section.</p>	
Federal Outcome	Increase percentage of children reunified in less than 12 months.	
Performance Indicators	Reunification achieved in less than 12 months from the date of removal – 47.7%	

Source: DHS Data Management Unit

Results	2009	51.9%		
	2010	53.4% **		
	2011	56.5%		
	2012	54.5%		
Action Steps	<p>Utilize structured decision-making tools effectively to assess the family's needs and progress toward reunification. Status: Ongoing.</p> <p>Increase supervisory oversight of assessments and service plans through monthly consultation with the caseworker prior to each assessment and service plan being finalized. Status: Policy implemented.</p> <ul style="list-style-type: none"> Collaborate with courts to conduct regular and frequent permanency planning hearings. Status: Ongoing. Pilot concurrent permanency planning. Refer to Well-Being, above. Review Michigan's needs assessment and examine the service gaps. Status: Survey completed and service gaps identified. Develop best practices reunification tool with community partners. Pilot supervisory tool. Status: Completed. Implement a child welfare practice model. Status: Ongoing. Send the Reunification Alert report to local DHS offices and the court. Status: The tool has been automated. 			
Federal Outcome	Decrease the median length of time to reunification.			
Performance Indicators	Reunification achieved in less than 12 months from the date of most recent removal.			
Results	2009	11.6 months		
	2010	13.4 months		
	2011	10.8 months		
	2012	11.1 months		
Action Steps	Increase percentage of children reunified in less than 12 months.			
Federal Outcome	Increase or maintain the percentage of children having two or fewer placements while in foster care.			
Performance Indicators	<p>Two or fewer placement changes for:</p> <ul style="list-style-type: none"> Set A: Children in care less than 12 months – 85.8% Set B: Children in care between 12 and 24 months – 72.5% <p>Set C: Children in care longer than 24 months – 45.4%</p>			
Results	Year	< 12 months	12 to 24 months	> 24 months
	2009	85.6%	73%	47.7%
	2010	87.6%	75%	46.3%
	2011	87.9%	74.6%	46.7%
	2012	87.2%	74.1%	48.2%
Action Steps	<ul style="list-style-type: none"> Continue to assess current circumstances of any potential foster/relative foster home in accordance with individual needs of the child. Status: Ongoing. Develop policy to limit the use of emergency or temporary foster care facilities. Status: Completed. Develop policy and protocol to limit the number of children in 			

	residential care facilities. Status: Completed. <ul style="list-style-type: none"> • Monitor limitations on the number of children in foster homes. Status: Ongoing. • Continue to implement and evaluate treatment foster care services in the pilot counties. Refer to Health Care Services Plan. • Identify barriers to relative caregivers becoming licensed as foster family homes. Status: Completed. • Monitor policy implementation of relative notifications as established. Status: Ongoing. 		
Outcome	Children will have placements in close proximity to their family home.		
Performance Indicators/Baseline	87% of placements in close (< 75 miles) proximity of family home.		
Results	2009	96%	
	2010	97%	
	2011	96%	
	2012	95%	
Action Steps	<ul style="list-style-type: none"> • Implement policy on the limitations of placement within 75 miles of removal household. Status: Completed. • Provide training on policy for relative search and placement. Status: Completed. • Provide data on proximity of placements. Status: Data is provided to counties at least yearly for recruitment and retention planning. 		
Outcome	Increase number of relative placements.		
Performance Indicators	<ul style="list-style-type: none"> • Set A: Relatives licensed as a foster family: 12% • Set B: Children placed with relative caregivers: 35% 		
Results	Year	Relatives Licensed	Children Placed with Relatives
	2009	11%	36%
	2010	13%	38%
	2011	14%	36%
	2012	14%	35%
Action Steps	<ul style="list-style-type: none"> • Identify barriers to relatives becoming licensed foster care homes. Status: Completed. • Collaborate with the Bureau of Child and Adult Licensing to develop and implement policy regarding waivers of licensing standards for relative caregivers. Status: Completed. • Implement 30-day notification of relative requirement when a child enters care. Status: Completed. • Revise initial relative home study. Status: Completed. Continue advocacy for allocations of Relative Licensing Incentive and Family Incentive Grant funds. Status: Ongoing.		

Outcome	Children will have visits with their caseworkers monthly.	
Performance Indicators	90% of children visited monthly by caseworker by 9/30/2011.	
Results	2009	43%
	2010	70.9%
	2011	83.8%
	2012	96.4%
Action Steps	<ul style="list-style-type: none"> • Improve data collection. Status: Completed. • Coordinate private agency interface with the SWSS system to increase caseworker visit reporting. Status: Completed. • By October 2012, develop and implement policy increasing face-to-face contacts with the child to two visits in the first month. Status: Completed. 	

Well-Being

Since Michigan's Child and Family Service Review in 2009, Michigan instituted Program Improvement Plan and Quality Assurance case reviews. The state began reporting well-being data for families served in 2012.

Outcome	Families have enhanced capacity to provide for their children's needs.			
Performance Indicators/Baseline	<ul style="list-style-type: none"> • Set A: Needs and services of child, parent, and foster parents – 50% for parents, 17% for youth, and 70% for foster parent/relative. • Set B: Child, parent and foster family/relative involvement in case planning – 72.5%. • Set C: Monthly visits between caseworkers and parents - 40%. 			
Results	Year	Set A	Set B	Set C
	2009	48%	46%	31%
	2012	58%	78%	70%
Action Steps	<ul style="list-style-type: none"> • Continue to utilize structured decision-making tools to identify needs and strengths of children and families. Status: Ongoing. • Implement MiTEAM as practice model. Status: Ongoing. • Monitor and evaluate Wayne County Baby Court. Status: Ongoing. • Implement the Substance Abuse/Child Welfare protocol statewide. Status: Completed. • Extend foster care eligibility to age 21. Status: Completed. • Participate on the Fetal Alcohol Spectrum Disorders Statewide Taskforce and implement policy changes. Status: Ongoing. • Review statewide needs assessment and identify service gaps. Explore funding sources to fund effective programs identified. Status: Survey completed and service gaps identified. • By October 2009, implement policy to require face-to-face contact with parents twice in the first month. Status: Completed. 			

Outcome	Children receive appropriate services to meet their educational needs.
Performance Indicators	No baseline data is available.
Action Steps	<ul style="list-style-type: none"> • Collaborate with the Department of Education to ensure children are enrolled in school timely. Status: Ongoing. • Advocate with the state legislature to revise MCL 380.1148 changing residency from the foster home to a child’s original district. Status: Completed. • Develop policy and procedures to screen children for general and special education needs. Status: Completed. • Develop policy and procedures to limit the number of school changes for a child in foster care. Status: Completed. • Hire and train education planners to assist identified groups of youth. Status: Completed. • Increase statewide awareness on obtaining a child’s educational record. Status: Completed. • Establish measures to monitor children receiving appropriate services to meet their education needs. Develop and implement policy and processes to reimburse transportation expenses to maintain a child in their school. Status: Completed.

MONTHLY CASEWORKER VISITS

Michigan continues to improve the rate of children in foster care visited by their caseworkers every month. The targets for the percentage of children visited each month by fiscal year are:

- 2010: 70 percent (Michigan achieved 71 percent).
- 2011: 90 percent (Michigan achieved 84 percent).
- 2012: 90 percent (Michigan achieved 96.4 percent).
- 2013: 90 percent.

Goal: Michigan will report monthly caseworker visit data by December 16, 2013.

Status: Efforts in the last year to improve the rate of monthly visitation include:

- Promoting the importance of caseworker-child visits in case planning and policy.
- Providing caseworker-child visit training to DHS and private agency staff.
- Providing information on accurate documentation of caseworker-child visits in SWSS.
- Promoting the use of caseworker-child visit tools and guides.
- Promoting the use of management reports to monitor the frequency of caseworker-child visits, whether the visits occurred in the child’s residence and the timeliness of visit documentation in SWSS.

Michigan's foster care policy states the caseworkers must have a face-to-face visit with each child a minimum of once each calendar month, and one visit each month must take place in the child's placement.

- In 2012, Michigan exceeded the goal of having the majority of caseworker visits with children occur in the child's residence, achieving 96.4 percent.
- Since 2009, Michigan has used a sampling method to fulfill the monthly data reporting requirements, with the approval of the Children's Bureau. Michigan used the same sampling method in 2012 and will do so in 2013. For 2013, Michigan will contact the Children's Bureau to ensure the sampling method conforms to federal requirements.

Technical Assistance Provided to Counties and Local and Regional Entities Caseworker Visit Enhancement Funding

In 2012, Michigan used title IV-B caseworker visit enhancement funds to improve the quality of caseworker visits by contracting with Vital Smarts International to provide Crucial Conversations training to caseworkers. This model of helping diverse stakeholders achieve agreement when the stakes are high was targeted to enhancing caseworker communication skills, especially useful when developing case plans with families.

- In 2012, 560 caseworkers and supervisors attended Crucial Conversations training.
- DHS expanded training capacity by providing Crucial Conversations Train-the-Trainer to DHS training staff, and Crucial Conversations training is continuing in 2013.

Following the Crucial Conversations pilot, foster care program office staff recognized that the skills taught in Crucial Conversations were assisting caseworkers to engage in the cultural change effort of the MiTEAM practice model, and asked for integration of this training into the MiTEAM process. DHS created a collaboration with MiTEAM staff that includes training, coaching and promoting the use of the skills with the MiTEAM and caseworker staff.

Goal: In 2013, DHS will provide another class in the Crucial Skills series, Crucial Accountability, to help DHS and private agency peer coaches improve their engagement skills through mentoring. The training will assist caseworkers to conduct effective family team meetings and improve caseworker decision-making regarding safety, permanency and well-being. This effort is coordinated with the implementation the MiTEAM case management model.

Status: As of March 31, 2013, DHS worked with Vital Smarts to adapt Crucial Accountability training to Michigan child welfare needs and establish an evaluation of its effectiveness. Approximately 250 trainers, peer coaches and caseworkers have been trained so far. Peer coaches will collaborate with trainers to deliver Crucial Accountability training in-house throughout the state in 2013 and 2014.

Measures: The impact of the training will be measured through quality assurance and Child and Family Services Review case reviews, where it is expected that Michigan's achievement of monthly visits will be maintained. The model will result in improved engagement with families, leading to more effective decision-making. Better engagement with families will be measured by tracking evidence of improved caseworker assessment and decision-making skills.

Additional Online Training

The online presentation “Social Work Contacts: The Work that Counts” was developed to emphasize the importance of timely and high-quality social work contacts and how to document them accurately.

Private Agency SWSS Interface Application

In 2011, DHS and the Department of Technology, Management and Budget implemented the SWSS Web application for documenting visits made by private agency caseworkers. Private agency staff will continue to use the application until the MiSACWIS implementation.

Information technology staff continues to produce reports to monitor the private agencies’ usage of SWSS Web. The reports are shared with the Bureau of Children and Adult Licensing, Child Welfare Field Operations Administration, the SWSS Help Desk, and DHS Application Security staffs.

INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN

The uniform law enacted in all 50 states establishes procedures for the interstate placement of children and assigns responsibility for those placing the child. Michigan’s Interstate Compact Office serves as a liaison between DHS offices and other states to ensure compliance with compact regulations and effective coordination. Children may be sent for placement:

- Preliminary to an adoption or for an adoption.
- For foster care including foster homes, group homes and residential institutions.
- With parents and relatives when a parent or relative is not making the placement.
- Suitable for adjudicated delinquents who need placement in another state’s institution.

Number of Michigan Youth Placed Out-of-State

April 2013 data indicates that there were 662 Michigan youth placed in other states through the Interstate Compact. The breakdown is as follows:

- Relative: 25
- Adoption: 113
- Private Adoption: 122
- Parent: 83
- Foster Care: 18
- Court Ward Residential: 156
- Abuse/Neglect Ward Residential: 11
- Relative Foster Care: 132
- Group Home: 1
- Other: 1

Number of Out-of-State Youth Placed in Michigan

April 2013 data indicates that there were 574 youth from other states placed in Michigan through the Interstate Compact. The breakdown is:

- Relative: 81
- Adoption: 37
- Private Adoption: 56
- Parent: 76
- Foster Care: 47
- Court Ward Residential: 115
- Abuse/Neglect Ward Residential: 4
- Relative Foster Care: 158
- Group Home: 0
- Other: 0

The Safe and Timely Interstate Placement of Foster Children Act

Michigan implemented the Safe and Timely Interstate Placement of Foster Children Act of 2006 to improve child protection and hold states accountable for safe and timely placement across state lines. The act requires foster care and adoptive home studies be completed within 60 days after the state receives a request from another state. Michigan's rate for completed home study requests within the requirement by fiscal year is as follows:

- 2009: 64 percent (320 of 499).
- 2010: 66 percent (306 of 465).
- 2011: 60 percent (285 of 477).
- 2012: 66 percent (285 of 432).

For the 34 percent of home studies not completed by Michigan within 60 days in 2012, the reasons most often given include:

- Delays in the licensing process.
- Obtaining fingerprinting and background check information.
- Receiving family members' medical information.

In comparison, Michigan sent 471 requests for home studies to other states in 2012, and only 140 (30 percent) were completed within the 60-day requirement.

Interstate Compact on the Placement of Juveniles

The Interstate Compact on the Placement of Juveniles regulates proper placement, supervision or return of juveniles, delinquents and status offenders who are on probation or parole and have absconded, escaped or run away from supervision and control, and in doing so, have endangered their own safety or the safety of others. The DHS office:

- Ensures supervision and services for adjudicated juveniles and status offenders coming from other states.
- Returns juveniles who have run away or escaped to the state and requests their return.
- Tracks and supervises juveniles.
- Establishes policy and procedure to manage movement between states of juvenile offenders released to the community.
- Monitors compliance with rules governing interstate movement of juveniles.

In 2012, there were 24 Michigan juveniles placed in other states with parents, relatives and guardians, and 165 juveniles from other states placed in Michigan through the Interstate Compact for Juveniles. Additionally, DHS helped return 20 runaways, escapees or absconders to their home states, and 24 runaways, escapees or absconders were returned to Michigan.

Goal: Michigan will provide services to children and youth placed out of state through:

- Working with the legislature to revise the current Interstate Compact on the Placement of Children to incorporate the new, nationally enhanced compact.
- Establishing a state council to advise and advocate in response to requirements of the Interstate Compact for Juveniles.
- Ensuring interstate policy has its own manual item, described with greater clarity and efficiency that results in compliance with federal standards.
- Working with the Child Welfare Training Institute to develop and implement on-line training for the Interstate Compact on the Placement of Children and the Interstate Compact on the Placement of Juveniles.
- Reducing the timeline for placing children with relatives in border states.

Status:

- A formal legislative request has been submitted to incorporate the new, nationally enhanced interstate compact into the Michigan statute.
- The Michigan State Council on Interstate Juvenile Supervision was created by executive order. Members were appointed by the governor and the initial meeting was in 2013.
- Interstate policy has its own section in DHS child welfare policy manual, and is continually updated as procedures change.
- On-line training was implemented that educates staff on procedural changes from new regulations of the Association of Administrators of the Interstate Compact on the Placement of Children. Work will continue on expanding the curriculum to include the entire Interstate Compact process.
- Currently the Michigan Interstate Compact on the Placement of Juveniles office is collaborating with the Indiana's Interstate Compact office to develop an agreement to reduce the times for placement of youth with relatives in bordering counties.

CHAFEE FOSTER CARE INDEPENDENCE PROGRAM

The Chafee Foster Care Independence Program in Michigan is called Youth in Transition. The goals are to support youth in foster care and increase their opportunities by focusing on fulfilling their physical, social, economic and psychological needs. DHS cooperates in the program's national evaluations. The key components of the program include:

- Independent and supervised independent living programs.
- Skill training.
- Education and employment programming.
- Mentoring.
- Helping youth make permanent connections to supportive adults.

Chafee Funded Services and Expenditures				
Type of Expenditure	Chafee	Match	Total Expenditure	Service Array
Contracted Independent Living and Specialized Independent Living Programs	\$2,041,156	\$510,289	\$2,551,445	Assessments, monthly contacts, tutoring, mentors, employment skills, educational support, financial literacy, intensive supervision (specialized only).
Youth in Transition Funding for 82 counties	\$770,377	\$192,594	\$962,971	Skill training, mentor programs, employment and educational support, transportation, housing, Youth in Transition contracts.
Youth in Transition Funding to Wayne County	\$389,819	\$97,455	\$487,274	
Michigan Youth Opportunity Initiative	\$252,527	\$63,132	\$315,659	Youth boards, asset training, Individual Development Account matches, permanency teaming, individualized support.
Summer Youth Employment Program	\$464,079	\$116,020	\$580,099	Summer employment skills training and job placement.
Youth in Transition - Tribal Youth	\$225	\$180	\$405	Independent living skills training, mentor programs, employment and educational support, transportation, housing for youth supervised by tribe only.
Total	\$3,918,182	\$979,669	\$4,897,489	

Eligibility Criteria

Youth in foster care between ages 14 and 21 and former foster youth ages 18 to 21 that were in foster care at least one day after age 14 are eligible for the program. Foster and juvenile justice youth must have been in foster care through an eligible DHS placement or a child-caring institution. Education and Training Voucher eligibility is the same and includes youth adopted from foster care or placed in a relative guardianship if it took place after the youth's 16th birthday. DHS staff and contractors provide services. In 2012, DHS spent \$4,897,489 (\$3,918,182 Chafee; \$979,699 match) on independent living services.

DHS developed the Michigan Youth Opportunities Initiatives to address the needs of older youth in care and transitioning from care. The Fostering Connections legislation allows the department to offer Young Adult Voluntary Foster Care until age 21. The Young Adult Voluntary Foster Care policy and services promotes building permanent connections for youth.

Progress Achieved and Planned Activities

Independent living programs are provided statewide. Youth age 16 and older in independent living or specialized independent living programs may live with an approved adult, alone in an apartment or in a structured supervised placement. The caseworker must:

- Assess each youth's strengths and needs.
- Involve the youth in developing the treatment plan.
- Provide services to meet the identified needs.
- Conduct monthly face-to-face visits with the youth.

Youth participate in daily living skills development, support groups, advisory boards, mentoring or other supportive adult connections, education and employment services, leadership development, preventive health services, counseling and cultural enrichment activities.

Independent Living/Specialized Independent Living Program Data			
Type of Program	General Independent Living	Specialized Independent Living	Total
DHS Supervised	964	0	964
County Child Care Funded – Contractor Supervised	477	1	478
Contractor Supervised	202	98	300
Number Served	1,643	99	1,742

In 2012, there were 24 contractors providing independent living services and 13 providing specialized independent living services. All youth in a program receive a monthly stipend of about \$560 paid by state general funds or the county Child Care Fund.

Youth in Transition Funds

DHS allocates funds to counties for independent living services to 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.

Technical Assistance Provided to Counties and Local and Regional Entities

Transition to Self-Sufficiency: Youth Services Delivery Model

The Youth Services Delivery Model was trained in multiple counties in 2011. In 2011, DHS determined that a single practice model, MiTEAM, would have longer lasting and more sustainable outcomes for youth and families in the child welfare system. Teaming, engagement, assessment and mentoring are promoted in this model, and all are components leading to permanent and stable outcomes for older youth in foster care. MiTEAM development began in 2011 and the model was implemented statewide in 2012.

Accomplishments in 2012

Coordinated training with MiTEAM statewide rollout from January 1 to September 30, 2012.

Planned Activities for 2013

Goal: Every youth will participate in an annual transition meeting beginning at age 16.

- The Health, Education and Youth Unit will develop data reports to measure compliance.
- The Health, Education and Youth Unit will include the requirement for annual transition meetings in all county and private agency trainings.

Status:

- Tracking and monitoring of semi-annual transition meetings was managed through the OmniTrackPlus training data system. Upon review of the data, a decision was made to discontinue using this system, as it was not providing accurate information. The state will implement the Statewide Automated Child Welfare Information System in 2013. The new system will provide an accurate measure of compliance.
- The requirement that youth age 16 and older participate in semi-annual transition meetings is an agenda item in monthly technical assistance telephone conferences with public and private agencies.

Employment-Related Education, Training and Services

Summer employment options for foster youth are a priority. Collaboration continues with the Department of Licensing and Regulatory Affairs and Michigan Works! (unemployment) Agencies to assist foster youth to develop employability skills.

Accomplishments in 2012

The Health, Education and Youth Unit received outcome and follow-up reports from the Michigan Works! Agencies after completion of the 2011 Summer Youth Employment Program.

Of the 117 youth that provided follow-up at three months:

- Sixteen were employed part-time.
- Eight were employed full-time.
- Seventy-three were unemployed.
- Six were enrolled in a General Educational Development certificate program.
- Fifty-four were enrolled in high school.
- Thirteen were enrolled in a college/university program.

Results of the 70 youth that were followed up at 12 months:

- Fourteen were employed part-time.
- Twelve were employed full time.
- Forty-two were unemployed.
- Two were unable to be located.

Of the 42 that were unemployed:

- Twenty-six were in a high school or General Educational Development program.
- Three were in a college/university program.

The Summer Youth Employment Program was implemented in seven Michigan Works! Agencies in summer 2012, adding one site.

- Youth were served in the counties of Kent, Ingham, Clinton, Eaton, Wayne, Genesee, Shiawassee, Macomb, St. Clair, Bay, Saginaw and Midland, serving 272 youth.
- Workforce Investment Act job readiness requirements were met by 244 youths.
- Eighty-six youth went on to enter a year-round Workforce Investment Act program.

Accomplishments in 2013

- The Health, Education and Youth Unit worked with the Workforce Development Agency to develop the Summer Youth Employment Program for 2013.
- The unit is completing six- and 12-month follow-up on the 2012 participants that did not enter a year-round Workforce Investment Act program. For those that did, the Michigan Works! Agency will complete the six- and 12-month follow-up.

Planned Activities for 2014

Goal: Develop opportunities for foster youth that prepare them for employment.

- Review follow-up reports from Michigan Works! Agencies to determine services array for 2014 agreements.
- Enter into an agreement with the Workforce Development Agency to offer a Summer Youth Program for 2014 that includes education components when possible.

- Collect follow-up information on youth that complete the 2012 and 2013 programs.

Preparation for Post-Secondary Education and Training

Several new education planner positions were created to provide advocacy and support educational needs of children and youth to facilitate success.

Accomplishments in 2012

- The Health, Education and Youth Unit helped develop Michigan's data system reporting requirements that will reflect the work of the education planners.
- Education planners helped develop a baseline of youth in the Big 14 counties leaving foster care with a high school diploma or General Educational Development certificate. It was determined that 345 youth were leaving care with a high school diploma or General Educational Development credential.
- There were 437 new referrals for education planner services between October 1, 2011 and February 29, 2012. Youth referred are age 14 and older and experiencing an educational concern. The two most common reasons for referral were assisting with enrollment in new schools (81 of 437) and post-secondary preparation (68 of 437).
- From June 2011 to the present, education planners had completed 23 trainings for child welfare staff and 10 trainings for school staff.
- Between October 1, 2011 and February 29, 2012, 30 youth of the 437 referred for education planner services completed their high school diploma and one completed his General Educational Development certificate.
- Between April 1, 2012 and September 30, 2012:
 - The education planners worked with 685 youth.
 - The most common reason for referral was post-secondary preparation (130 of 685).
 - It was reported that 91 youth received high school diplomas after working with education planners. Six received General Educational Development certificates.
 - Education planners provided technical assistance to 163 workers and supervisors in DHS offices or private agencies. This included answering questions, connecting staff to resources, or making calls on behalf of an assigned caseworker.
 - The number of education planners increased from 14 to 16.

In 2010, EduGuide and DHS became partners in a web-based academic support system for foster youth. EduGuide is a Michigan-based non-profit that equips educators with family engagement strategies to support school success and encourage post-secondary training. An education planner serves as the coach, creates a team page much like Facebook and invites foster youth to become members. Through a partnership with EduGuide, Michigan began a special Foster Care College Goal Sunday to assist foster youth to fill out the Free Application for Federal Student Aid.

Accomplishments in 2013

- In January 2012, a sample was pulled from the Big 14 counties of youth that left care at age 18 or older. Based on the sample, Michigan increased the percentage of youth leaving care with a high school diploma or General Educational Development certificate from 34 percent in 2011 to 41 percent in 2012.
- Between October 1, 2012 and February 28, 2013:
 - The education planners worked with 663 youth.
 - The most common reason for referral was to maintain school of origin and transportation assistance. The second and third most common reasons were to request help with special education issues and enrollment in a new school.
 - Fifty-four youth received a high school diploma after working with an education planner. Three received General Educational Development certificates.
 - In addition to working with youth, education planners provided technical assistance in local DHS and private agencies on at least 258 occasions.
- In January 2013, the Uninterrupted Scholars Act was signed. This act amends the Family Educational Rights Privacy Act to eliminate obstacles to information sharing between education and child welfare agencies. The legislation allows schools to release records to child welfare workers without parental consent or a court order.
- DHS collaborated with the Michigan Department of Education to ensure this new legislation is communicated to education and child welfare staff and released a joint memorandum in March 2013 detailing the Uninterrupted Scholars Act.
- A new “Education Release of Information” is being developed for obtaining education information regarding foster youth.
- The “Education Release of Information” form will be finalized.

Planned Activities for 2014

Goal: DHS will ensure youth have the necessary support to achieve educational success.

- The Health, Education and Youth program office will provide technical assistance to education planners through monthly phone calls and quarterly meetings.
- Forty-five percent of youth leaving foster care at age 18 or older will have a high school diploma or General Educational Development certificate.

Post-Secondary Institutions

Goal: DHS will increase the number of post-secondary institutions offering assistance to youth.

Accomplishments in 2012

- The education analyst met with the directors of financial aid and admissions at Wayne State University in November 2011. The directors committed to adding programming for foster youth on their campus.
- DHS set aside \$600,000 of Chafee funding to contract with post-secondary institutions to provide independent living coaches for youth on campus.

- Seven institutions received contracts. They were Baker College of Flint, Eastern Michigan University, Ferris State University, Michigan State University, Saginaw Valley State University, University of Michigan-Flint and Wayne State University.
- Independent living skills coaches provide services to assist foster/former foster youth on campus in independent living, including education, employment, budgeting, housing, health and healthy relationships.
- Contractors are required to recruit and train mentors for youth.
- In June 2012, Western Michigan University hosted a conference that brought together college staff, DHS and Michigan College Access Networks to continue exploring ways to support foster youth.
- DHS and Western Michigan University conduct monthly phone conferences to discuss issues facing youth transitioning to post-secondary institutions and ways to build strong supports and technical assistance for youth on their campus.
- The Kresge Foundation awarded \$1 million to Western Michigan University to develop a network of colleges and universities to share best practices for college preparation and increase enrollment and graduation rates of foster youth. Western Michigan University established the Fostering Success Michigan initiative in November 2011.

Accomplishments in 2013

- All seven contracted colleges have hired an independent living coach. The Health, Education and Youth Unit provided technical assistance to develop programs.
- DHS hosted the Higher Education Consortium in January 2013, bringing together education programs from across the state and Fostering Success Michigan. Fostering Success Michigan presented successful campus coaching models and led a discussion on shared data measurements.
- Fostering Success Michigan held five regional meetings between October and December 2012. These meetings included college and child welfare staff and other community partners to discuss new initiatives in their communities.

Planned Activities for 2014

- The Health Education and Youth Unit will continue to provide technical assistance and oversight to the seven Independent Living Skills Coach contractors.
- The unit will continue to develop partnerships with post-secondary institutions.
- DHS will continue to collaborate with Fostering Success Michigan through bi-monthly phone conferences and participating in meetings of the Higher Education Consortium.

Supportive Relationships with Mentors and Dedicated Adults: AmeriCorps VISTA Volunteers

DHS collaborated with the Corporation for National and Community Service and several local offices, resulting in the placement of AmeriCorps VISTA volunteers in three sites. The responsibilities of the AmeriCorps VISTA members include developing mentor programs, community volunteer opportunities and skills training to obtain stable housing for foster youth.

Accomplishments in 2012

- Two AmeriCorps VISTA volunteers completed service and secured full-time employment.
 - The AmeriCorps VISTA volunteer in Grand Traverse County completed her degree and was hired by the local DHS. The Grand Traverse County DHS was granted an award for their AmeriCorps VISTA sponsorship.
 - The AmeriCorps VISTA volunteer from Otsego/Crawford County was hired by the local DHS office upon completion of her college degree.
- Four AmeriCorps VISTA volunteers requested an early termination from service.
- In August 2012, the Corporation for National and Community Services had an opening for the pre-service orientation sponsored by the National Corporation for Community Services. DHS sent one candidate to the training and began rebuilding the program.
- There is one AmeriCorps VISTA volunteer placed in Genesee County and a second in Wayne County.

Accomplishments in 2013

Goal: DHS will develop mentoring programs, community volunteer opportunities and resources for stable housing for foster youth.

- DHS will develop volunteer opportunities for foster youth to assist in rehabilitating homes in Kent County, which will provide housing for foster youth.
- DHS is selecting additional candidates to work in Kent County.

Status: Ongoing.

Planned Activities for 2014

DHS will:

- Develop community resource manuals geared toward helping youth exiting foster care locate safe, stable and affordable housing.
- Build rapport with housing commissions, land banks and property owners to provide rental assistance to secure permanent living situations for youth.
- Connect youth in need of transitional living skills to the Homeless Youth provider in their community.
- Recruit mentors in the identified communities to assist youth.

Supports and Services to Former Foster Care Youth: Michigan Youth Opportunities Initiative

The Michigan Youth Opportunities Initiative is a partnership between the Jim Casey Youth Opportunities Initiative and DHS to improve outcomes for youth transitioning from foster care to adulthood. The initiative supports youth in learning money management, saving and expanding their financial resources. As Michigan completes the eighth year of the program, it is more reliant on Chafee funds to support account matching and local expenditures. In 2012, 210 youth participated in financial literacy training.

Accomplishments in 2012

- The initiative expanded to Clinton and Gratiot counties.
- The program expanded to an additional 12 counties by September 30, 2012.
- DHS allocated 16 Michigan Youth Opportunities Initiative coordinator positions to local offices to develop Michigan Youth Opportunities Initiative programming.
- Each site conducts youth board meetings, outreach events, fundraisers, asset trainings, presentations and community board meetings.
- In 2012:
 - Local youth boards held 567 meetings with 4,621 youth attending.
 - Youth boards held 146 outreach events, with 672 participants.
 - Local groups held 10 fundraising events.
 - Donations from community partners raised \$102,791.
- Two media trainings were provided, with 19 youth participating.
- Nine hundred and seventy-five youth (650 Michigan Youth Opportunity Initiative youth and 325 non-participating youth) participated in asset trainings.

Michigan Youth Opportunities Initiative Sites 2012	
Alcona/Alpena/Montmorency	Ingham
Allegan	Jackson
Antrim/Charlevoix/Emmet	Kalamazoo
Barry/Eaton	Kent
Bay/Arenac	Lake/Newaygo
Benzie/Manistee	Livingston/Shiawassee
Berrien	Macomb
Branch/Hillsdale	Mecosta/Osceola
Calhoun	Midland/Isabella
Cass/St. Joseph	Monroe/Lenawee
Chippewa/Luce	Muskegon/Mason/Oceana
Clinton/Gratiot	Oakland
Crawford/Otsego/Oscoda	Ottawa
Delta/Dickinson/Menominee/Marquette	Saginaw
Genesee	St. Clair
Gogebic/Ontonagon	Van Buren
Grand Traverse/Leelanau/Kalkaska	Washtenaw
Huron/Lapeer/Tuscola	Wayne

Planned Activities for 2013

Goal: DHS will increase the number of youth participating in the Michigan Youth Opportunities Initiative.

- The Statewide Youth Board will meet bi-annually. The first meeting was May 3, 2013.

- Agenda topics include policy reviews and proposals, local youth training curriculum and production of The Voice 4, a youth-driven and produced document.
- Youth boards will be involved in outreach for the National Youth in Transition Database.
- The new Casey Opportunity Passport Data System was implemented in January 2013.
- The W.K. Kellogg Foundation provided a grant in Kent and Wayne counties for participants ages 18 to 24 to provide education planning and higher match rates for education purchases in a pilot Education Success Program.

Status: Ongoing

Planned Activities for 2014

DHS will increase youth participation in counties with established Michigan Youth Opportunities Initiative programming.

Housing Resources

DHS will ensure that youth transitioning from foster care have safe and affordable housing. DHS is developing diverse opportunities for housing, including:

- Exploring grants from the U.S. Department of Housing and Urban Development.
- Revising contracts to expand the homeless youth and runaway programs.

DHS continues to develop alliances with land banks and developers while mobilizing the community through local partnerships. The AmeriCorps VISTA volunteers support these efforts to provide stability for youth transitioning from foster care.

Accomplishments in 2012

- The Homeless Youth and Runaway contract providers reported 238 of the 818 unduplicated youth served through the transitional living program were former foster youth. This was an increase of 29 percent over 2011.
- The Michigan Coalition Against Homelessness began tracking services provided to youth served in transitional living programs by Homeless Youth and Runaway agencies using the Homeless Management and Information System in 2011. Nine youth were housed in the Genesee County housing project. Two families were reunified with housing through Operation Unification.
- DHS continued work on projects to increase opportunities for reduced rate rental options for youth exiting foster care.
- Three housing resource pilots were initiated in Wayne, Genesee and Kent counties. These projects are still in operation.
- Kent County DHS, Arbor Circle (a contract provider for Homeless Youth and Runaway shelter), Bethany Christian Services and Youth Build are developing a land bank in Kent County to begin a housing partnership similar to the Genesee County program. They submitted a grant to the Genesee County Department of Labor, Employment and Training Administration to develop a new youth building program. This is ongoing.

- The Shelter Hope Youth Project opened Foster Hope Transitional Living Program for youth exiting foster care in Genesee County and began providing services in 2013.

Planned Activities for 2013

Goal: DHS will Increase safe, affordable housing options and services for former foster youth ages 18 to 21.

- DHS will ensure that at least 25 percent of the youth served in transitional living placements through the Homeless Youth and Runaway contracts are former foster youth or homeless due to a dissolved adoption or guardianship.
- DHS will increase the number of youth housed in the Genesee housing program to 10.
- DHS will continue to collaborate with housing resource agencies to develop safe, stable and affordable housing for youth exiting foster care.

Status: Ongoing.

Planned Activities for 2014

- Develop new Youth Build programs to provide opportunities for foster youth to do meaningful work with their peers through housing rehabilitation.
- Expand current efforts for the community's most vulnerable young people by remodeling properties provided by the Kent and Genesee County Land Banks for youth and low-income family homes.
- Continue partnership with the faith-based community and Operation Unification to expand housing for youth.

Foster Care Transitional Medicaid

Youth aging out of foster care eligible for Foster Care Transitional Medicaid from age 18 until their 21st birthday. Medicaid remains active regardless of changes in the youth's non-financial eligibility, income or assets. Prior to the youth exiting foster care, the caseworker provides information on Medicaid, including sharing the Foster Care Transitional Medicaid brochure and the Department of Community Health Guide to Medicaid Health Plans.

Accomplishments in 2012

- System changes were implemented to ensure youth re-entering foster care receive Foster Care Transitional Medicaid without service interruption.
- DHS developed a process for oversight of Foster Care Transitional Medicaid enrollment. Youths that exited foster care without transitional Medicaid (or any other type of Medicaid) are identified and follow-up provided. Subsequent Medicaid enrollment occurred for successful contacts.
- The number of youth aging out of foster care with transitional Medicaid increased to 1,258 by September 30, 2012.

Planned Activities for 2013

Goal: DHS will promote Foster Care Transitional Medicaid to youth exiting foster care by:

- Updating the Foster Care Transitional Information brochure.
- Providing Foster Care Transitional Medicaid information to youth, foster parents, relatives and foster care staff.
- Having foster care staff receive technical assistance on eligibility and referral.

Status: Ongoing.

Planned Activities for 2014

The Health, Education and Youth Unit will provide technical assistance on Foster Care Transitional Medicaid eligibility and referral to public and private child welfare staff.

Activities that Enhance Service Collaboration - Teen Pregnancy

The Michigan departments of Education, Community Health and Human Services developed a state team to reduce teen pregnancy. The team developed the Foster Care Youth Health Behavior Survey to obtain statistical information on foster youth sexual behavior.

Update: In 2011, the National Youth Database Survey was required for all foster youth age 17 during a specific period. The survey competed with the requirement to complete the National Youth in Transition Database Survey at prescribed intervals. To ensure the national surveys were completed, Michigan suspended the Foster Youth Health Behavior Survey.

Accomplishments in 2012

DHS collaborated in a research project with Wayne State University to gather data on the effect of foster youth transitioning from fee-for-service Medicaid to managed health plans, with an emphasis on older youth. The project included collecting data on pregnant foster youths.

Measures:

- The results of the National Youth in Transition Database survey.
- Data collected by Wayne State University.

Status: The results of the data assessment will be available in 2013 and used to evaluate current health care delivery to foster youth.

Technical Assistance Provided to Counties and Local and Regional Entities

DHS provided training in the permanency-teaming model for staff and new Michigan Youth Opportunities Initiative coordinators. MiTEAM incorporates the elements of the Youth Services Delivery Model into a unified youth and family practice model. MiTEAM was trained and implemented in 2012.

Educational Opportunities

Accomplishments in 2012

The education analyst conducted 24 presentations and trainings in 2012. Training focused on accessing Chafee funds and Education and Training Vouchers.

Accomplishments in 2013

- The education analyst conducted eight trainings on Education and Training Vouchers and other financial aid opportunities by February 28, 2013.
- Training is scheduled in Ingham, Wayne, Washtenaw, Mecosta, Saginaw, Kalamazoo and Mackinaw counties to ensure staff is aware of these opportunities for foster youth.

Planned Activities for 2014

Goal: DHS will Increase awareness of child welfare staff about post-secondary educational opportunities and funding through providing training as requested to DHS offices, private agencies, foster parents, youth and other community partners.

Youth Involvement in Improving Statewide Services

The Fostering Connections legislation required a new 90-day discharge meeting for youth transitioning from foster care.

Accomplishments in 2012

On November 22, 2011, several foster youth attended a bill-signing event and witnessed Michigan Governor Rick Snyder sign the Young Adult Voluntary Foster Care Act. One of the youth delivered a speech prior to the signing of the bills.

Youth Participation Planned for 2013

Goal: Youth will be involved in the implementation of the Fostering Connections legislation. DHS will implement a media campaign in which youth will educate other youth in foster care, caseworkers, courts and other stakeholders on the importance of permanency and the extension of foster care to age 21.

Status: Youth involved in the Michigan Youth Opportunities Initiative developed a media campaign to promote participation in Michigan Youth Opportunities Initiative programming to improve outcomes for older youth exiting foster care. They anticipate implementing a media campaign to promote extension of foster care to age 21 in 2013 and 2014.

Planned Activities for 2014

DHS will continue implementation of 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.

Youth Participation in Improving Foster Care

Goal: Youth will be actively involved in developing practices, policies and procedures to improve child welfare.

Accomplishments in 2012

- A youth representative was included on the DHS Health Advisory and Resource Team.

- The Michigan Youth Opportunities Initiative executive board members attended two youth leadership board meetings to discuss areas of service delivery and policy changes.

Planned Activities for 2013

- Youth are present as members on the Health Advisory Resource Team.
- Youth are included in the focus group for Lesbian, Gay, Bi-Sexual, Transgender and Questioning policy.
- The statewide Youth Leadership Board will meet bi-annually. The agenda topics will include policy reviews and proposals, local youth training and other issues the youth wish to address.
- Youth boards will be involved in outreach for the National Youth in Transition Database.

Status: Ongoing

Planned Activities for 2014

Youth will meet bi-annually at the Statewide Youth Leadership Board meetings to discuss policy areas they feel need to be addressed.

Coordination/Consultation with Michigan's Federally Recognized Native American Tribes

DHS has relationships with Michigan's 12 federally recognized tribes to ensure tribal youth have access to Education and Training Vouchers and Chafee funds. DHS invited tribal partners to meet regarding access to tribal youth and ascertain interest in the tribes' sharing and administering a portion of the state's federal allotment.

Technical Assistance Provided to Counties and Local and Regional Entities

- Youth unit staff has attended Tribal-State Partnership meetings since July 2010.
- DHS consulted with two or more tribes.
- Three tribes are participating on the subcommittee developing a plan.
- Tribal partners will identify how DHS can support access to services for foster youth.
- Tribal partners will help develop policy and procedures for youth to access services.
- DHS will recruit tribal partners to administer programs.

Accomplishments in 2012

- In December 2011, DHS sent a memorandum describing the Youth in Transition process to the 12 recognized tribes.
- In January 2012, staff made a presentation at the Tribal-State Partnership meeting to provide an update on accessing Chafee funds through DHS.
- A memorandum of understanding was established between DHS and each of the 12 tribes to make Chafee funds available to youth in foster care not supervised by DHS.

Planned Activities for 2013

Goal: Youth from Michigan's 12 federally recognized tribes will receive the same services and benefits afforded all foster youth.

- Program office staff will attend each quarterly Tribal-State Partnership meeting.
- Policy and practice changes will be implemented.
- DHS will increase the number of tribal youth receiving Education and Training Vouchers and Chafee funds.

Status: Program office updates are included in the agenda at each Tribal-State Partnership meeting. Staff from the Bureau of Child Welfare is present at each meeting.

Goal: In 2013, foster youth that are unaccompanied refugee minors will be included in the service population for the Chafee Foster Care Independence Program. The DHS Office of Refugee Services will provide funding for independent living services for unaccompanied refugee minors.

Status: The unaccompanied refugee minors are not captured in the current data system. DHS Office of Refugee Services is in the process of establishing a system to enter manually all cases requesting Chafee funds.

Planned Activities for 2014

Unaccompanied refugee minors will be captured in the Michigan Statewide Automated Child Welfare Information System (MiSACWIS). Funds for independent living are requested through this system.

EDUCATION AND TRAINING VOUCHER PROGRAM

This state-administered program is delivered through a contract with Lutheran Social Services of Michigan and is monitored by DHS. The contractor maintains a database and website that streamlines the application process. Youth can apply through the website, by paper application or by calling to request an application (1-877-660-METV). The contractor has developed collaborative relationships with community colleges, universities and vocational schools that help youth apply for admission, financial aid and vouchers. Lutheran Social Services of Michigan trains partner institutions. The website can be found here: <https://mietv.lssm.org/>.

Technical Assistance Provided to Counties and Local and Regional Entities

Accomplishments in 2010 and 2011

In 2012, the Education and Training Voucher staff completed 37 outreach activities including:

- Annual regional meetings.
- Foster care youth job and career fairs.
- Mass informational emails to DHS and private agency caseworkers.
- Presentations to youth boards.

Education and Training Voucher Data

Year	7/1/2009– 6/30/2010	7/1/2010– 6/30/2011	7/1/2011– 6/30/2012	7/1/2012– 2/28/2013
Number of youth awarded vouchers	679	694	578	657
First year vouchers awarded	320	309	216	306

Number of Years Awarded to Individual Students 2010 – 2011

1 year	2 years	3 years	4 years or more
44.5%	22.5%	15.7%	16.6%

Type of Post-Secondary Program Recipients Attended 2010 – 2011

4 year university	Community college	Private 4 year univ.	Trade or Vocational
40.5%	44.9%	6.8%	7.6%

Number of Years Awarded to Individual Students 2011–2012

1 Year	2 Years	3 Years	4 Years	5 years or more
37.4%	23%	17.1%	12.8%	9.7%

Type of Post-Secondary Program Recipients Attended 2011–2012

4 year university	Community college	Private 4 year univ.	Trade or vocational
46.4%	39.4%	5.2%	9%

Number of Years Awarded to Individual Students July 1, 2012 – February 28, 2013

1 Year	2 Years	3 Years	4 Years	5 years or more
46.6%	17.8%	13.9%	11.7%	10%

Type of Post-Secondary Program Recipients Attended July 1, 2012 – February 28, 2013

4 year university	Community college	Private 4 year univ.	Trade or vocational
48.1%	40%	6.8%	5%

The Education and Training Voucher Facebook page provides a youth-friendly site where staff post updated information on program expectations, award amounts, application processes and deadlines. The application was modified to encourage applicants to join the Facebook page. As of February 29, 2013, there were 126 active users on the site.

Accomplishments in 2012

- Education and Training Voucher policy was changed to update the list of approved expenditures.

- An invitation to bid for the Education and Training Voucher program was posted and a three-year contract awarded to Lutheran Social Services of Michigan.
- The contractor provided 2011 data on the number of youth applying for and awarded vouchers, the number of years each youth received a voucher and the number of youth who successfully completed their post-secondary education or training program.
- The contractor provided monthly reports to DHS on Education and Training Voucher activities. Quarterly site visits were made to review applications and expenditures.

Accomplishments in 2013

- An amendment to the Education and Training Voucher contract was completed to include unaccompanied refugee minors in the service population. Although the contractor processes the funding as it would with other youth, the DHS Office of Refugee Services provides the one-on-one contact with unaccompanied refugee minors.
- Seventy-one unaccompanied refugee youth received funding since October 2012.
- The amount of Education and Training Voucher funding spent for unaccompanied refugee minors is \$165,572.17.

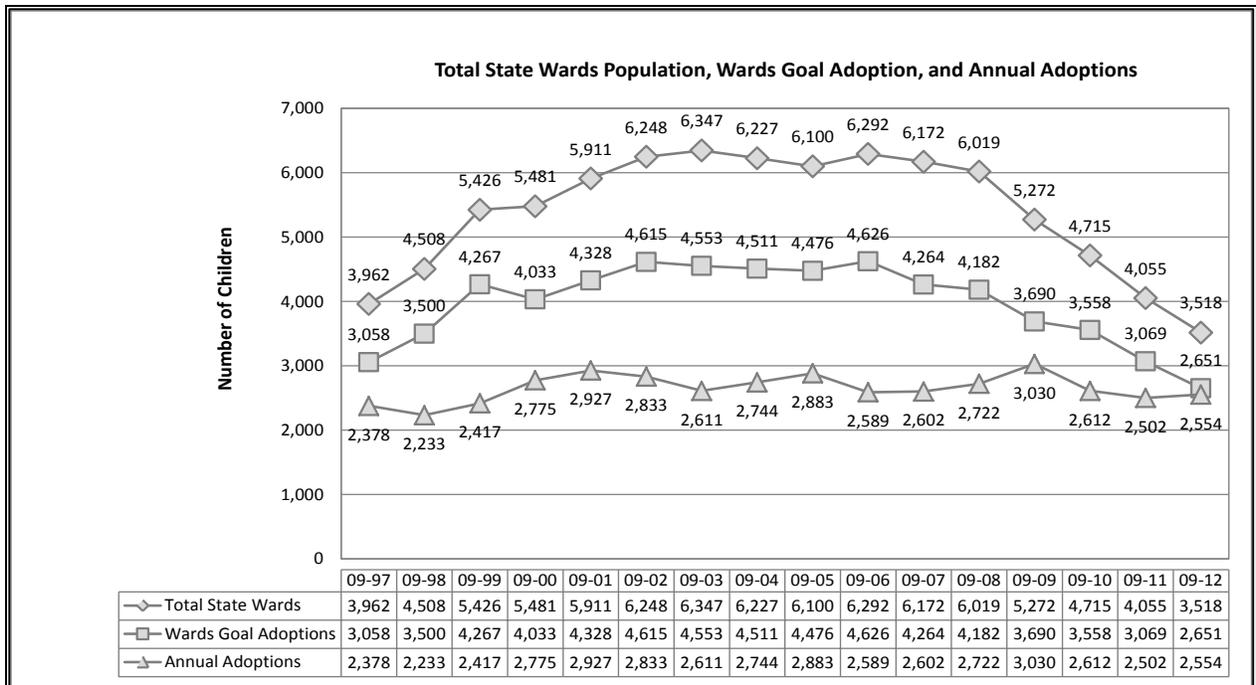
Planned Activities for 2014

Goal: DHS will ensure that vouchers are available to all eligible youth.

- Eligible youth will be made aware of the program when attending post-secondary education programs.
- The contractor will process applications and award vouchers in a timely manner.
- The education analyst and contract staff will complete trainings throughout the state.
- Site visits will be scheduled by the education analyst to ensure contractor compliance.

ADOPTION

In 2012, Michigan achieved 2,554 adoptions. In comparison with 2011, Michigan finalized 52 more adoptions, notable because in 2012 there were 424 fewer children with a goal of adoption. Finalized adoptions have remained in the range of 2,500 to 3,000 over the past 13 years. The number of permanent wards and those with a goal of adoption have both declined steadily over the past six years.



Technical Assistance Provided to Counties and Local and Regional Entities

Permanency forums were convened in April and September 2012. County staff and stakeholders reviewed best practices from previous permanency forums and exchanged ideas on improving all areas of permanency. Speakers presented information on:

- Successful local initiatives.
- The Permanency Roundtable initiative.
- Michigan’s Statewide Automated Child Welfare Information System.
- Mobile technology.
- Indian Child Welfare Act and achieving permanency for Native American children.

Permanency forums were scheduled for May and October 2013 and focused on cross system collaboration.

A conference titled “Making a Difference Together” was held in 2012. Topics included:

- Trauma.
- Attachment and development.
- Family finding.
- Fetal alcohol spectrum disorders.
- Sexually acting out behaviors.
- Interstate Compact.
- Indian Child Welfare Act.
- Engaging and empowering families.
- Psychotropic medications.

- Cross cultural parenting.
- Successful adoptive placement.
- Adoption policy.
- Transition to adoption.
- Recruitment.
- Post-adoption resources.
- Talking about adoption.
- Adoption disruption and dissolution.

Child and Family Services Review Program Improvement Plan Goal

DHS worked to improve timeliness to adoption for children with a goal of adoption. Adoption cases continue to be transferred to private agencies for services. DHS supervises some adoption cases directly, so partnership and collaboration remain essential in meeting the adoption goals.

Goals: To meet adoption goals in 2013, DHS will continue to:

- Make timely referrals to private agencies to initiate adoption-specific services and complete adoptions in less than 12 months.
- Review cases with children identified as living with an adoptive resource family for over six months from termination of parental rights without an order of adoption placement.
- Review recruitment plans for children without an identified adoption resource family at termination to ensure an appropriate recruitment strategy is in place.
- Conduct reviews for children with a goal of adoption for six months from termination of parental rights without an identified adoptive resource.
- Provide technical assistance by a contracted expert for any case in which a child has been available for a year from termination without an identified family.
- Incorporate policy changes into the pre-service training curriculum.
- Develop and distribute semi-annually a state level analysis of:
 - The number of children without an adoptive resource at the beginning of the period.
 - The number of children with an adoptive resource at the end of the period.
 - The number of cases reviewed.
 - Outcomes and barriers to the identification of adoptive resources or achievement of adoption, resulting in recommendations to improve timeliness.
- Provide the semi-annual report to the Permanency Options Work Group.
- Review and revise adoptive parent recruitment strategies at state and local levels based on the semi-annual report.
- At the county level, assess and report on the work of the permanency resource monitors regarding children whose goal is adoption and do not have an identified family within six months of termination of parental rights.
- Develop a “toolkit” of best practice recruitment strategies.

Adoption Policy/Program Improvements

To improve timeliness to adoption, adoption policy was revised effective March 1, 2012.

Revisions include:

- The child-specific recruitment plans must be discussed in a face-to-face case review meeting quarterly for children without an identified adoptive family.
- Quarterly reviews of the child-specific recruitment plans must continue until the child is placed with a family that plans to permanently care for the child. The schedule of reviews is as follows:
 - Within the first three months of the child's goal changing to adoption, a face-to-face case review meeting must occur between the adoption worker and the adoption supervisor.
 - Between three and six months of the child's goal changing to adoption, a face-to-face case review meeting must occur and include the adoption worker, the adoption supervisor and a permanency resource monitor.
 - Between six and nine months of the child's goal changing to adoption, a face-to-face case review meeting must occur and include the adoption worker, the adoption supervisor and a permanency resource monitor.
 - In cases where a permanent home has not been identified within one year of the child's goal changing to adoption, a face-to-face case review meeting must occur and include the adoption worker, the adoption supervisor and an outside expert engaged by DHS with expertise in permanency and adoption processes and planning. The outside expert role is currently being filled contractually by the adoption resource consultants. This review must occur between nine and 12 months of the child's goal changing to adoption and be held quarterly thereafter until the child is placed with a family that plans to care permanently for the child.

To improve timeliness to adoption and to improve benefits to adoptive families, adoption subsidy policy was revised effective September 1, 2012. Revisions include expanding Medicaid eligibility to children who receive non-title IV-E-funded adoption support subsidy. This change in policy makes all children eligible for the adoption support subsidy program categorically eligible for Medicaid coverage.

To improve timeliness and address a potential barrier to adoption, legislation was enacted in 2012 to allow a married individual to adopt without his or her spouse joining the petition if the failure of the other spouse to join in the petition or to consent to adoption is excused by the court for good cause or in the best interest of the child.

Adoption contracts with private agencies, effective October 1, 2011 through September 30, 2014, establish levels and rates for reimbursement of adoption services. The following performance outcomes were incorporated in the contracts:

- Fewer than 5 percent of placements for adoption will end in disruption.
- Fewer than 5 percent of finalized adoptions will end in dissolution.

- By September 30, 2012, 70 percent of adoptions for children with a goal of adoption on September 30, 2011 shall be finalized. Michigan exceeded the targeted number of finalized adoptions by 401 and was able to finalize adoptions on 83 percent of the children legally free for adoption with a goal of adoption as of September 30, 2011.
- By September 30, 2013, 77 percent of adoptions for children with a goal of adoption on September 30, 2012 shall be finalized. Michigan is on track to exceed the targeted 77 percent in 2013.

Michigan continues to focus efforts and resources on identifying adoptive families and improving timeliness to adoption for youth legally free for adoption with a goal of adoption.

Effective May 1, 2012, the two adoption resource consultant services contracts were expanded statewide. Children eligible for adoption resource consultant services are those in the foster care system who have a permanency goal of adoption, have been legally free for adoption for one year or longer and do not have an identified adoptive family. The consultants conduct case reviews, develop and amend individual adoption plans for each case, assign tasks and maintain contact with the youth, workers and others involved in the case, including permanency resource monitors.

On August 1, 2011, the Adoption Resource Consultant contract was amended to include Extreme Recruitment. Extreme Recruitment services are provided statewide and work exclusively with the hardest to place children and those who have made minimal progress toward identifying an adoptive family through traditional adoption resource consultant services. Extreme recruitment requires weekly, intensive meetings between the child's professional team for 12 to 20 weeks and demands a concentrated focus on recruitment of an adoptive resource through locating family members and public/specialized recruitment efforts. A weekly goal is established during the meetings. The investigator locates relatives through Internet tools, court databases and relationships maintained through previous experiences.

DHS Collaboration and Partnerships

Goal: DHS will maintain strong partnerships and collaboration to improve policy and practice leading to increased adoption from foster care. Continued collaboration will occur between the DHS adoption program, State Court Administrative Office, the Adoption Oversight Committee and other stakeholders to improve practice, expand recruitment and address the needs of children in need of permanent homes.

Statewide Adoption Oversight Committee

In 2006, the statewide Adoption Oversight Committee was established and began meeting quarterly. The committee is comprised of representatives from DHS central office and field offices, adoption contractors, the court, adoptive families, the Foster Care Review Board and the Children's Ombudsman. The committee's purpose is to:

- Examine adoption services in Michigan and make recommendations for improvement.

- Develop action plans to increase the number of child welfare adoptions and the recruitment of adoptive homes.

The work of the Adoption Oversight Committee has been instrumental in the following areas:

- Review of pre-adoption training requirements.
- Research and presentation of national post-adoption models.
- Making recommendations on adoption and adoption subsidy policy and form changes.
- Making recommendations on the Michigan Adoption Resource Exchange Heart Gallery and the 2012 adoption conference.
- Development of a youth consent booklet for adoption recruitment purposes.

Permanency Options Work Group

In 2006, Michigan established the Permanency Options Work Group to improve coordination between the courts and DHS on child welfare matters. The Permanency Options Workgroup is comprised of DHS, the State Court Administrative Office and judges. Meetings occur twice yearly. The meetings focused on:

- Requiring the court to keep foster care cases open until adoption finalization.
- Youth participation at court hearings.
- Allowing a married person to adopt individually.
- Efforts to place children in adoptive homes.
- Reinstatement of parental rights.
- Preventing adoption disruption.
- Federal Adoption and Safe Families Act requirements.
- Central Registry expunction process.
- Transition from residential care to foster home.

Adoption Day

Thirty-nine county courts participated in Michigan's Adoption Day held November 20, 2012. This is a day when courts schedule the finalization of many adoptions and information is provided to the public on the need for adoptive families for foster youth. During the eight years in which Michigan has celebrated Adoption Day, over 21,000 children have been placed into adoptive homes from foster care.

Michigan Adoption Resource Exchange

The Michigan Adoption Resource Exchange is an information and referral service contracted by DHS to facilitate finding permanent homes for children. The exchange:

- Produces recruitment and service brochures.
- Maintains a public website of children available for adoption.
- Maintains a public website of approved, prospective adoptive parents and families.
- Performs potential child and family matching.
- Plans, coordinates and supports regional adoption events throughout the state.

- Helps communities develop adoption recruitment activities.
- Produces quarterly newsletters for professionals, parents and children.
- Produces digital video clips of children waiting for an adoptive family.
- Facilitates statewide Adoption Oversight Committee meetings.

One of Michigan's recruitment activities is the Heart Gallery, a traveling photographic and audio exhibit created to find families for children in foster care. A Heart Gallery opening is scheduled each year to launch the new photo display. The 2012 event attracted 130 attendees, of which 23 families expressed an interest in helping foster youth. The Heart Gallery exhibit is displayed in many communities throughout the year and is available for display at special events and conferences. The 2013 Heart Gallery opening was in April 2013 in Detroit. Other accomplishments include:

- The annual Kinship Festival was held in September 2012 at Wayne County Community College. There were 341 attending including 38 prospective adoptive families. These adoptive parents met and interacted with 44 youth available for adoption.
- In 2011, the Michigan Adoption Resource Exchange began collaborating with Fox 2 News Detroit to produce a regular "waiting child" feature. "A Place to Call Home" features children who need an adoptive family. There have been seven youth featured, of which three were matched with an adoptive family. Two youth are in the process of being matched, one is still in need of an adoptive family and one had a goal change.
- The Michigan Adoption Resource Exchange developed a youth advisory board through the Michigan Youth Opportunities Initiative boards across the state. The youth inform and influence adoption services in Michigan.
- The development of a youth consent guidebook "Let's Talk about Finding Your Forever Family!" for Michigan youth featured for adoption recruitment.

Since 2011, the Michigan Adoption Resource Exchange contract includes the Adoption Navigator program. Adoption navigators are experienced adoptive parents who offer guidance, support, direction and information to prospective families and assist in matching adoptive families with children. Between 150 and 250 prospective adoptive families inquire monthly about adoption through the exchange. Each family is contacted by an adoption navigator and more than half of the families chose to work with adoption navigators, who matched waiting children with prospective adoptive families.

Project 340 was established in 2011, with a focus on the 340 children available for adoption without an adoptive family as of September 1, 2011. The Project 340 team is comprised of adoption resource consultants, permanency resource monitors and Michigan Adoption Resource Exchange staff. During meetings, the team reviews progress, identifies barriers and develops solutions for the identified cases. As of March 2013, an adoptive family was identified or an alternate permanency goal established for 232 of the original cases.

Post-Adoption Resource Centers

Michigan remains committed to responding to the needs of adoptive families and understands the value in providing post-adoption services to families who have adopted children from Michigan's child welfare system. In April 2012, eight contracts were awarded to provide funding for post-adoption resource centers throughout the state.

Youth age 21 and under adopted from foster care and their families are eligible for services through post-adoption resource centers. The centers offer the following services:

- Case management.
- Short-term and emergency in-home intervention.
- Coordination of community services.
- Information dissemination.
- Education and training.
- Advocacy.
- Family recreational activities.
- Support.

Each center operates a website and produces a quarterly newsletter with information about the center, adoption, training, activities for adoptive families and other topics. The resource centers work with the adoption medical subsidy staff to meet the needs of adoptive families.

The post-adoption resource centers have been instrumental in providing services to meet the needs of adoptive families. Over 1,000 families throughout the state have received services from the post-adoption resource centers.

ADOPTION INCENTIVE FUNDS

Michigan received a \$3,964,000 federal Adoption Incentive Grant to be expended by December 31, 2012. Contracts were awarded for the following services:

- **Adoptive Parent Consultants.** This contract was awarded to the Adoptive Family Support Network in Kent County. Adoptive parent consultants are experienced adoptive parents who serve as peer mentors to pre-adoptive and adoptive parents. The service area was expanded in 2012 to include Muskegon and Ottawa counties.
- **Adoption Resource Consultants.** Two contracts were awarded to Orchards Children's Services to provide enhanced oversight and case planning for legally free children and youth for over one year without an identified adoptive family. Extreme Recruitment services were added in August 2011. Services were originally provided in Wayne, Oakland, Macomb and Genesee counties. In 2012 the service area was expanded statewide.

- **Adoptive Parent Training.** This contract was awarded to Michigan State University and adoption-specific training and support was provided to adoption workers and parents who were adopting or had adopted a child from the child welfare system.
- **Adoption Navigators.** The contract with the Michigan Adoption Resource Exchange was amended in 2011 to include adoption navigators, experienced adoptive parents who offer guidance and support to prospective adoptive families through the adoption process.
- **Foster Care Navigators.** This contract was awarded to Judson Center in March 2012. Foster care navigators are experienced foster parents who offer guidance and support to prospective foster parents through the licensing process.
- **Consultation services.** This contract was awarded to Adoption Network Cleveland, and provided training and consultation services to adoption and foster care navigators.
- **Permanency Docket.** A memorandum of understanding was crafted between the department, Oakland County and the 6th Judicial Circuit Court. The docket concentrated on adoption permanency for Michigan Children’s Institute wards with an emphasis on reducing the time to finalize adoptions, reducing disruption of the permanency plan, ensuring case progress and eliminating barriers.
- **Wayne County Court Docket.** The interagency agreement was between the department and the State Court Administrative Office. Permanency related services were provided to Wayne County courts for the review and management of DHS foster care cases for children awaiting permanency. Although this ended in April of 2013, Wayne County began the “Post Termination Review Docket.”
- **Post-Adoption Resource Centers.** Eight contracts went into effect in April 2012. Post-adoption services are provided statewide through eight regional post-adoption resource centers. The centers provide case management services, coordination of community services, information dissemination, adoptive family support and a website.
- **Marketing Research and Media Planner.** A contract was awarded in 2012 to develop a marketing campaign for the recruitment of adoptive and foster homes targeting southeast Michigan and to produce tools that can be customized for use in all areas.

Additionally, adoptive incentive funds were used for:

- Two adoptive and foster parent conferences.
- A summit to raise awareness of the need for adoptive and foster homes in faith communities.
- A permanency forum with county staff and stakeholders to review best practices and exchange ideas on improving all areas of permanency.
- An Adoptive Child/Family Enrichment Program to provide financial reimbursement to adoptive parents for child and family enrichment activities.
- Providing the book “Best Practice Guidelines for Serving Lesbian, Gay, Bisexual and Transgender Youth in Out-of-Home Care” to DHS offices.

- Post-adoption assessments and services for adopted youth not covered through either the Department of Community Health/Community Mental Health or the Adoption Medical Subsidy Program.
- A statewide adoption conference for adoption staff, court staff and adoptive parents.

Adoption Subsidy

The DHS Adoption Subsidy program provides financial support and medical subsidy to adoptive families to help children adopted from Michigan's foster care program or eligible for supplemental security income. In 2011, laws were enacted to extend adoption subsidies to age 21 for eligible youth. DHS policy went into effect in April 2012. Youths eligible for the extension must have been placed for adoption at age 16 or 17, be between the ages of 18 and 20 and have had an adoption assistance agreement effective through the adoptee's 18th birthday. To be eligible, the youth must be:

- Actively completing high school or a program leading to a General Educational Development certificate.
- Enrolled at least part-time in college, university, vocational or trade school.
- Employed at least 80 hours per month.
- Participating at least 80 hours per month in a program that promotes employment.

If a youth is incapable of any of these activities due to a documented medical condition, the youth is also eligible for adoption subsidies. To improve benefits to adoptive families, adoption subsidy policy was revised effective September 2012 to make all children eligible for the adoption support subsidy program categorically eligible for Medicaid coverage.

Goal: DHS will review and determine changes needed in the support and medical subsidy programs to assist families who have adopted children from foster care with special needs.

Status: Permanency staff will ensure that adoption support and medical subsidy policies are revised in 2013 and the adoptive parent handbook updated.

Guardianship Assistance Program

The Guardianship Assistance Program went into effect in 2009. It offers alternative permanency when reunification and adoption are not viable, with a monthly subsidy equal to the foster care payment until the child reaches age 18. Guardianship may be especially favorable in the following circumstances:

- For relatives maintaining their current relative status.
- For older youth who will not consent to adoption after being counseled on the importance of permanent connections.
- When cultural norms do not support termination of parental rights.

Many eligible children are those who have had a goal of reunification or adoption but barriers or challenges have prevented permanency from occurring. The total number of requests funded as of March 31, 2013:

Submitted	Approved	Funded	Withdrawn	Denied	Closed
1,058	795	605	140	30	114

DHS policy went into effect in April 2012 to extend guardianship subsidies to age 21 for eligible youth. To extend guardianship subsidies, the youth must be:

- Actively completing high school or a program leading to a General Educational Development certificate.
- Enrolled at least part-time in college, university, vocational or trade school.
- Employed at least 80 hours per month.
- Participating at least 80 hours per month in a program that promotes employment.

If a youth is incapable of doing any of these activities due to a documented medical condition, the youth is also eligible for guardianship assistance.

Technical Assistance Provided to Counties and Local and Regional Entities

Goal: DHS will increase the number of children reaching permanency through guardianship assistance by 10 percent each year through the following:

- Developing a Guardianship Alert to track all children in care with a goal of guardianship.
- Providing training to local agencies and courts.

Status: The Guardianship Alert database is being incorporated in Michigan’s Statewide Automated Child Welfare Information System. Until the system is operational statewide, guardianship data is being obtained manually and through DHS data warehouse reports. The Permanency Division continues to provide training to local agencies and courts on the guardianship assistance program as well as on individual cases.

Grant Projects

Oakland County DHS and Spaulding Center for Children received a \$2 million federal grant to develop and pilot a best practice outreach model in Oakland, Macomb and Wayne counties. The implementation phase of the Diligent Recruitment Grant I-Care 365 Project is from October 2011 through September 2015. I-Care 365 is recruiting foster and adoptive families in Oakland, Macomb and Wayne counties. During the first year of implementation, I-Care 365 has:

- Trained 198 DHS and private agency staff, 50 foster parents and four youth.
- Completed 66 recruitment events.
- Recruited 283 potential foster families.
- Distributed over 8,500 brochures and over 400 posters.
- Distributed project information to over 500 business contacts.
- Conducted outreach to 49 non-profit agencies for project collaboration.

- Established 48 community ambassadors to raise awareness of the need for foster homes within their communities.

Michigan Child and Family Services Review Permanency Outcomes 2 and 3 Baseline Data

For 2012, DHS’ performance on Permanency Composite Two: Timeliness of Adoption was 138.8 points. The national standard is 106.4 or higher. Michigan is 32.4 points above the national standard. Performance on the individual measures is below:

	Baseline 2008	2009	2010	2011	2012
C2-1: Exits to adoption in less than 24 months 75 th Percentile = 36.6%	30.6%	34.8%	34.0%	34.5%	38.4%
Measure C2-2: Exits to adoption, median length of stay 25 th Percentile = 27.3 months	29.5 months	28.7 months	29.1 months	28.9 months	27.6 months
Measure C2-3: Children in care 17+ months, adopted by the end of the year 75 th Percentile = 22.7%	23.7%	27.9%	28.8%	31.4%	33.5%
Measure C2-4: Children in care 17+ months achieving legal freedom within 6 months 75 th Percentile = 10.9%	11.8%	14%	16.4%	14.4%	18.3%
Measure C2-5: Legally free children adopted in less than 12 months 75 th Percentile = 53.7%	33.5%	38.7%	40.1%	44.3%	53.3%

Source: DHS Data Management Unit

DHS analysis of the Child and Family Services Review outcomes for Adoption is as follows:

- DHS’ overall performance continues to improve for Composite 2: Timeliness of Adoptions. In 2012, the overall performance was 138.8 compared to 119.53 in 2011.
- Composite measures C2-1, C2-3 and C2-4 continue to improve and meet the 75th percentile.
- Composite measure C2-2 has shown improvements between 2010 and 2011, as well as between 2011 and 2012; the 25th percentile was not met by .3 months.
- Composite measure C2-5, legally free children adopted in less than 12 months, showed a 4.2 percent improvement between 2010 and 2011 and a 9 percent improvement between 2011 and 2012; the 75th percentile was missed by .4%.
- All composite scores improved, demonstrating continued effective efforts.

For 2012, DHS' performance on the Permanency Composite 3: Permanency for Children and Youth in Foster Care for Long Periods of Time was 136.2. The national standard is 121.7 or higher. Michigan's performance on the individual measures is shown below.

	Baseline 2008	2009	2010	2011	2012
Measure C3-1: Exits to permanency prior to 18 th birthday for children in care for 24+ months 75 th Percentile = 29.1%	27.6%	31.4%	33.4%	36.4%	39.1%
Measure C3-2: Exits to permanency for children with Termination of Parental Rights 75 th Percentile = 98%	96.4%	96.7%	96.8%	97.6%	98.7%
Measure C3-3: Children emancipated who were in foster care 3 years or more 25 th Percentile = 37.5% National Median = 47.8%	48.7%	46%	48.8%	44.2%	43.1%

Source: DHS Data Management Unit

DHS analysis of the Child and Family Services Review outcomes for permanency is as follows:

- Michigan continues to increase performance outcomes on Composite three: Permanency for Children and Youth in Care for Long Periods of Time. In 2012, the overall performance was 136.2 compared to 131.79 in 2011. Michigan is 14.5 points above the national standard.
- The C3-1 measure, exits to permanency prior to 18th birthday for children in care for 24+ months, surpassed the 75th percentile by 10 percent.
- The C3-2 measure, exits to permanency for children with termination of parental rights increased to 98.7 percent, which has surpassed the 75th percentile by .7 percent.
- The C3-3 measure, children emancipated who were in foster care for 3 years or more, surpassed the national median by 4.7 percent.
- All composite measures improved, demonstrating continued effective efforts.

INTER-COUNTRY ADOPTIONS

In Michigan, inter-country adoptions are exclusively within the purview of licensed private adoption agencies. An agency licensed in Michigan to provide adoption services has an agreement with the foreign country specifying the responsibilities of the agency in completing adoptions. Children in families at risk of disruption or dissolution are eligible for the same services and supports as a child born in this state when entering foster care. There were no known internationally adopted children whose adoptions were dissolved in Michigan in 2012.

ADOPTIVE AND FOSTER PARENT RECRUITMENT AND RETENTION

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 for adolescents, sibling groups and children with disabilities by:

- Collecting, analyzing and distributing recruitment and licensing data to public 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 faith-based initiatives.
- Providing technical assistance to produce viable recruitment and retention plans.

In 2012, DHS collected and analyzed trends on new licenses, closing homes and the number of relative homes compared to non-relative homes.

- The DHS Bureau of Children and Adult Licensing issued 2,143 new foster home licenses, an increase from 2011.
- Of those new licenses, 1,309 were non-relative homes, an increase of 132 from 2011.
- The number of homes that closed was 2,089, an increase of 160 from 2011.
- Each month approximately 150 to 200 surveys are sent to foster parents whose foster home closed during the previous month.

The results of the closed home surveys show the majority of homes close voluntarily, with adoption as the top reason for not continuing as foster parents. The chart below details the trend of enrollments and closed homes over the last three years in urban counties:

County	Enrollments Received			Original Licenses			Closed Homes		
	FY2010	FY2011	FY2012	FY2010	FY2011	FY2012	FY2010	FY2011	FY2012
Genesee	202	171	133	111	132	112	117	111	140
Ingham	83	70	80	62	56	61	73	62	58
Kent	224	225	229	172	166	171	119	143	154
Macomb	339	157	151	186	119	116	106	137	163
Oakland	219	177	208	159	156	163	132	154	139
Wayne	601	416	367	296	264	256	312	339	326
Total	1668	1216	1168	986	893	879	859	946	980

Although enrollments showed a decline of 4 percent from 2011 to 2012 for urban counties, there was a 5 percent increase statewide and an 11 percent increase in non-relative licenses statewide. The chart below describes the type of homes (relative versus non-relative) opened in urban counties in 2012:

County	Relative	Non- relative	Total
Genesee	54	58	112
Ingham	28	33	61
Kent	73	98	171
Macomb	39	77	116
Oakland	38	125	163
Wayne	101	155	256
Total	333	546	879

Goal: DHS will ensure Michigan meets the capacity and need for foster and adoptive homes by:

- Analyzing licensing and SWSS 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.
- The Permanency Division provides monthly scorecards to counties and DHS Business Service Centers showing progress toward negotiated licensing goals.

Adoptive and Foster Parent Retention and Recruitment Plan

An annual plan template was released to the counties and private agencies in 2011. Annual plans are developed by local offices in collaboration with private agencies.

Accomplishments in 2012

Fifty-nine annual plans covering all 83 counties were submitted to the statewide recruitment and retention coordinator. In 2011, responses to the plans were provided to county directors to share with agencies that participated in the development of a county's plan. The responses 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.

Accomplishments in 2013

The annual Adoptive and Foster Parents Retention and Recruitment Plan template for 2013 was sent to each county and local plans were due in October 2012. The recruitment goals and action steps require collaboration and planning between the DHS county office, private agencies and tribes that serve the county, as well as faith communities and key foster/adoptive/kinship parents to determine recruitment needs, goals and actions steps.

- In 2012, scorecards were provided to agencies showing final licensing goals. Scorecards are sent to directors monthly that show progress on goals.
- Fifty-five annual plans and budgets covering all 83 counties were approved.

Technical Assistance Provided to Counties and Local and Regional Entities

Goal: Local DHS offices and private agencies will use best practices to recruit and retain adoptive and foster families to increase the number of homes and improve retention.

- Each agency will submit a plan that defines the number of specialized homes needed and activities to recruit families, focusing on adolescents, sibling groups, children with disabilities and those awaiting adoption.
- The retention and recruitment coordinator will distribute a report to agencies that describes best practices used in Michigan.

Accomplishments in 2012

- In 2012, staff from the Permanency Division and other stakeholders attended a Peer Technical Assistance Match in Texas focusing on strengthening foster and adoptive parent recruitment and retention. They discussed the following:
 - Process to develop, implement and monitor recruitment and retention plans.
 - Specific activities and tools to promote recruitment efforts.
 - Policies and training in Texas to support work in faith-based communities.
 - Activities used by staff and faith-based partners to identify and recruit foster and adoptive families in faith-based communities.

Planned Activities for 2013

- DHS will meet with staff from agencies and the Business Service Centers to discuss successful recruitment and retention strategies and develop annual plans and budgets for 2014.
- DHS will implement regional recruitment and retention centers to assist with recruiting and training foster, adoptive and kinship parents.

Media and Events

DHS collaborated 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.

Accomplishments in 2012

- The Michigan Adoptive Resource Exchange collaborated with Fox 2 News Detroit on a regular feature, “A Place to Call Home” that introduces a child who needs an adoptive family.
- DHS worked with several media venues to execute effective marketing strategies and advertising for recruitment of foster and adoptive parents statewide.
- The 2012 Heart Gallery Opening was held in Plymouth in April. Interested families met with child-placing agencies to initiate the licensing process.
- DHS supported 300 foster, adoptive and kinship parents to attend the Michigan Association for Foster, Adoptive and Kinship Parents Conference.
- The Permanency Division collaborated with Oakland County DHS and Spaulding for Children on the federal Diligent Recruitment Grant (I-CARE 365) that recruits foster and adoptive families in Macomb, Oakland and Wayne counties through targeted recruitment events.
- DHS collaborated with the Department of Natural Resources on two “Fostering Family Fun” events in Oakland and Muskegon counties.
- The annual Kinship Festival was held at Wayne County Community College. Families interested in adoption interacted with available youth. Adoption navigators followed up with the families.

Accomplishments in 2013

- DHS collaborated with several media companies on public service announcements and billboards statewide.
- DHS collaborated with a graphic design company to create posters, brochures, postcards and bookmarks for consistent recruitment messaging statewide.
- The Faith Based Coalition on Foster Care expanded to cover nine counties.

Planned Activities for 2013

- DHS continues to collaborate with the Michigan Association for Foster, Adoptive and Kinship Parents for the annual Spring Training Conference.
- DHS hosted the second annual Faith-Based Summit in 2013. Over 200 faith leaders and faith community partners attended the event.
- DHS continues to collaborate with the Department of Natural Resources to host four Family Fun Events throughout Michigan that include foster, adoptive and kinship families. Recruitment posters will be displayed at parks in Michigan.

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 listed children and refers them to the agencies serving those children. The exchange operates the Heart Gallery, a traveling photographic and audio exhibit created to find families for children in

foster care. It pairs professional photographers with children needing adoptive families to create photographs for display at recruitment events.

Accomplishments in 2012

- The Michigan Adoption Resource Exchange held regional recruitment events that provide an environment for families to meet available children.
- The exchange hosted Heart Gallery events throughout Michigan.

Accomplishments in 2013

The Heart Gallery Opening occurred in April 2013 at the Jamison Temple Baptist Church in Detroit.

Planned Activities for 2013

DHS will partner with the Michigan Adoption Resource Exchange on the Heart Gallery Opening.

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.

The recruitment coordinator communicated with public and private staff on the importance of collaboration to meet recruitment and retention goals.

Goal: DHS will increase recruitment and retention utilizing experienced 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 in recruitment activities.

Accomplishments in 2012

- The Foster Care Navigator program was implemented statewide through a contract with Judson Center. Foster care navigators are assigned to inquiring families to help them navigate the licensing process. Navigators locate resources, review licensing rules and assist potential foster parents to understand the needs of children in foster care.

- DHS collaborated with the Michigan Association for Foster, Adoptive and Kinship parents for the annual training conference. Because of DHS support, foster, adoptive and kinship parents were able to attend at no cost. DHS also collaborates with the association to connect foster and adoptive parents to resources, education and training.
- A foster parent was invited to serve on the DHS Health Advisory and Resource Team to represent the needs of foster and adoptive parents.

Accomplishments in 2013

DHS initiated an advisory council of large foster, adoptive and kinship support networks in Michigan. The council meets quarterly and offers foster, adoptive and kinship parents a voice in decisions affecting them and foster children.

Planned Activities for 2013

DHS will:

- Continue to operate the Foster Care and Adoption Navigator programs.
- Encourage public and private agencies to utilize foster, adoptive and kinship parents to develop and host support groups.
- Ensure foster and adoptive parent representation on work groups.
- Collaborate with the Foster Care Navigator program to provide gifts to families that have exceeded expectations in caring for vulnerable youth.

Targeted Recruitment

Local DHS offices and private agencies include foster youth at presentations to engage prospective foster and adoptive parents for older youth.

Goal: DHS will target recruitment for special populations of adolescents, sibling groups, children with disabilities and children waiting for adoption. Recruitment efforts will include children and youth telling their stories to prospective foster and adoptive parents. DHS will:

- 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 resource monitors and adoption resource 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, adoptive and foster parents on local DHS and private agency plans for targeted recruitment.
- Increased number of resources to provide training, support and education.

- Decreased number of children waiting for an adoptive home.

Accomplishments in 2012

- DHS collaborated with adoption resource consultants and the Michigan Adoption Resource Exchange to develop Project 340.
 - Project 340 identified all children waiting for adoptive families from the Michigan Adoption Resource Exchange website as of September 1, 2011.
 - The group reviews these cases, identifies barriers and develops solutions toward achieving permanency for the youth.
 - As of March 2013, 232 youth from Project 340 have been placed with adoptive families, or have identified alternative permanency goals.
 - The Michigan Adoption Resource Exchange and the adoption resource consultants find families for children photo listed after September 2012.
- DHS expanded post-adoption services statewide in 2012. Post-adoption services include case management, support groups, coordination of services and referral.

Planned Activities for 2013

- 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 engages faith communities to recruit foster and adoptive parents while organizing them to make the faith community's work more effective.

Goal: DHS will facilitate the adoption of children and youth in the foster care system by involving members of the faith community in recruiting, training and supporting adoptive 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 to help foster children and aging-out youth.
- Educate and motivate congregations to help alleviate the suffering of children in foster care and those aging out.
- Challenge congregations to collaborate with agencies in 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.

Accomplishments in 2012

- In March 2012, DHS hosted a Faith-Based Leadership Summit to unify faith-based organizations and recruit foster and adoptive parents. Governor Rick Snyder joined DHS

Director Maura D. Corrigan as speakers. Fifty-one congregations from 19 denominations participated.

- Rev. Kate Thoresen of the Save Our Children Coalition participated in the Peer Technical Assistance Match in Texas to strengthen recruitment efforts in Michigan.
- Bishop Aaron Blake from the Greater Faith Community Church in Brownwood, Texas, provided a call to action speech at the Faith-Based Leadership Summit.

Accomplishments in 2013

- The Faith-Based Coalition on Foster Care expanded to nine counties.
- DHS hosted four faith-based dialogue sessions with Bishop Blake to train faith leaders in the Pastor-to-Pastor Approach.

Planned Activities for 2013

DHS hosted the Faith-Based Summit in April 2013 to unify faith-based organizations to increase the number of foster parents and adoptions 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 2013 including:

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

Goal: 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.
- Educate agencies on current successful recruitment activities.

Status: Public and private agencies collaborate to create an annual Adoptive and Foster Parent Retention and Recruitment Plan for each county.

In 2012, the Child Welfare Training Institute, Office of Training and Staff Development and the Office of Professional Development merged under the Office of Workforce Development and Training. The Child Welfare Training Institute develops, delivers, implements, evaluates, tracks and monitors training for all child welfare staff except pre-service training for foster home licensing staff, which is provided by the Bureau of Child and Adult Licensing. Pre-service classes for caseworkers and supervisors are offered monthly. In-service classes are offered statewide at various times; many courses are available online and to a wider audience including:

- Social work interns.
- Law enforcement.
- Tribal social workers.
- Legal, medical and mental health professionals.

This update details training activities that occurred between April 1, 2012 and March 31, 2013. The number in parentheses indicates the number completing training during the report period.

Pre-Service Institute: Caseworkers

To ensure caseworkers are prepared to provide for the safety, permanency and well-being of children and families, the Child Welfare Training Institute offers training on laws, programs, policies, skills, the MiTEAM model and the philosophy of Michigan's child welfare system. A shorter, program-specific transfer training is available for workers who previously completed the Pre-Service Institute in one program area and are transferring to a new program.

Children's Protective Services Training

The CPS Pre-Service Institute prepares caseworkers to receive, assign and investigate complaints of child abuse and neglect. CPS caseworkers learn to conduct interviews, engage and assess families, develop reports and service plans, testify in court and practice personal safety techniques.

- CPS Pre-Service Institute (362).

Child welfare caseworkers transferring to CPS complete 18 days of program-specific transfer training where they learn case management systems and the policies and procedures necessary to carry out the functions of the job.

- CPS Program Specific Transfer Training (155).

Foster Care Training

The foster care Pre-Service Institute prepares caseworkers to ensure the safety, well-being and permanency of children committed to DHS for care and supervision. Foster care caseworkers learn the process of moving children to permanency, engaging and assessing families, developing service plans, testifying in court and practicing personal safety techniques.

- Foster Care Pre-Service Institute: DHS (192) and private agency (217).

Caseworkers transferring to foster care complete 13 days of foster care program-specific transfer training. They learn about case management systems and reports, policies and procedures to carry out the functions of the job.

- Foster Care Program-Specific Transfer Training DHS (81) and private agency (22).

Adoption Training

The adoption Pre-Service Institute prepares caseworkers to ensure the safety, well-being and permanency of children whose parents' rights have been terminated and have a goal of adoption. Caseworkers learn the adoption process, how to engage and assess children and families, how to testify in court and practice personal safety techniques.

- Adoption Pre-Service Institute DHS (1) Private agency (26).

Child welfare caseworkers transferring to adoption complete 13 days of program specific transfer training. They learn about case management systems and reports and the policies and procedures necessary to carry out the functions of the job.

- Adoption Program-Specific Transfer Training DHS (15) and private agency (48).

Juvenile Justice Training

DHS juvenile justice workers provide case management for delinquent youth committed to DHS by the courts. Many delinquency case managers are court employees and are trained by the Michigan Judicial Institute of the State Court Administrative Office. DHS juvenile justice case managers attend a five- to 10-day program-specific transfer training, offered quarterly. The duration of the training is determined by class size and the experience of the attendees.

- Juvenile Justice Program Specific Transfer Training (31).

DHS juvenile justice residential staff is trained by the Child Welfare Training Institute. Residential staff is also trained internally by residential staff trained by the Child Welfare Training Institute. The Office of Workforce Development and Training is developing a means to track juvenile justice training centrally. Currently, training is tracked locally.

In-Service Training: Caseworkers

In 2013, each caseworker must complete 32 in-service training hours. These training hours can come from a variety of sources: training provided by the department, local training and training provided by the Prosecuting Attorneys Association of Michigan and the State Court Administrative Office.

The Child Welfare Training Institute has a contract with Michigan State University to provide 150 half-day child welfare specific training sessions between August 2011 and July 2014. Michigan State University, with six other Michigan universities with graduate social work programs, develops and delivers training to address current trends and areas targeted for improvement. This partnership allows public and private caseworkers and supervisors to attend

training free of charge. The institute offered these in-service training options. The numbers in parentheses indicate the number of staff trained in 2012:

- Childhood Trauma (92).
- Confidentiality (336).
- CPS Report Writing (154).
- Foster Care Report Writing (26).
- Indian Child Welfare Act Refresher (25).
- Advanced Medical Trainings: Pediatric Fractures (43).
- Medical/Mental Health: Issues in Child Welfare (182).
- MiSACWIS Pilot Training (76).
- The ABCs of Bullying (17).
- Verbal De-Escalation (52).

In addition, some Pre-Service Institute modules are offered as in-service training. Newly hired caseworkers complete these modules during the pre-service institute, while other trainees can drop in to refresh knowledge and skills and receive in-service credit.

- Adoption Legal (2).
- CPS Legal Process (27).
- Foster Care Legal Process (13).
- Introduction to Medical Findings of Child Abuse and Neglect (50).
- Introduction to Substance Abuse (20).
- Introduction to Poverty (30).
- Introduction to Sexual Abuse (44).
- Working Safe/Working Smart (24).
- Medical Findings of Child Abuse and Neglect (29).
- MiTEAM (5).

Child Welfare Supervisor Training

First-line supervisors new to child welfare supervision complete the 40-hour child welfare supervisor training and must pass a written exam within 90 days of hire or promotion. This training is offered monthly. During this period, hundreds of supervisors completed training:

- CPS (101).
- Foster care (118).
- Adoption (35).

In 2012, a needs analysis was conducted by the Office of Workforce Development and Training. The supervisory training will be redesigned and will offer supervisors a single training option that meets all of their pre-service training needs. The curriculum is based on management and leadership competencies, Child and Family Services Review and Program Improvement Plan requirements, and continuous quality improvement findings. The training will emphasize measurable behaviors to show the success of child welfare reform.

Family Preservation Services Training

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

- Families First of Michigan Core Training Series (69).
- Families First Supervisor Orientation (9).
- Family Reunification Program Core (39).
- Family Reunification Program Supervisor Orientation (5).
- Families Together Building Solutions Core (33).
- Program Manager Overview (9).
- Supervisory I (15).
- Supervisor II (17).
- Supervisory III (11).
- Family Preservation Skills Revisited (36).

Other family preservation topics were offered and available to all child welfare staff:

- Incest-Affected Families I (55).
- Incest-Affected Families II (54).
- Lesbian, Gay, Bisexual, Transgender and Questioning Youth (18).
- Personal Safety for Workers (15).
- Mental Health I - Interventions (15).
- Mental Health II – For Kids (33).
- Self-Care for Workers (36).
- Solution Focused training (24).
- Self-Awareness (85).
- Substance Affected Families (72).
- Domestic Violence (109).
- Domestic Violence Laws (69).
- Testifying in Court (for family preservation workers) (38).
- Money Whisperer (36).

Position-Specific Training

Education planners were offered a variety of training opportunities:

- Education Planner - Legal Training for Discipline Issues (12).
- Education Planner - Funding Residential/Educational Needs of Foster Youth (80).
- Education Planner - Fostering Success Michigan and Michigan Career and Technical Institute (14).
- Education Planner - Youth Engagement and Legal (10).

- Education Requirements for Youth in Foster Care (53).

Child welfare funding staff were offered training:

- Child Welfare Funding Specialist Training (40).

Permanency planning staff were offered training:

- Permanency Planning Family Team Meeting Facilitation (1).
- Family Team Meeting Data Entry (185).
- Retention/Recruitment: S.E.R.V.I.C.E is Everything (187).

MiTEAM peer coaches were offered training:

- MiTEAM Practice Model Training (164).
- MiTEAM Peer Coach and Liaison Planning (139).

Maltreatment in Care staff were offered these training opportunities:

- CPS Maltreatment in Care Part I (180).
- CPS Maltreatment in Care Part II Webinar (61).
- CPS Maltreatment in Care Part II Webinar (148).
- Maltreatment in Care Day Care (37).

New Training Offered in 2012 (not title IV-E funded)

Pathways to Potential

Pathways to Potential is a DHS initiative that places success coaches in schools so that families can access services in their communities. The program launched in 2012 and includes schools in Detroit, Pontiac, Flint and Saginaw. Success coaches provide support to families with children at each school by administering public assistance benefits, addressing barriers leading to truancy and connecting families to supports. Success coaches and eligibility specialists are trained in skills to engage families under the Pathways to Potential model.

- Pathways to Potential Session I (26).
- Pathways to Potential Session II (22).
- Pathways to Potential Phase II Orientation (115).
- Pathways to Potential Boot Camp (106).
- Pathways to Potential Technology Training (132).
- Hidden Rules of Poverty (33).
- Utilizing Community Resources (19).

Crucial Conversations/Crucial Accountability

The Division of Continuous Quality Improvement provided child welfare staff with the opportunity to improve their skills at Crucial Conversations and Crucial Accountability trainings. Training in these advanced communication techniques will improve caseworker engagement with families by helping them address situations where the results did not meet expectations.

- Crucial Conversations (446).
- Crucial Conversations Train-the-Trainer (30).
- Crucial Accountability (93).
- Crucial Accountability Train-the-Trainer (19).

Several central office staff attended Influencer training to introduce the Crucial Accountability casework enhancement project and encourage buy-in by top management. DHS and MiTEAM peer coaches received Crucial Conversations and Crucial Accountability Train-the-Trainer, which will allow DHS to provide the training ongoing.

Strengthening Families: Protective Factors

With the Children’s Trust Fund and Governor’s Task Force, the framework for Strengthening Families: Protective Factors was presented to DHS staff through these activities:

- Integration into title IV-E waiver training.
- Training for Pathways to Potential success coaches.
- Michigan State University in-service training.
- CPS program office safety assessment training.
- Training offered by local Great Start Collaborative partners.

Four Child Welfare Training Institute trainers and a family preservation specialist were trained at a Protective Factors train-the-trainer session in 2012; this curriculum will be included in the re-designed Pre-Service Institute in 2013.

Online Learning Courses

A contract with Essential Learning (a Child Welfare League of America-endorsed training provider) has allowed staff access to 150 online child welfare courses. The courses completed in this reporting period are included in Attachment I of this document.

Expanding services – The Child Welfare Tuition Reimbursement Plan

The Child Welfare Tuition Reimbursement Plan was not funded in 2013. Funding was requested for 2014.

Collaboration

The Office of Workforce Development and Training participated in efforts including:

- The Peer Training Network and the Training Roundtable.
- Meetings with child welfare training staff from other states.
- The Training Council, a collaboration of public and private agencies, universities and other stakeholders that reviews curricula and course content and makes recommendations for improvement.
- Online learning about protecting and providing for the dental health of children, created by the Michigan Department of Community Health and DHS.

- Presentations during the Pre-Service Institute by the Michigan Association for Foster, Adoptive and Kinship Parents and Michigan Youth Opportunities Initiative. Caseworkers may ask questions about parent and youth experiences in the child welfare system.
- Tribal-State Partnership meetings, where DHS Office of Native American Affairs and the training office worked with the tribes to provide training on the Indian Child Welfare Act and the Michigan Indian Family Preservation Act.
- Collaboration with the State Court Administrative Office, which offered “Testifying in Court” training. They provide coaching, training and technical support to public and private child welfare staff.
- Collaboration with the Michigan Attorney General’s Office, Cooley Law School, judges and prosecuting attorneys to provide legal training.
- A contract with Spectrum Health to train new caseworkers on the medical identification of child abuse and neglect and specialized medical topics.
- A contract with Michigan State University to develop a curriculum for the Pre-Service Institute and a method of evaluating new caseworkers. The pre-service curriculum will be implemented in 2013.

Child Welfare Training Institute Goals

The Child Welfare Training Institute aligned its goals with the Child Welfare Improvement Task Force to provide opportunities for training and workforce development. This ensures judicial officers and public and private providers have adequate skills and competencies to serve the needs of children, youth and families.

Goal: DHS will communicate training issues to DHS and private agency staff through specialized training letters, website updates and electronic communications in 2011 and 2012.

Status: Complete. The Child Welfare Training Institute maintains a website to enhance communication with local DHS and private agency offices and stakeholders. The website provides information about training schedules and highlights upcoming training events.

Goal: DHS will expand capacity to provide pre-service training to newly hired workers by developing private agency-led Pre-Service Institutes:

- In 2011 and 2012, DHS
- will expand foster care pre-service training and start private agency-led pre-service training.
- In 2011 and 2012, DHS will evaluate the effectiveness of private agency-led pre-service training by comparing trainer evaluations and trainee examination scores.
- DHS will modify and continue building private agency training capacity through 2014.

Status: This goal was eliminated. Because DHS now offers online training options and pays a per diem payment to private agencies for staff that completes mandatory training, travel and associated costs for the private agencies were minimized (a reason for exploring this option).

Goal: DHS will expand in-service training to public and private child welfare workers. In 2012, DHS collaborated with universities to present in-service options and led a training consortium to identify training needs for caseworkers, tribes and other professionals.

Status: Ongoing. The Child Welfare Training Institute contracted with the Michigan State University School of Social Work to deliver 150 training sessions August 2011 through July 2014.

Goal: DHS will collaborate with the seven graduate schools of social work in Michigan to develop course-work that will cover most of the pre-service training to reduce training time.

- In 2010, training managers met with the universities, identify issues to be explored and share lesson plans.
- The Child Welfare Training Institute implemented course-work in at least one university by August 2011 and will continue expanding to other university programs, including undergraduate social work programs by 2014.

Status: The Child Welfare Training Institute worked with Michigan universities to establish the Child Welfare Certificate for social work graduates in endorsed schools.

- In February 2013, the Child Welfare Certificate page was launched on the Child Welfare Training Institute website.
- As of March 31, 2013, applications for endorsement are expected from five Michigan universities. The endorsement committee will approve or deny proposed child welfare programs.
- Michigan State University is developing the curriculum for the first phase of the new Pre-Service Institute. Child Welfare Certificate holders will not be required to attend the Pre-Service Institute, thus reducing their training time.

Goal: DHS will identify and implement training to address unmet needs of children and families that present barriers to safety, permanency and well-being.

- In 2012, the Child Welfare Training Institute will continue to integrate family preservation into training to reduce unnecessary removal and placement of children.
- In 2012, the Child Welfare Training Institute will work with the foster care program office to implement concurrent permanency planning policy and training.
- The Child Welfare Training Institute will continue to weave core concepts throughout its training and develop individual training modules or in-service training on key issues.

Status: Child Welfare Training Institute staff sits on various committees assuring continuity in addressing the unmet needs of children and families.

- The Training Council, chaired by the Child Welfare Training Institute, is designed to get internal and external stakeholder feedback on training needs.
- The modified settlement agreement work group identifies key strategies for systemic child welfare reform.
- The trauma informed systems of care work group gathers information about trauma informed systems of care and will make recommendations.

- The Race Equity Coalition is reviewing training packages to assure cultural competence in the workforce.
- The MiSACWIS Training Subcommittee is assuring all new and experienced staff will be trained to use the MiSACWIS system. The Data Evaluation Team meets to determine which data DHS should measure and to communicate data needs.
- The Child Welfare and Juvenile Justice Steering Committee helps identify priorities as well as the service and administrative components of the child welfare/juvenile justice integration.
- 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 Intent to Bid and Services Release Planning Committee is working to ensure a learning management system is implemented to track and monitor training statewide.
- The title IV-E training work group helps create the curriculum for waiver project staff.
- The MiTEAM leadership subcommittee assures training is delivered to county directors and child placing agency chief executive officers.

Goal: By 2011, the Child Welfare Training Institute will implement new training for relative caregivers and guardians, foster and adoptive parents and private agency adoption workers.

Status: Complete. The Child Welfare Training Institute and foster care program office mailed DVDs of several modules of the Parents' Resource for Information, Development and Education (PRIDE) digital curriculum to local DHS and licensed foster care agencies. The DVD-based modules do not replace the classroom-based PRIDE training; they supplement it, which may allow a potential foster family to more easily progress toward licensure.

Goal: The Child Welfare Training Institute will implement a process in the OmniTrack Plus training registration system to certify that supervisors review revised policy with their staff.

Status: Completed in 2011. The Child Welfare Training Institute records in-service training hours for supervisor and staff review of new policy. Supervisors use an automated process with an electronic signature that certifies they have reviewed policy with their staff.

A complete listing of trainings offered by the Child Welfare Training Institute can be found in Attachment J.

FOSTER AND ADOPTIVE PARENT TRAINING

The Child Welfare Training Institute provides train-the-trainer sessions for DHS and private agency staff, and agency-sponsored foster/adoptive parent co-trainers, who train foster and

adoptive families. The required pre-licensure/pre-approval curriculum is the Foster/Adoptive Parents' Resource for Information, Development and Education, or PRIDE, training. The training is led by a master trainer on the Child Welfare Training Institute staff. Effective March 2013, a contract has been secured for training delivery services for the next three years.

- PRIDE train the trainer (99).

Michigan State University provides courses free of charge for foster and adoptive parents. The Michigan Federation for Children and Families co-sponsored free trainings that MSU provided in November 2012. The Michigan Association for Foster, Adoptive and Kinship Parents continues to provide training. Many other training opportunities are provided at the local level. DHS strives to provide support to foster and adoptive parents in many ways and will continue to explore how training may be enhanced for this population.

PROFESSIONAL DEVELOPMENT: OFFICE OF WORKFORCE DEVELOPMENT AND TRAINING

The Office of Workforce Development and Training/Professional Development provides non-programmatic skills training and performance consultation services to employees of DHS. Professional development staff develops and delivers classroom and web-based training and professional networking websites. Professional development services are described below:

New Supervisor Institute: All new supervisors are expected to attend training that includes classroom instruction and web conferences.

Status: Five sessions of the New Supervisor Institute were completed in 2012. A total of 300 completed the training.

Customer Service Excellence Training: This web-based training identifies customer conditions and personalizes the delivery of service.

Status: All new DHS employees are required to complete this course.

Working Safe/Working Smart: This web-based course identifies techniques for field safety, office safety and interviewing to increase the knowledge and skills of staff to recognize emotionally charged situations.

Status: This training is offered in new worker training for public assistance and child welfare caseworkers.

Leadership Academy: The academy develops a pool of 20 to 25 high-potential candidates who are prepared to step into leadership positions. Members are trained in leadership competencies rather than groomed for particular positions.

- Ninety-seven of 150 graduates (65 percent) have been promoted to higher levels.
- Forty-nine of the 97 promotions (50 percent) were into director-level positions.
- Fourteen of 36 county directors (39 percent) are Leadership Academy graduates.

Status: The most recent Leadership Academy class of 23 members graduated in 2012.

Management Support Program: The program focuses on competency-based leadership skills, effective management and results-oriented communication to help managers gain the experience and knowledge needed to advance.

Status: Sixteen webinars were completed for the period ending March 31, 2013.

Performance Consultation: Professional Development staff is trained to provide professional consultation services to offices within DHS.

Status: Three performance consultations were completed in 2012. Consultation included detailed data gathering and root cause analysis, intervention and follow-up.

CHILDREN'S SERVICES CONTINUOUS QUALITY IMPROVEMENT PROGRAM

The Division of Continuous Quality Improvement was established in 2011 to:

- Ensure consistent, high-quality services are delivered to children and families in DHS care.
- Improve safety, permanency and well-being for children in care.
- Reduce the possibility of adverse occurrences for children in care.
- Initiate a statewide continuous quality improvement system to evaluate effectiveness of service, assess and measure improvements and provide feedback to stakeholders and decision makers.

Foundational Administrative Structure:

Goal: The Division of Continuous Quality Improvement functions under the oversight of the Children's Services Administration to ensure that the continuous quality improvement process is effectively and consistently administered statewide to improve the safety, permanency and well-being of children and their families.

Status:

Staffing: In 2012, the division expanded to include Michigan's Child and Family Services Review unit and in 2013, the Children's Services Data Management Unit joined the Division of Continuous Quality Improvement. This configuration of program, process and analytical experts provides additional resources to the division that create and analyze targeted instruments that accurately measure progress toward federal, state and modified settlement agreement goals while ensuring specific and measurable data are obtained.

The director of the Division of Continuous Quality Improvement oversees the work of two quality improvement managers and the data manager. The division is comprised of 27 analysts that are responsible for developing and testing instruments, coordinating case reviews,

collecting and analyzing data and providing feedback or making policy or process recommendations. The director and the two quality improvement managers have Master of Social Work degrees and several of the analysts on staff also have advanced degrees and direct child welfare experience. This first-hand knowledge assists the group to define and understand the factors that may inhibit or promote best practices in the field.

Standards and requirements: In 2012 and 2013, the division developed a systemic approach to review, modify and implement the quality improvement process as approved by the Children's Services Administration. The strategies and protocols have been developed to evaluate the effectiveness of child welfare services with a specific focus on evaluation and improvement while integrating the principles of the case practice model. The Division of Continuous Quality Improvement has developed protocols for all of the reviews that have been implemented. Each protocol includes: procedures for the review, the written case selection methodology, instructions for screening selected cases, case reviewer training, the case review tool, all interview questions and requirements, and the quality assurance process. The division has developed and continues to enhance protocols for reviewing the following programs:

- Ongoing Children's Protective Services and foster care - Modified CFSR.
- CPS centralized intake, investigations and maltreatment in care.
- Incidents of corporal punishment and seclusion.
- Children's health.
- Disrupted adoptions.

Quality Non-Case Reading Data Collection

Goal: The division collects quantitative and qualitative data from case reviews and data analysis from various sources to establish strategies for improvement. Sources include:

- Michigan's case management system, the Services Worker Support System.
- The federal Adoption and Foster Care Analysis and Reporting System.
- The National Child Abuse and Neglect Data System.
- The National Youth in Transition Database.
- Michigan's Child and Family Services Review data profile.

Status: The division continues to enhance the department's capacity to collect and analyze quality data from a variety of sources to identify areas of strength and concern, establish targeted strategies for improvement and track progress toward positive outcomes. The DHS Data Management Unit became a part of the division in April 2013 to support consistency of the review process and data analysis.

The Division of Continuous Quality Improvement strives to ensure accurate data is being extracted from our system, in order to ensure accuracy the division has developed many procedures to ensure accuracy.

- The federal Adoption and Foster Care Analysis Report System and National Child Abuse and Neglect Data System data is regularly reviewed by the Children’s Services Administration to ensure accuracy. If any issues are identified or if Michigan is not meeting the quality thresholds, the Division of Continuous Quality Improvement coordinates efforts to identify errors and ensure the information is corrected.
- The division has developed a child welfare management tool that is released statewide each month. The child welfare management tool allows each Business Service Center and county to evaluate their specific data to ensure accuracy and use a tool to improve services to children and families.
- The division is continuously enhancing the case reading protocols and instruments for program reviews and providing training to reviewers. Each review includes quality assurance procedures that confirm accuracy of data and consistency in interpreting instructions.
- The division is leading a Continuous Quality Improvement Data Evaluation Team for evaluating data from a variety of internal and external sources including:
 - Michigan’s Services Worker Support System.
 - MiSACWIS.
 - The federal Adoption and Foster Care Analysis Report System.
 - The National Child Abuse and Neglect Data System.
 - The National Youth in Transition Database.
 - The DHS Bureau of Children and Adult Licensing.
 - Michigan’s Child and Family Services Review Program Improvement Plan.
 - State-level continuous quality improvement.
 - Local DHS and private agency continuous quality improvement.

Future Efforts: To support practice improvement using data, DHS will develop a data plan that describes the aggregate indicators that will be used in continuous quality improvement (statewide) reviews and reporting, immediately and over time.

Case Record Review Data and Process

Goal: The continuous quality improvement case review process will be implemented to review cases of children and families served by the agency and obtain information on how practice in the field affects family functioning and safety, permanency and well-being outcomes.

Status: Ongoing. The division reviews case records for the following types of cases:

- Ongoing Children’s Protective Services and foster care - Modified CFSR.
- CPS centralized intake, investigations and maltreatment in care.
- Incidents of corporal punishment and seclusion.
- Children’s health.
- Disrupted adoptions.

For each review, the division:

- Utilizes stratified samples sufficient to make statistical inferences about the population served by the department.
- Collects data from specific reviews to ensure agency performance is assessed on the quality of services for children and families served.
- Interviews workers and foster parents to gather additional data on the type of review.
- Trains the review staff on the protocol created for each type of review.
- Includes instructions on all assessment instruments to standardize their completion and support policy. The instruments are modified as needed and training is provided to ensure consistency in gathering accurate data.
- Establishes a review process that prevents conflicts-of-interest through staff oversight and audit checks to ensure reliability and consistency among reviewers.

DHS contracted with the Child Welfare Policy and Practice Group for design and implementation of the Quality Service Review for evaluating ongoing CPS and active foster care cases. The contractor will provide consultation in evaluation and refinement of data collection, reporting and analysis methods. The outcomes ensure DHS has the capacity to utilize data to identify areas needing improvement. Key components include:

- Strengthening the use of documentation and related tools for supporting key activities and decisions at the worker level.
- Reviewing and validating those activities and decisions at the supervisory level.
- Tracking and reporting on child welfare activities at the management level.

Division staff and stakeholders are implementing the model in October 2013 which will include the input of staff at all levels, children and their families, caregivers and stakeholders and will focus on factors that promote safety, permanency and well-being of children with an emphasis on achieving timely permanency. It will also include assessment of children and families ongoing to ensure targeted services improve child and family functioning and that the improvements continue over time.

Ongoing Children's Protective Services and foster care - Modified Child and Family Services Review

Since January 1, 2012, the division has utilized a modified Child and Family Service Review protocol to evaluate ongoing CPS, foster care and American Indian cases. This protocol rates review items 1 through 23 and includes additional questions regarding safety, family team meetings, adoption, permanency, high-risk youth, separation of siblings and education.

For each review, foster care and CPS in-home cases are selected from stratified samples from the Big 14 counties: Berrien, Calhoun, Genesee, Ingham, Jackson, Kalamazoo, Kent, Macomb, Muskegon, Oakland, Saginaw, St. Clair, Washtenaw and Wayne. The modified Child and Family Service Review protocol:

- Provides a comprehensive view of Michigan’s child welfare system.
- Assesses safety, permanence and well-being.
- Measures compliance with the modified settlement agreement items.
- Enables DHS to establish a baseline to measure the effectiveness of the MiTEAM model.

The division will continue to conduct case reviews using the Modified Child and Family Services Review Protocol until the Quality Service Review is fully implemented. The division will use the findings to identify strengths and areas needing improvement, provide outcomes to counties and develop strategies to improve services and outcomes.

Centralized Intake

The division developed and implemented the centralized intake case review protocol and instrument. Protocols assess the quality of CPS practices against DHS policy, the modified settlement agreement and best practice standards. Areas of oversight include:

- Receiving, screening and assigning complaints of child abuse and neglect.
- Training, supervision and oversight of caseworkers and management.

CPS Investigations

In July 2012, the division completed a qualitative review of CPS investigations. Protocols assess the quality of CPS practices against DHS policy, the modified settlement agreement and best practice standards. Specific areas of oversight include:

- Accuracy and quality of CPS investigation dispositions.
- Assessing services and their effectiveness in addressing identified needs.
- Family engagement.
- Training, supervision and oversight of caseworkers and management.

Results: Based on the results of the CPS investigation reviews, the division has identified strengths and areas needing improvement and has collaborated with stakeholders to implement strategies that improve safety for children.

Maltreatment in Care

The division collaborated with the Child Welfare Bureau and Child Welfare Field Operations to develop a protocol for evaluation of maltreatment in care investigations. In July 2012, a qualitative maltreatment in care review was completed. Protocols assess CPS practices against DHS policy, the modified settlement agreement and best practice standards. Specific areas of oversight include:

- Children who were the subject of abuse or neglect in a licensed residential setting or licensed or unlicensed foster home who remain in the placement.
- Children who were the subject of three or more reports alleging abuse or neglect in a foster home who remain in the home in which maltreatment allegedly occurred.
- Training, supervision and oversight of caseworkers and managers.

Results: The results of each review are used to make recommendations for changes to CPS policy and related programs. The changes will outline the expectation that maltreatment in care investigations are completed as required by state law and that they result in improved services to children and families. The division will engage stakeholders and develop strategies to improve services at the local, regional and state levels. The division will also begin surveying families with closed CPS and MIC cases to evaluate the treatment and involvement of birth and foster families during investigations.

Health Review

In 2012 the division developed a health care review protocol and tool for assessment of initial and periodic medical, dental and mental health screening for children in foster care. Reviews are conducted two times per year. Currently these reviews include a review of the case file and interviews with the current caregiver and caseworker.

Results: The Division of Continuous Quality Improvement provides a summary report to each Business Service Center with the results of each county. The division also includes the results from previous reviews in order to identify trends in compliance with policy standards.

Disrupted Adoptions

The division developed a disrupted adoptions review protocol and instrument in July 2012. Each year the division has committed to review every disruption and these reviews typically take place two times per year and include a comprehensive review of the relevant foster care, adoption and licensing files. In addition the adoption case worker, adoption supervisor, foster care worker, family and child are all interviewed.

Results: The results of each review are used to make recommendations for changes to Adoption and Foster Care policy and related programs. These recommendations include greater involvement of the prospective adoptive home and identifying and providing needed services to both the child and the prospective adoptive family.

Limitations on Use of Psychotropic Medications, Corporal Punishment and Seclusion/Isolation

The division monitors the use of seclusion and restraint through incident data provided by child caring institutions and the Bureau of Children and Adult Licensing. The division and the bureau continue monitoring incidents of corporal punishment and seclusion by holding monthly meetings to review all Corporal Punishment and Seclusion or Restraint Forms. The bureau also follows up on reporting requirements with child-caring institutions. The bureau consults regularly with the Children's Services Administration director on issues concerning agencies that serve children. In the event the bureau determines there is contract and/or licensing rule noncompliance, the bureau works with the provider (child placing agency or child caring institutions) to establish an acceptable corrective action plan. In the event a plan cannot be

developed or the plan is not implemented as agreed, the bureau may take action up to and including termination of the contract and/or license.

The division will continue a partnership with the Bureau of Children and Adult Licensing to determine the most effective way to incorporate findings into the continuous quality improvement protocols. Merging the compliance aspects of the licensing reviews with the quality components of the division protocols is critical to the development of a robust continuous quality improvement effort.

Analysis and Dissemination of Quality Case Review Data

Goal: The Division of Continuous Quality Improvement collects data from a variety of sources and tracks and analyzes the data regularly.

Status: The division aggregates the data from reviews and provides analysis that includes recommendations for improvement. The division will continue to include agency management, courts, tribes and other stakeholders when providing data analysis and feedback. The division is considering making the data available to stakeholders for analysis via a web application.

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

Goal: The division will work to expand the development of continuous quality improvement teams across the state. There will be both local and state level continuous quality improvement teams, the local teams will be composed of both public and private stakeholders and the state level continuous quality improvement team will be composed of leaders from both the public and private sector who have the ability to make executive level decisions.

Status: DHS has implemented a series of meetings with key stakeholders specifically focused on the development of local and state level continuous quality improvement teams. The purpose of the meetings is to ensure there is common understanding and agreement of the following:

- What continuous quality improvement means and what the core functions of a robust continuous quality improvement system entail.
- Who should be involved in continuous quality improvement?
- How continuous quality improvement connects with and supports the case practice model (MiTEAM).
Development of a communication protocol to ensure that information easily flows between all levels of the continuous quality improvement process.

The division will begin publishing aggregated data reports to inform improvements to training, policy, and practice and service array, through user-friendly reports posted on the public DHS website.

BUREAU OF CHILD WELFARE FUNDING AND JUVENILE PROGRAMS

In 2012, the Bureau of Child Welfare Funding and Juvenile Programs continued its administration of state and federal grants and the county Child Care Fund in Michigan's 83 counties. The bureau continues to manage a regional detention support service, the assignment unit for all juvenile justice residential placements and three residential juvenile justice facilities. These facilities provide treatment and detention services for delinquent youth 12 to 20 years of age who are referred by county courts or committed to DHS. Juveniles include males and females whose offenses and risks are so severe that community-based treatment is determined to be inappropriate. Services include treatment of sex offenders and severely violent and chronic offenders and substance abuse and mental health treatment. The residential facilities operate at the DHS secure level and include direct 24-hour, 7-day per week staff supervision.

Goal: Quality assurance will coordinate with bureau efforts to improve data collection and integration efforts in a single repository that supports both juvenile justice and child welfare. Data and program expertise will be used to provide a continuous quality improvement process.

Progress to date: Bureau staff worked with stakeholders including the Michigan Committee on Juvenile Justice, the DHS Bureau of Children and Adult Licensing, and staff involved with DHS information technology applications to begin developing systems that will achieve the goal. The effort includes evaluation of current juvenile justice information systems and a pending request with Department of Technology, Management and Budget to integrate the multiple juvenile justice systems that exist in counties into a single statewide repository.

QUALITY ASSURANCE: BUREAU OF CHILDREN AND ADULT LICENSING

In April 2012, the monitoring of contracts with child-placing agencies and child-caring institutions became the responsibility of the Bureau of Children and Adult Licensing. The Division of Child Welfare Licensing monitors for compliance all programs for abuse/neglect and juvenile justice youth that include:

- Private agency foster care.
- Private agency adoption.
- Therapeutic foster care.
- Shelter care.
- Mother-baby residential programs.
- Sex offender residential treatment.
- General residential care.

Final decisions regarding any contract action are made by the director of the Children's Services Administration.

Goal: DHS will review each private child-placing agency and residential foster care contract at least once a year and conduct investigations as needed.

Status: In 2012, DHS completed contract compliance reviews on all adoption, foster care, treatment foster care, residential foster care, sex offender foster care and shelter foster care contracts. Approximately 50 percent of contracts were reviewed by the previous contract compliance unit, with the other 50 percent reviewed by bureau licensing consultants.

Goal: DHS will implement policy and procedures for contract monitoring.

Status: In 2012, the Bureau of Children and Adult Licensing condensed all monitoring tools into two master case reading forms, one for child placing agencies and one for child-caring institutions. Monthly training was held to review the forms and ensure consistency of practice.

Three analysts were added to the staff to compile data from the on-site inspections to allow DHS to look for patterns of rule and contract violations. Eight analysts were added to make visits to a percentage of foster homes certified for licensure by public and private child-placing agencies as well as a percentage of unlicensed relative placements. The latter visits will assess safety and whether appropriate services are provided to foster children and caregivers. The information from these visits is incorporated into reports by the assigned licensing consultant.

Goal: DHS will conduct evaluations and investigations of all child-placing agencies and child-caring institutions to ensure the safety of Michigan's children. Public Act 116 of 1973, also known as the Child Care Organizations Act, protects children placed out of their own home by establishing standards of care for child placement agencies, institutions and family foster homes. The act also contains penalties for noncompliance with promulgated administrative rules. Michigan has administrative rules that govern:

- Child-placing agencies (Rule 400.12101-400.12713).
- Foster family homes and foster family group homes (Rule 400.9101-400.9506).
- Child-caring institutions (Rule 400.4101-400.4666).

The bureau is involved in the process of revising the rules through:

- Approval of rule changes after public hearings and modifications based on public and user input.
- The filing of new rules with the Secretary of State that includes an effective date.

Status: Public forums were held in 2011 to obtain feedback on the proposed rule changes for child-caring institutions.

- Modifications were made to the proposed rules based on the feedback and were submitted to the Department of Licensing and Regulatory Affairs.
- The draft rules were returned from Licensing and Regulatory Affairs in 2013 with a request for revisions. When the draft rules are returned, the Regulatory Impact Statement will be completed, a final public hearing will be held and the rules will be implemented by the end of calendar year 2013.

OFFICE OF FAMILY ADVOCATE

The Office of Family Advocate is a unit within DHS that responds to complaints and inquiries from citizens, the legislature and the governor's office concerning families and children involved in the child welfare system. In 2012, the Office of Family Advocate responded to 394 case complaints. Responses range from providing educational information or referrals to assisting callers to navigate the child welfare system and achieve their desired outcome to completing a full case review. Full reviews involve analysis of case handling for compliance with department policies and state and federal laws to ensure child safety, permanency and well-being. In 2012, the Office of Family Advocate conducted 30 full case reviews because of constituent complaints. The Office of Family Advocate makes recommendations for changes in local office practice and statewide policy.

The Office of Family Advocate is responsible for receiving and tracking all child death alerts from local offices to ensure that notice is timely, accurate, and compliant with DHS policy. In accordance with interagency agreements, the Office of Family Advocate provides death alerts to the Office of Children's Ombudsman and Michigan Public Health Institute.

The Office of Family Advocate is the designated unit within DHS responsible for reporting and reviewing each child fatality that occurs during an open foster care case. The Office of Family Advocate reviewed 17 cases involving children who died while under court jurisdiction in 2012. Within six months of a fatality, the Office of Family Advocate issues a report of findings and recommendations to the local DHS, private agencies, State Court Administrative Office, Child Welfare Field Operations, Bureau of Children and Adult Licensing, Child Welfare Training Institute and DHS program offices when applicable.

In cases where the Office of Family Advocate identified findings, the local DHS office, program office and/or the private foster care agency submits a corrective action plan to the Office of Family Advocate and Division of Continuous Quality Improvement for data collection, identification of trends and other quality assurance and improvement activities. In 2012, the Office of Family Advocate reviewed 10 corrective action plans.

In 2011, the Office of Family Advocate developed monthly webcasts that highlight best practices concerning death of a child in foster care. In 2012, the Office of Family Advocate produced eight segments available through the DHS intranet site and the Child Welfare Training Institute webpage.

On behalf of the DHS director, the Office of Family Advocate director or Family Advocate specialist participates in statewide advisory boards, task forces and work groups including three Citizen Review Panels, the Child Death State Advisory Committee, the Foster Care Review Board Advisory Committee, CPS Advisory Committee and Adoption Oversight Committee.

Goal: The Office of Family Advocate will continue to respond to complaints from citizens, the legislature and the governor's office, conduct in-depth case analysis when warranted and make recommendations for changes to DHS policy and practices.

Goal: The Office of Family Advocate will continue to provide liaison services to the Office of Children's Ombudsman.

- The Office of Family Advocate processes all Office of Children's Ombudsman requests for records and information, Requests for Action and Administrative Responses as well as Reports of Findings and Recommendations.
- The Office of Family Advocate implements semi-annual meetings with the Office of Children's Ombudsman to discuss interagency procedures, specific cases and other matters of mutual concern.
- The Office of Family Advocate collaborates with the Office of Children's Ombudsman to implement new MiSACWIS protocols and make appropriate changes to the memorandum of understanding between the agencies.

Goal: The Office of Family Advocate will continue to track all child deaths reported to CPS or child-placing agencies.

- The Office of Family Advocate reports to the director's office and Field Operations Administration each fatality of a child in foster care that occurred that month.
- Within six months of each fatality, the Office of Family Advocate completes a case analysis and submits recommendations to the county office and private agency.
- The Office of Family Advocate submits corrective action plans to the Child Welfare Field Operations and the Division of Continuous Quality Improvement for follow-up.
- The Office of Family Advocate publishes a report of child deaths available to the public.
- The Office of Family Advocate shares with the State Court Administrative Office all fatality reports and confidential information concerning children who died in foster care per the renewed interagency agreement signed in 2012.

Goal: The Office of Family Advocate will continue to collaborate with the DHS Office of Communications to create webcasts providing education regarding ward fatality cases in 2013.

- The webcasts are available to DHS staff and contain no identifying information so they can be viewed by a wider audience on YouTube.
- The webcasts focus on the situation that brought the child into care, fatality facts, exceptional practice and practice improvement points.

Goal: The Office of Family Advocate will continue to update statewide DHS policy located in Services Requirements Manuals 131, 132, 133, and 172 and provide guidance to the field regarding those policies as requested.

Goal: The Office of Family Advocate will participate with the title IV-E waiver pilot. The Office of Family Advocate will participate in the development, training and rating committees in 2013.

Goal: The Office of Family Advocate will continue to participate with statewide training.

- The Office of Family Advocate works with CPS program office to deliver statewide training on safety assessment and safety planning.
- The Office of Family Advocate provides an overview of the office to attendees of the New Supervisor Institute for foster care supervisors.

Goal: The Office of Family Advocate will continue to serve on the Child Death Advisory Team, CPS and foster care advisory teams, Citizen Review Panels, Governor's Task Force, State Foster Care Review Board Advisory, Safe Sleep Advisory and others as needed.

The above goals represent ongoing activities of the Office of Family Advocate.

OFFICE OF CHILDREN'S OMBUDSMAN

The Office of Children's Ombudsman is an independent state agency administratively housed within the Department of Technology, Management and Budget. The Office of Family Advocate is the DHS liaison to the Office of Children's Ombudsman. Separate from the department and other stakeholders, the Office of Children's Ombudsman investigates complaints concerning children in the child welfare system including those supervised by DHS and private agencies. The Office of Children's Ombudsman reviews files and conducts interviews with agency staff and collateral sources.

- If the Office of Children's Ombudsman identifies safety concerns or other issues needing immediate attention, a Request for Action or Request for Administrative Response is sent to the Office of Family Advocate.
- If the Office of Children's Ombudsman identifies violations of law, policy or procedure, a Report of Findings and Recommendations may be issued to the DHS or private agency.
- The Office of Children's Ombudsman may close a case as an administrative closing when a concern was noted but satisfactorily resolved or when an investigation is discontinued.
- The Office of Children's Ombudsman may also close a case as an affirmation when no violations of law, DHS policy or procedure were identified.
- The Office of Family Advocate orders case files requested by the Office of Children's Ombudsman, tracks and monitors the status of such cases and coordinates with involved agencies to respond to Reports of Findings and Recommendations.
- The Office of Children's Ombudsman works with DHS to improve child welfare practice.

In 2012 including the period October 1, 2012 through March 31, 2013, the Office of Children's Ombudsman:

- Completed 177 investigations.
- Submitted to DHS 29 Requests for Action or Requests for Administrative Response.
- Issued 56 Reports of Findings and Recommendations to DHS.
- Affirmed DHS or private child-placing agencies in 61 cases.
- Resolved 65 investigations as Administrative Closings.

The Children’s Ombudsman Act, Public Act 204 of 1994, requires the Office of Children’s Ombudsman to submit an annual report to the governor, Michigan Legislature and the DHS director. The annual report may include recommendations for changes in DHS policy or state laws. The report is also made available to the public on the Office of Children’s Ombudsman website at: <http://www.michigan.gov/oco/0,1607,7-133-3195---,00.html>.

The above goals represent ongoing activities of the Office of Children’s Ombudsman.

CHILD MALTREATMENT DEATHS

Michigan receives reports on child fatalities from a number of sources including law enforcement agencies, medical examiners/coroners and child death review teams. Because fatality reports are obtained from these sources in their role as mandated reporters, the reports are not entered into Michigan’s National Child Abuse and Neglect Data System submission until a link between the child fatality and maltreatment is established after completion of a CPS investigation. Upon completion of the investigation, if the link between the death and maltreatment is confirmed, it is recorded in the Services Worker Support System (SWSS). Michigan utilizes data from SWSS to compile responses for child maltreatment deaths.

Michigan’s vital statistics department, the Department of Community Health, provides child death information to DHS. The determination of whether maltreatment occurred depends on completion of a CPS investigation with abuse or neglect confirmed. The data on child fatalities from the Department of Community Health is utilized by local review teams to provide recommendations to raise awareness and encourage initiatives to decrease child deaths.

Michigan established through its Child Protection Law a process to provide public disclosure of cases of child abuse that resulted in a child fatality. Near fatalities are not captured or reported at this time. In 2013, Michigan will implement MiSACWIS and confirmed abuse resulting in a near fatality will then be recorded. DHS will incorporate this information into the annual Michigan Child Death report for public disclosure.

Michigan child fatalities are reported in the annual Michigan Child Death report that is compiled with the local and state child fatality review panels. This report contains information about the manner of death and the age and race of the child. The data is provided consistent

with the confidentiality requirements of Michigan's Child Protection Law. The annual report makes recommendations to the department about changes in policy and practice. The annual Michigan Child Death report is provided to the governor and state legislators within 60 days of the report being provided by the advisory committee. The 2011 Child Death Report may be reviewed at this link: http://www.childdeathreview.org/reports/MIAnnual_Report_9.pdf.

In 2011, there were 30 abuse-related and 89 neglect-related fatalities. When local teams review a child's death, they are asked to indicate if they believe that someone caused or contributed to the child's death by any action or inaction. These represent cases where the teams indicated that abuse and/or neglect caused or contributed to the child's death. They do not reflect official counts of abuse or neglect fatalities reported by the Michigan Department of Community Health's Division for Vital Records and Health Statistics.

Goal: Michigan will continue to use all child fatality data when investigating maltreatment.

Status: The National Child Abuse and Neglect Data System reporting data will be provided through the Services Worker Support System until MiSACWIS goes into effect statewide.

MICHIGAN FOSTER CARE REVIEW BOARD

The Foster Care Review Board provides third party external review of children in the foster care system to help ensure the children's safety and well-being while in foster care and that the system is working to achieve permanency for each child in a timely manner. The State Court Administrative Office administers the program, which is composed of trained citizen volunteers who serve on one of 27 local boards.

- The board reviews a random sample of foster care cases and conducts specialized reviews when there are concerns. Selected cases are reviewed every six months until permanency is achieved. The board provides findings and recommendations to the local court, DHS and child-placing agencies for consideration.
- The board investigates appeals by caregivers when a child is moved from a placement and the caregiver does not believe the move is in the child's best interest. They forward findings and recommendations to the agency, local court and the Michigan Children's Institute superintendent regarding the appropriateness of the change.
- A statewide committee includes child welfare leaders and advocates who assure the program fulfills its statutory mandate and provides maximum benefit. The committee identifies systemic issues that need attention and provides input into the board's annual report. State statute requires an annual report be delivered to the Michigan Legislature and governor. The report specifies issues that delay permanency or compromise child and family well-being and makes recommendations. The report may be viewed here: http://courts.mi.gov/Administration/SCAO/Resources/Documents/Publications/Reports/fcrb/fcrb_ar11.pdf

The 2010 annual report published in May 2011 contained the following recommendations. DHS actions made in response to the recommendations are noted afterward.

1. We recommend that the DHS director appoint a “blue ribbon” panel of experts to develop a strategic plan for ensuring the recruitment and retention of well-qualified foster parents for children served in Michigan’s foster care system.
DHS Action: In April 2011, DHS established the Statewide Strategic Adoptive/Foster Parent Retention and Recruitment Committee, a coalition of public and private providers and stakeholders to enhance collaboration in foster and adoptive home recruitment and retention and is developing a retention/recruitment toolkit.
2. We recommend amending or enforcing DHS policies to require that service plans include an assessment of the current placement for each child; specifically, how well it meets a child’s needs. This includes an assessment of the foster parents’ need for support, services and training. A specific plan should also be included that details how DHS will support the placement and the child’s safety and well-being.
DHS Action: DHS policy and service plan format require these items and increased training and supervisory oversight was implemented.
3. We recommend that DHS implement policies that require establishment of foster parent support groups and liaisons for each county office and contracted agency.
DHS Action: DHS requires field offices and private agencies to ensure local foster parent support groups collaborate with the Michigan Association for Foster, Adoptive and Kinship Parents to develop support groups for caregivers statewide.
4. We recommend that DHS establish an independent entity to conduct exit surveys or interviews with foster parents to learn why they are leaving the system and what support and services may have enabled them to continue.
DHS Action: DHS is conducting these services and interviews.
5. We recommend that the Michigan Legislature pass a foster parent bill of rights that guarantees training, support, compensation and inclusion in all aspects of a case involving a child placed in a foster home. We recommend that the contents of this bill be negotiated among DHS, child-placing agencies and a representative body of foster parents, such as the Michigan Association for Foster, Adoptive and Kinship Parents.
DHS Action: The Michigan House of Representatives drafted a related bill that was introduced to its Committee on Families, Children and Seniors in March 2013.
6. We recommend that DHS develop a single foster parent coalition or association to collaborate with state and local efforts to improve services and supports provided to foster, relative and adoptive parents in their care.

DHS Action: The DHS director has taken a leadership role and established a statewide foster/adoptive/kinship coalition that meets quarterly to discuss and assess issues concerning Michigan's foster/adoptive/kinship families.

DHS management and the Continuous Quality Improvement Division work with the Foster Care Review Board to develop policy and procedures that use case and annual report recommendations in quality assurance reviews. Progress has been limited to date.

The 2011 annual report published in May 2012 addressed parent-child visitation as an essential component for ensuring child well-being and achieving timely permanency for children served by Michigan's foster care system. The review board found that in the majority of cases reviewed in which the permanency goal was reunification, parent-child visitation appeared to be a perfunctory activity in which little time or resources were provided, rather than a well-planned and purposeful intervention significant to reunification and facilitation of child well-being. The board also found that visitation was being used too often to motivate parental compliance with other aspects of the treatment plan, rather than for its intended purposes, which are to help children and their parents stay connected while the children are in foster care, mitigate the trauma of placement and meet the developmental needs of the children.

The report referenced research that indicates that failure to maintain the connection between the child and parent while in foster care damages the parent-child relationship and has long-term implications affecting a child's ability to form healthy attachments and relationships. The report concluded that although DHS policy supports frequent and purposeful visitation, actual practices often do not. This was found to be consistent with the findings presented in the 2010 final report on Michigan's federal Child and Family Services Review, which indicated that Michigan must significantly improve its efforts to help parents stay connected with their children after they enter foster care. Michigan's Program Improvement Plan requires the state to establish a task force to develop a strategic plan to provide children and families the support and services necessary to ensure that parents are involved and provided the best opportunity for a successful reunification. In the annual report, the Foster Care Review Board deferred its recommendations to those of the task force. The task force report was not published at the time of this report.

DHS DATA MANAGEMENT

The Data Management Unit coordinates county, state and federal information requests. It works with the Department of Technology, Management and Budget to provide accurate, timely and validated data to fulfill customer-reporting needs.

Staff assures timely distribution of reports using:

- A database to track information requests.

- Data extraction into user-friendly reports.
- An internal web page for data sharing with DHS staff.
- Detailed requirements that provide standardized data reports and sets.

DHS shares data electronically with the courts through agreement with the State Court Administrative Office.

Goal: The Data Management Unit will create and test data and compliance reports, which will allow county-level oversight of progress to achieve state and federally mandated outcomes.

Status: Completed in July 2011.

Technical Assistance Provided to Counties and Local and Regional Entities

Goal: The Data Management Unit will create a series of reports to alert caseworkers of deadlines for child safety, permanency and well-being, such as medical and dental appointments.

Status: In June 2012, staff released reports on medical and dental appointments through the department's internal website. The documents assist county managers to define benchmarks and see trends that may lead to non-compliance.

Goal: DHS will develop a web page accessible on the department's Intranet.

Status: The goal was modified in 2011 to the development of a web page for county administrators to obtain case-level detail. Staff continues to maintain a secure web page. The county directors' internal site provides executives and county administrators access to monthly reports and case-sensitive data.

Goal: DHS will develop a communication and training strategy for report distribution and use, along with SWSS system changes to effect change in service delivery.

Status: Staff works with Child Welfare Field Operations to develop communication strategies.

STATE AUTOMATED CHILD WELFARE INFORMATION SYSTEM COMPLIANCE

Goal: Michigan will implement a State Automated Child Welfare Information System (SACWIS) pilot by October 2012.

Status: Completed. Michigan's SACWIS system is called MiSACWIS. The pilot was conducted in Ingham County beginning October 29, 2012. Nine private agencies participated in the pilot. Michigan will implement a second SACWIS pilot by June 3, 2013.

Goal: DHS will develop a private agency interface into the Services Worker Support System Foster Care, Adoption and Juvenile Justice (SWSS FAJ) application to ensure accurate data collection and monitoring.

Status: Completed in July 2011. DHS and Department of Technology, Management and Budget implemented a web-based interface for private agency staff to access the SWSS FAJ application, SWSS Web. Private agencies will continue to use SWSS Web until MiSACWIS implementation.

New Goal: Michigan will implement the MiSACWIS application in 2013. DHS and contracted private agency staff all will use MiSACWIS. Contracted residential care agencies will use MiSACWIS to validate payments for DHS-supervised children in their care.

Changes to SWSS

Due to the upcoming implementation of MiSACWIS, the department only made minor changes to SWSS in 2012. The only major change DHS made to the adoption subsidy and foster care payrolls was to document coding that indicates whether the payment is reportable on form 1099. Changes were also made for all payments except independent living stipends to be directed to the Michigan Accounting Information Network process, which required the payees to be enrolled and maintain their vendor information. These changes bring these payrolls in compliance with 1099 reporting requirements and remove the responsibility of DHS to provide the 1099s to these vendors. DHS instituted these changes on December 14, 2012.

EVALUATION, RESEARCH AND TECHNICAL ASSISTANCE

Technical Assistance for DHS in 2012

The American Public Human Services Association worked with the DHS foster care program office to monitor implementation of the MiTEAM model, assure the impact of implementation is fully achieved and maintain positive momentum.

Technical Assistance Collaboration with the State Court Administrative Office

DHS collaborated with the State Court Administrative Office, Child Welfare Services division to provide training and technical assistance on legal and court-related issues in 2012 and 2013.

- Michigan Indian Family Preservation Act: New Indian Child Welfare Legislation. State and tribal court experts guided participants through an overview of the recently enacted Michigan Indian Family Preservation Act.
- The Impact of Parental Incarceration on Children in the Child Welfare System. This training presented research findings, including the impact of parental incarceration on children at various ages on the developmental continuum.
- Integrating the Safety Guide with the MiTEAM case practice model. The American Bar Association Safety Guide established a judicial decision-making model to help courts make informed decisions that protect children; the guide supports all components of the MiTEAM model and strengthens the court's role in engaging families.
- Combating Compassion Fatigue: Brain and Body Wellness for Caregivers. The workshop explored topics including vicarious trauma, stress response and wellness.

- So Your Client is Homeless, Now What? This webcast provided information about working with homeless clients from social work and legal perspectives.
- Based on a True Story. This training is based on an actual case in which a child was placed in care based on incomplete medical evidence. This illustrated the consequences to families when decisions are made based on incomplete information.
- Pathways to Permanency: Working With Older Youth to Achieve Positive Outcomes. The conference explored specialized case planning, educational outcomes, youth participation in court proceedings, issues of cultural significance and many other topics.
- Child Abuse and Its Impact on Child Development. This multi-disciplinary training helped professionals understand the impact of abuse and neglect on child development. Understanding the link can help professionals tailor service plans, identify resources, construct court orders and achieve permanency in an appropriate way.
- Standardized Court Reports: Improving Consistency and Efficiency in Child Welfare Cases. This webcast focused on the standardized court report format implemented recently by the DHS and its contracted agencies.
- Young Adult Voluntary Foster Care. The Young Adult Voluntary Foster Care Act authorized DHS to provide foster care, adoption subsidy and guardianship assistance until youths reach age 21. This training provided an overview of the program.
- Forensic Interviewing Protocol. This training shows how to use forensic interviews in such a way that children's statements support fair decisions by the criminal justice and child welfare systems.

State Court – DHS training for Local Court and Child Welfare Staff

- Basic Appellate Training. This training provided Macomb County attorneys with information about the details of handling an appeal in an appointed child welfare case.
- Advanced Appellate Training. This Wayne County training prepared attorneys to present arguments before judges who gave feedback to improve appellate advocacy.
- Testifying in Court for Non-Lawyers. Attendees learned about the various court hearings that occur during the life of a child welfare case.
- Northern Michigan Child Welfare Training: From Hearings to Hearsay. This training provided participants with the skills to handle child welfare cases effectively.
- Developmentally Appropriate Strategies to Improve Child Well-being in Abuse and Neglect Cases. This training featured tools that help professionals understand developmental considerations that can affect parenting time, placement stability, reunification and child well-being.

Multi-Disciplinary Professional Development

- Applications for Leave to Appeal in Child Welfare Cases. This program focused on orders in a child welfare case that are appealable by application for leave to appeal and the procedures for preparing and filing such an appeal.

- Building a Legal Arsenal to Defend Clients. Representing parents in child protective proceedings requires specialized knowledge of child welfare law and procedures. Participants discussed issues specific to their current cases.
- Yellow Book Training. The book, “Guidelines for Achieving Permanency in Child Protection Proceedings,” explains the responsibilities of each participant in child welfare proceedings at each stage of a case.
- The Indian Child Welfare Act “Qualified Expert Witness:” Testimony focused on that role and provided tips on how to present testimony. A Native American youth told his story, illustrating the importance of understanding culture in child welfare cases.
- Telling a Story: Trial Skills for the Child Welfare Lawyer provided the trial skills necessary for advocacy, including opening and closing statements, handling difficult witnesses, direct and cross-examination, expert testimony and making objections.
- Writing for Resources: Grant Writing for Court and Child Welfare Professionals. Child welfare stakeholders collaborate to develop programs to improve outcomes. This course presented a blueprint for writing grant applications.

State Court Administrative Office Collaboration with Other Groups

- Court Improvement Program and Governor’s Task Force-sponsored training. These trainings assist multi-disciplinary audiences of professionals including child welfare staff, lawyer-guardians ad litem, judges, prosecutors, parent attorneys and mental health professionals on issues commonly faced in child welfare cases.
- The Safety Guide. The Child Welfare Services Division worked with the American Bar Association to present on the Safety Guide judicial decision-making model.
- Communication, Collaboration and Consistency: Solutions in Child Welfare, Ninth Annual conference. The State Court Administrative Office and the Governor’s Task Force on Child Abuse and Neglect sponsored a conference on using communication, collaboration and consistency to overcome the barriers in child welfare cases.
- The 11th Annual Child Welfare Law Conference: Transforming Child Welfare through Representation. This conference helps members of the child welfare bench and bar learn the latest child welfare law from the perspectives of the practitioner and jurist.
- National Council of Juvenile and Family Court Judges. Child Welfare Services is working with the council to develop stronger analysis of training effectiveness to assess how it helps child welfare professionals secure successful outcomes.

Youth in Transition Technical Assistance is provided by the Health, Education and Youth program office staff during monthly supervisor calls and training twice each month. The information shared includes resources available for foster youth and how to access them.

Technical assistance provided in 2012			
Date	Location	Persons trained	Topic
1/25/2012	Isabella County	Tribal-State Partnership meeting	Youth in Transition services
6/12/2012	Lansing	Wayne County DHS and agency staff	Youth in Transition services
07/10/2012	Conference call	Michigan Youth Opportunities staff	Youth in Transition and National Youth in Transition Database
07/16/2012	Conference call	Michigan Youth Opportunities staff	Youth in Transition for juvenile justice youth
07/25/2012	Oakland County	DHS and private agency staff	Youth in Transition services
08/13/2012		Statewide youth board members	Youth board training
08/20/2012	Monroe County	DHS and private agency staff	Youth in Transition services
09/25/2012	Lansing	Adoption conference	Youth in Transition services
10/11/2012	Conference call	Michigan Youth Opportunities staff	Youth in Transition services
10/22/2012	Lansing	Adoption subsidy unit	Youth in Transition services
11/27/2012	Grand Rapids	Bethany Christian Services staff	Youth in Transition services
11/29/2012	Lansing	Education Planners	Youth in Transition/ National Youth in Transition Database
Technical assistance provided in 2013			
1/16/2013	Genesee County	DHS and private agency staff	Youth in Transition services
1/28/2013	Wayne County	Michigan Youth Opportunities staff	Youth in Transition services

JUVENILE JUSTICE TRANSFERS

In Michigan, 157 youth in Michigan's foster care system were adjudicated as delinquents with a DHS juvenile justice case opened in 2012. The juvenile justice system in Michigan is decentralized, with each county responsible for the juvenile delinquent population in its respective county. Some counties commit a percentage of their youth to the state for care and supervision under Public Act 150. The Bureau of Child Welfare Funding and Juvenile Programs is responsible for about 10 to 20 percent of the total state juvenile justice population.

Juvenile Supervision in Michigan

Most youth remain the responsibility of the county courts. Many youth who have had open

abuse/neglect cases enter the juvenile justice system and remain under county supervision. Often, the dependency case is closed at the time the delinquency case is opened, thus the youth are not maintained as dual wards. The state does not have access to the case management systems used by county juvenile justice programs, and there is no central repository for juvenile justice data; therefore determining the number of dual wards or crossover youth population is challenging.

Goal: DHS will work collaboratively with the county courts to improve data collection.

Status: Juvenile Programs is an active participant in a statewide workgroup formed by county family courts called Juvenile Justice Vision 20/20. A subcommittee was formed to facilitate data consolidation so the state may obtain and track juvenile justice data in the future.

Services to County-Supervised Youth

In Michigan, county-supervised youth are treated in the community, in county-operated juvenile facilities or in privately operated juvenile facilities under contract to the counties. These youth are often younger than those the state supervises, have committed less severe offenses and generally do not require specialized services. The number of youth under county supervision increased in recent years because of increased emphasis on community-based diversion and in-home treatment programs for juvenile delinquents that are reimbursed through the county Child Care Fund. The Child Care Fund is the primary funding mechanism for juvenile justice in Michigan, and in 2012 totaled about \$400 million. This fund reimburses counties for 50 percent of eligible costs for juvenile justice and non-title IV-E-eligible youth.

Many counties have utilized their Child Care Fund dollars to develop effective lower cost community-based interventions for juvenile delinquents. Wayne County previously supervised the largest juvenile justice population in secure facilities, but it worked aggressively to reduce the number of youth placed under state supervision and cut by more than half the number of youth placed in secure residential treatment.

Services to State-Supervised Youth

Of the 836 youth under DHS supervision, some are committed to the care of the state as state wards under Public Act 150. These youth are provided with case management services by DHS juvenile justice specialists. The youth may be placed in public or private residential treatment placements or in community-based intervention programs. Others remain wards of the county court, with DHS providing residential treatment. Youth under state supervision tend to be older, have committed more severe offenses and require specialized care. These characteristics are especially notable among youth at state-operated training schools.

HEALTH CARE SERVICES PLAN

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 policy and Michigan's Health Care Services 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 years.
- Children under 3 years of age require more frequent medical exams outlined in the Early and Periodic Screening, Diagnosis and Treatment program that follows the standards of pediatric care at specified intervals as defined in the current American Academy of Pediatrics Periodicity Schedule.
- Children re-entering foster care after their case had 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.
- How to access assessment and treatment for children with behavioral needs.

Coordination and Collaboration

The Michigan Department of Community Health is responsible for health programs, and DHS relies on it to move its health agenda forward. A team approach in building a system includes soliciting input and feedback from a variety of experts that includes:

- Department of Community Health staff.
- Local DHS directors and staff.
- Local Community Mental Health directors and staff.
- Private child-placing agencies and residential care providers.

Goal: Collaboration with the Department of Community Health and other stakeholders to ensure coordination of care for children in child welfare.

Status: In 2012, community health and human services collaborative work groups met:

- For statewide implementation of the waiver for foster children with serious emotional disturbance.
- To review the work and progress of the core team in addressing the behavioral health of children in the child welfare system.
- To develop Medicaid policy for children in foster care that includes mental health screening using a validated tool.
- To examine Medicaid claims data for medical examinations and dental examinations provided to children in foster care.
- To develop and implement a joint plan to track, monitor and improve the use of psychotropic medications for children in foster care and those covered by Medicaid.

- To collaborate on a community health pilot to provide mental health assessments and linkages to services through consultants at six pediatric practices in Wayne County.
- To advise and assist implementation, monitoring and updating of the Michigan Autism Spectrum Disorders State Plan.
- DHS staff attended the Georgetown University Training Institutes on “Improving Children’s Mental Health Care in an Era of Change, Challenge and Innovation: The Role of the System of Care Approach.”
- In August 2012, a team from Michigan attended a summit in Washington DC, “Because Minds Matter: Collaborating to Strengthen Psychotropic Medication management for Children and Youth in Foster Care.”

Planned Activities for 2014

DHS will continue participating in collaborative meetings.

Transition of Foster Children to Managed Care

Goal: Children in foster care will be enrolled in managed care plans by October 2010.

Status: Completed. From November 2010 forward, all children entering foster care are enrolled in Medicaid health plans. A health liaison officer ensures timely health care access for children entering foster care. The health liaison officer:

- Serves as a resource on the available managed care providers.
- Backs up workers in the enrollment and disenrollment process.
- Ensures that established health care procedures are followed.
- Assesses family, child and provider satisfaction.

Goal: All 25 health liaison officers will be trained to provide services in 2012.

Status: Training was held for the health liaison officers in August 2011. The health liaison officers receive technical support on specific areas through monthly teleconferences provided by the Health, Education and Youth Unit.

Update for 2012

- Extended individual technical assistance was provided to six counties.
- Five teleconferences were provided to foster care supervisors as health liaison contact for the remaining 63 counties.
- The health analyst conducted eight monthly teleconferences and facilitated four full-day trainings for the health liaison officers. The trainings included:
 - Psychotropic medication treatment.
 - Fetal alcohol syndrome disorder.
 - Children’s Special Health Care Services.
 - Medicaid Health Plan enrollment process.
 - Trauma-affected children.

Planned Activities for 2013

- Teleconferences for foster care supervisors will be increased to bi-monthly.

- Two in-person trainings were scheduled, one in mid-Michigan (April) and the other in the northern Lower Peninsula (fall 2013).

Immunizations

- The Michigan Medicaid immunization program is congruent with the American Academy of Pediatrics recommendations.
- A schedule of required childhood immunizations for Michigan schools serves as a minimum standard for children in care.
- Immunizations are considered “routine medical care” but some parents refuse to have their children immunized because of religious beliefs. Parents may sign a statement specifying the prohibition, which is retained in the case record.

Goal: The DHS medical consultant will evaluate all recommended immunizations to determine their appropriateness as preventive care for foster children.

Status: Completed. The medical consultant, DHS and Department of Community Health staff discussed immunization policy and practices recommended by the Centers for Disease Control and Prevention and determined DHS policy on the human papillomavirus vaccine is too restrictive. Policy was updated in April 2012.

Technical Assistance Provided to Counties and Local and Regional Entities

- The Child Immunization Registry tracks immunizations of children in the state.
- The Services Worker Support System downloads data from the Department of Community Health to get information to prevent duplicate or missed immunizations.
- DHS updated foster care policy in 2009, instructing workers to review immunization records and take action if immunizations are not up-to-date.

Goal: Policy will be updated to define immunizations considered “routine medical care.”

Status: Completed.

Psychotropic Medication Management Policies and Procedures

Goal: DHS will update policies and procedures for the use of psychotropic medications. DHS will review cases in three counties that were flagged because a child was prescribed psychotropic medication outside DHS guidelines.

Status: DHS worked with the Department of Community Health to review and analyze psychotropic medication claims for foster children and develop a joint oversight plan. DHS developed policy on psychotropic medications and a standard informed consent form.

Accomplishments in 2012

- In January 2012, DHS released policy with an overview of psychotropic medication, guidelines for use and an informed consent form with triggering criteria. The policy follows the requirements in the Health Oversight and Coordination Plan.

- DHS hired a medical consultant who is a board-certified physician in child and adolescent psychiatry. The medical consultant provided training on psychotropic medications, the consent process and oversight.
 - When a form indicates prescribing that is not consistent with DHS triggering criteria, it is reviewed by the DHS medical consultant.
 - If the rationale provided warrants further review, the medical consultant may contact the county for information or the prescribing physician.
 - DHS is developing a database to track and address trends of concern.
- Agencies serving DHS youth were informed about the new procedure and offered assistance with implementation. The medical consultant provides ongoing education and outreach to physicians across Michigan.
- The medical consultant will provide a series of educational sessions about the needs of youth in DHS foster care and DHS policies and procedures.
- Outreach to professional organizations by the medical consultant is underway. These organizations include:
 - The Michigan chapter of the American Academy of Pediatrics.
 - The Michigan chapter of the American Academy of Family Physicians.
 - The Michigan Psychiatric Society.
 - The Michigan chapter of Child and Adolescent Psychiatry.
 - The Michigan Association of Community Mental Health Boards.
- DHS and the Department of Community Health met monthly to review psychotropic medication Medicaid claims data for foster children.

In 2012, the Department of Community Health implemented a new program for oversight of psychotropic medication use for Medicaid enrollees called EnhanceMed. EnhanceMed provides reports on psychotropic medication prescribing patterns.

- DHS will ensure providers serving DHS children are included.
- The aggregate data garnered from EnhanceMed will be incorporated into reports.
 - Providers who trigger exceptions will be contacted by a pharmacist.
 - The trends in psychotropic use will be monitored and additional educational and consultative procedures will be developed.

Planned Activities for 2013

DHS policy on psychotropic medications (FOM 802-1) was released in January 2012. DHS and the Department of Community Health will review Medicaid claims data to improve oversight of psychotropic medication. The DHS medical consultant has reviewed cases of concern to caseworkers. Reviews found:

- Providers are having informed consent discussions with the appropriate individuals.
- There are challenges in reaching medical providers to ensure that all have information on the change in policy.
- The review revealed that not all medical providers correctly identify prescribing practices that trigger quality criteria.

DHS will improve providers' adherence to this expectation by streamlining the document and providing technical assistance. Policies will be reconfigured so central office reviews will include all informed consent documents.

- The informed consent and oversight processes include documentation of mental health diagnoses and target symptoms of medications.
- All informed consent forms will be sent to central office, not just those with triggering criteria.
- DHS is collaborating with the Department of Community Health to hire an analyst to improve medication oversight.
- MiSACWIS software will allow caseworkers and central office staff to review data on informed consent for psychotropic medications.

This has been a transitional year with significant changes in expectations for medical providers. These challenges will continue to be addressed as follows:

- The medical consultant advises Children's Mental Health Division partners, foster care providers, hospitals and primary care providers to educate them on policy.
- The medical consultant is working with the youth unit to develop technical assistance for caseworkers to ensure informed consent is occurring and documented.
- The medical consultant sent letters to providers whose forms have come up for review to inform them about DHS policy and resources.
- DHS will distribute resources in 2013 to assist medical providers with the informed consent issue.
- DHS and community health partnership and access to Medicaid claims data will allow tracking psychotropic prescription claims and those meeting the triggering criteria.

Michigan statute prevents prior authorization of psychotropic medications. Therefore, oversight involves review of medications after the fact. Discussion between a medical provider, a patient and the patient's parent/guardian is a key component of quality health care.

- DHS will ensure rapid turnaround of information so the time between prescribing and review at DHS is limited to the extent possible.
- DHS continues to work with foster care workers to ease communication between medical providers and birth/adoptive parents.
- The medical consultant developed training on mental health and case practice that will be offered quarterly.
- A team from Michigan attended the "Because Minds Matter" summit in 2012 and learned how other states provide oversight of psychotropic medications. The DHS medical consultant reached out to a presenter, Dr. Michael Naylor, for further guidance on psychotropic oversight.

Planned Activities for 2014

DHS and the Department of Community Health will continue to collaborate on improving oversight of psychotropic medication for children in foster care.

Health Advisory Resource Team

Goal: DHS will review and update prescribing guidelines and maintain professional oversight. In 2011, the Child Welfare Health Advisory Board reviewed new information and determined its application in the child welfare system. The board developed guidelines for informed consent and incorporated them into the DHS psychotropic medication policy.

Status: The Health Advisory Resource Team convened in 2012 and has met quarterly since. Members of the team formed four work groups to consider the needs of key constituencies, youth, families and community. Projects include:

- Reviewing a guide, "Making Healthy Choices," co-authored by the Substance Abuse Mental Health Services Administration and distributing it to youth when they enter foster care. Using the guide, the group will develop peer-to-peer information sessions.
- The families work group supports collaboration between DHS and National Alliance for Mental Illness to bring peer support to families.
- The community work group focuses on the challenges of maintaining mental health care during times of transition.
- The DHS work group focuses on the need for better maintenance and transfer of medical information and is providing input on MiSACWIS. This group also provides input on other means to enrich sharing of medical/mental health information.

Subsequent meetings will be expanded to include:

- Youth, families, biological parents, foster parents and natural support systems.
- Advocates with knowledge of youth and family centered approaches.
- Michigan Department of Community Health.
- Michigan Department of Education.
- Juvenile justice staff.
- Physicians, including primary care, psychiatry and dentistry.

Planned Activities for 2013

The Health Advisory and Resource Team will determine priority objectives of caring for a youth's body, mind, heart and spirit. The advisory team will advise and ensure the coordination of the group's efforts. The DHS medical consultant will lead the team.

Planned Activities for 2014

The Health Advisory and Resource Team will review the work of the groups and make recommendations to the department.

Serious Emotional Disturbance Waiver Pilot

Goal: DHS will expand home and community-based services that support children at risk of psychiatric hospitalization and institutional placement through the 1915(c) waiver.

Status: In 2011, \$1 million of needs assessment funding was directed to support the expansion of the waiver. The waiver expanded to four counties and served over 260 children.

Accomplishments in 2012

- In 2012, DHS increased matching funds for the waiver to \$2.7 million, enabling it to serve 411 children.
- The Department of Community Health amended its state plan to increase the number of children served, expand the geographic areas served and raise the age limit to 21.
- The amendment was approved effective April 1, 2012.

Planned Activities for 2013

DHS will provide an increase of \$500,000 to expand the pilot.

Status: The Serious Emotional Disturbance Waiver expanded to 36 counties in fiscal year 2013. DHS and the Department of Community Health work for continued expansion and ultimately statewide availability. For 2013, DHS was appropriated \$3,269,000 as a match to draw down \$6,408,068 in Medicaid funding for a total of \$9,677,068 to serve up to 463 foster children.

Planned Activities for 2014

The Serious Emotional Disturbance Waiver core team will plan for continued rollout of the waiver and offer technical assistance and support to sites.

Serious Emotional Disturbance General Fund Benefit

In July 2010, the Department of Community Health and DHS met with pilot staff to notify them to ensure provision of mental health services for children in foster care who are ineligible for the pilot. To date, 21 children were served.

Goal: DHS will assist the Department of Community Health by pursuing funding to expand the pilot to two additional sites and increase the number of children served.

Status: The Department of Community Health worked with the Centers for Medicare and Medicaid Services to support increased access and intensity of services for CPS and foster children with serious emotional disturbance, under the Specialty Services and Supports Waiver. The Centers for Medicare and Medicaid Services advised the Department of Community Health to explore the option of an incentive payment within the 1915bc Medicaid waiver.

Incentive Payments for Children's Mental Health Services

The Department of Community Health retained Milliman, Inc. actuarial services to help analyze the Medicaid foster child population and its utilization and access to mental health services and establish an incentive payment methodology.

Status: The DHS Incentive Payment was implemented on July 1, 2012. For 2013, DHS was appropriated \$2,925,900 for the incentive payment. With the anticipated Medicaid draw down of \$5,730,780, there will be \$8,656,680 available. In the last quarter of 2012, the entire amount was utilized.

Planned Activities for 2014

DHS will provide general funds to draw down a Medicaid match for incentive payments. DHS will collaborate with the Department of Community Health to conduct an evaluation.

Monitoring and Treatment of Emotional Trauma

The Department of Community Health developed the Trauma Initiative to ensure a trauma-informed behavioral health service system is provided. The Department of Community Health is providing training to Community Mental Health service providers as part of this initiative.

Status: In 2012, 31 Community Mental Health service providers participated.

- Trauma-informed screening is incorporated in initial contacts with parents and children.
- Over 220 clinicians and 70 clinical supervisors were trained in trauma-focused cognitive behavioral therapy and trauma-specific assessment tools.
- Each provider provided caregiver training using the Resource Parent Curriculum (psycho-education) for adoptive, biological and foster parents.
- In a few communities, DHS staff participated in the Resource Parent Training of Trainers. To date, 210 parents and professionals were in the psycho-education model. At the end of 2012, 35 of 46 providers will have participated in the initiative (76 percent). An evaluation is part of the initiative.

Update for 2013: Thirty-six community mental health service providers are participating in the initiative. Over 270 clinicians and over 85 clinical supervisors have been trained in trauma focused cognitive behavioral therapy and trauma specific assessment tools. Over 250 parents and professionals were trained in the psycho-education model.

Planned Activities for 2014

Training will be provided to other areas in the state.

Development of Local Trauma-Informed Experts

In 2012, the Southwest Michigan Children's Trauma Assessment Center began to develop trauma-informed experts in four counties: Kalamazoo, Newaygo, Mecosta and Wexford. Each county has committed to developing five experts (10 in Kalamazoo) to work with the Children's Trauma Assessment Center for six to eight months.

Update for 2013: Kalamazoo County began to develop a trauma-informed removal protocol that includes:

- Best practice ideas for reducing trauma during placement changes.
- A booklet about foster homes presented to children at the time of placement.
- A list of local therapists certified as trauma-focused cognitive behavioral therapists.
- Staff were trained on the impact of trauma on the brain, feelings and behaviors.
- "Parenting Traumatized Children" a class based on the National Child Traumatic Stress curriculum.
- A local office policy and procedure on secondary trauma.
- Training of many staff in conducting trauma debriefings.

Contracts for Treatment Foster Care and Residential Treatment Care

Goal: DHS will incorporate trauma-informed practice into treatment foster care and residential treatment.

Update for 2013: The requirement for trauma-informed treatment will be incorporated into contracts before the end of the fiscal year.

Technical Assistance Provided to Counties and Local and Regional Entities

Medical and Mental Health Training

Goal: DHS will provide training in medical and mental health treatment issues to DHS and private child welfare staff.

Status: In 2012:

- The medical consultant worked with the Child Welfare Training Institute to ensure staff had access to training on mental health and psychotropic medications.
- Training was developed for foster parents and other care providers.
- The medical consultant provided a workshop on psychotropic medication at the Michigan Association for Foster, Adoptive and Kinship Parents' conference.

Update for 2013: The Child Welfare Training Institute made available an e-learning course titled "Introduction to Mental Health" that:

- Provides child welfare workers with a working knowledge of the signs, symptoms and behavioral manifestations of mental disorders common in the child welfare system.
- Helps workers develop an understanding of the benefits and pitfalls of diagnosis to identify processes that neutralize risks associated with mental disorders. One hundred workers completed this course in 2012, and 15 in the first quarter of 2013.

The Child Welfare Training Institute offers training in medical health for new hires and an advanced training. The trainings are provided quarterly and include:

- "Introduction to Medical Findings" which helps workers identify injuries in the field involving physical abuse and understand the spectrum of neglect.
- Pediatric Condition Falsification (Munchausen's Syndrome by Proxy) and some of the "mimics" of child physical abuse and sexual abuse. Fifty workers completed training in 2012, and nine in the first quarter of 2013.
- The advanced training increases understanding of medical findings in child abuse, such as pediatric fractures and bruises, bites and burns. Eighteen attended the class in 2012.
- "Pediatric Fractures" was attended by 32 staff in 2012 and 13 in 2013.
- Mental Health I and II can be taken by child welfare workers for in-service credit. Seventeen staff took these classes in 2012.
- "Medical Mental Health Issues in Child Welfare" provides information about mental health problems children and adolescents experience. In 2013 to date, 203 attended.

Planned Activities for 2014

Training options will be reviewed and updated as needed.

Technical Assistance Provided to Counties and Local and Regional Entities

Electronic Tracking of Medical and Dental Examinations

The Data Management Unit measures whether the initial and yearly physical and dental examinations were met in accordance with DHS policy and the modified settlement agreement.

DHS uses the information in SWSS Foster Care, Adoption and Juvenile Programs to report on initial and yearly medical and dental examinations.

- The most recent report shows 77 percent of children entering foster care received a medical examination within 30 days.
- Of the children requiring an initial dental examination during the same period, 47 percent received one within 90 days.

Goal: Improve the percentage of children receiving timely initial medical and dental exams. In 2011, the modified settlement agreement established requirements for children to receive medical and dental exams within 30 days and 90 days respectively.

Status: The Data Management Unit determined that SWSS was not a reliable reflection of compliance with initial medical and dental examinations. In MiSACWIS, data entry in the medical section of the program will include pick lists that reflect the type of service a child receives. In 2012 and 2013, the health liaison officers will conduct case reviews for compliance with initial requirements.

Update for 2013: Health liaison officers conduct three case readings a week to check for compliance with health requirements and note findings. The DHS Continuous Quality Improvement Division conducted a targeted review in late 2011 of medical, dental and mental health services for children in foster care. A stratified sample produced 65 cases. The review consisted of three phases: a review of the case file(s), an interview with the current caseworker and an interview with the current caregiver. There were no duplicate cases in the overall compliance calculations.

In 2012, DHS began meeting with the Department of Community Health to discuss the need for ongoing Medicaid claims data for the foster care population to enhance the reporting of timely medical and dental examinations. Under a master agreement, the Institute for Health Policy will analyze data on health services provided to foster children quarterly. The Medicaid claims data will be analyzed to identify the following services provided to children in foster care:

- Medical exams.
- Dental exams.
- Percentage of foster children who received periodic medical and dental exams.
- County of residence and legal jurisdiction.
- Percentage of children in care who see pediatricians, family practitioners or general practitioners.

Planned Activities for 2014

The health committee will review data to identify barriers to timely compliance with health requirements and develop strategies to address them.

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.
- To respond, as appropriate, to new child welfare cases in areas adversely affected by a disaster, and provide services in those cases.
- To remain in communication with caseworkers and other essential child welfare personnel who are displaced because of a disaster.
- To preserve essential program records.
- To 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 coordination 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 the legal parent 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 Services Worker Support System 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 CPS and foster care program offices.

Status: 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 under way. 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 2012.



Department of Human Services

State of Michigan

**Child Abuse Prevention and Treatment Act State Plan
Annual Update**

2013

June 2013

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Attachments:

Civil Service Commission Job Specification – Services Specialist.....	Attachment A
2012 Children’s Services Worker Allocations.....	Attachment B
2012 Combined Citizen Review Panels Annual Report*	Attachment C

*Note: The DHS response to the Citizen Review Panel Annual Report will be sent when it is completed.

Michigan's Child Abuse Prevention and Treatment Act state plan addresses the requirements of the Child Abuse Prevention and Treatment Act (CAPTA) and aligns with Michigan's Child and Family Services Review goals of improving the safety, permanency and well-being of children and families. Activities designed to address those outcomes are noted in this 2012 update. Information on ward transfers from the abuse/neglect system to the juvenile justice system can be found at the end of this report. Progress made in 2012 is described, as well as goals set for subsequent years.

Changes to State Law in 2012

The only legislative change that had an impact on CPS policy in 2012 was Public Act 163. The legislation:

- Requires a written court order for out-of-home placement.
- Modified the standards for law enforcement to remove a child.
- Modified court standards for what should be considered prior to removal.

None of these changes led to a change in practice, as the first change was already a policy requirement, and the other two standards are outside the control of the department. None of these issues address prevention of child abuse/neglect, but more specifically about actions taken after a determination has been made. None of these changes will have an impact on Michigan's eligibility for the CAPTA grant.

Continuing Child Welfare Reform

In 2012, DHS continued significant child welfare reform efforts. These include the renegotiation and modification of the settlement agreement DHS entered into with Children's Rights, Inc. following the Dwayne B. v. Granholm, et. al. lawsuit. Specific changes resulting from the modified settlement agreement are described in subsequent sections of this update.

Goal: DHS negotiated the percentage of improvement for the Child and Family Services Review safety outcomes during development of the program improvement plan. Michigan uses the baseline established in 2008 and continues to coordinate CPS goals with the Child and Family Services Plan.

CPS Outcome Measures and Results

Measure	Baseline 2008	2009	2010	2011	2012
Number of complaints received	124,716	117,315	121,405	127,106	141,338
Percent of complaints accepted for investigation	60%	64%	65%	65%	65 %
Percent of investigations resulting in substantiation of abuse or neglect	23%	26%	27%	26%	27%
Absence of maltreatment within 6 months	92.9%	93.3%	91.7%	91.4%	91 %
Absence of maltreatment within 12 months	88.93%	88.63%	86.43%	85.93	
Absence of child abuse and/or neglect in foster care	99.62%	99.29%	99.08%	98.97%	99.19%

CHILD MALTREATMENT DEATHS

Michigan receives reports on child fatalities from a number of sources including law enforcement agencies, medical examiners/coroners and child death review teams. Because fatality reports are obtained from these sources in their role as mandated reporters, the reports are not inserted into Michigan’s National Child Abuse and Neglect Data System submission until a link between the child fatality and maltreatment is established after completion of a CPS investigation. Upon completion of the investigation, if the link between the death and maltreatment is confirmed, it is recorded in the Services Worker Support System (SWSS). Michigan utilizes data from SWSS to compile responses for child maltreatment deaths.

Michigan’s vital statistics department, the Department of Community Health, provides child death information to DHS. The determination of whether maltreatment occurred is dependent upon completion of a CPS investigation with abuse or neglect confirmed. The data on child fatalities from the Department of Community Health is utilized by local review teams to provide recommendations to raise awareness and encourage initiatives to decrease child deaths.

Michigan has established through its Child Protection Law a process to provide public disclosure of cases of child abuse that resulted in a child fatality. Near fatalities are not captured or reported at this time. In 2013, Michigan will implement MiSACWIS and confirmed abuse resulting in a “near fatality” will be recorded. DHS will incorporate this information into the annual Michigan Child Death report for public disclosure.

Michigan child fatalities are reported in the annual Michigan Child Death report, which is compiled in conjunction with the local and state child fatality review panels. This annual report contains information about the manner, age and race of the child death being reviewed. The

report data is provided consistent with the confidentiality requirements established within Michigan's Child Protection Law. The annual report also provides recommendations to the department and lawmakers about changes in policy to prevent child abuse and neglect deaths.

The annual Michigan Child Death report is provided to Michigan's governor and state legislators within 60 days of the report being provided to the department by the advisory committee. The report is posted on the department's public website. The 2011 report can be reviewed at this link: http://michigan.gov/documents/dhs/CD2011_MPHI_CPfinal_Print_km_2_413237_7.pdf.

Goal: Michigan will continue to utilize all sources of child fatality data when investigating and confirming child maltreatment.

Status: The National Child Abuse and Neglect Data System reporting data will be provided through the Services Worker Support System until MiSACWIS goes into effect statewide. MiSACWIS is scheduled to go live in June of 2013.

CPS ACTIVITIES 2012

Michigan has selected to improve the following services pursuant to the Child Abuse Prevention and Treatment Act, Section 106(a) 1 through 14. The source of funding for each activity is indicated at the end of each description.

CAPTA Section 106(a) 1. To improve the intake, assessment, screening, and investigation of reports of abuse and neglect.

Centralized CPS Intake

Goal: To ensure consistency in response to CPS complaints across the state, the modified settlement agreement requires a statewide 24-hour centralized intake for abuse and neglect hotline. Full implementation of centralized intake was effective in March 2012.

Objectives:

- Operate/administer an effective centralized intake system to ensure child safety and consistency in CPS complaint assignments.
- Determine the required level of oversight for rejected complaints.
- Develop and maintain continuous training and development for centralized intake staff.
- Communicate CPS intake policy changes to centralized intake staff.
- Maintain collaboration with the centralized intake director and the Field Operations Administration to evaluate centralized intake.
- Monitor the centralized intake process and provide for administrative support.
- Collaborate with the Field Operations Administration and Data Management Unit on continuous monitoring and quality assurance.

Status: Centralized intake was implemented and is working to ensure consistency among the 24 supervisors. Centralized intake has been having bi-weekly staff meetings with supervisors in an attempt to ensure consistency/communication and from these meetings, have developed minutes for supervisors to review. Centralized intake has updated its procedural manual, which has been distributed to staff and presented in staff meetings. Communication with field DHS staff has been ongoing, as disputed complaints are discussed each day. Centralized intake has also received feedback at the Centralized Intake Quality Review team meeting with managers from local offices to clarify centralized intake's interpretation of CPS policy, in conjunction with CPS program office. Centralized intake supervisors have monthly staff meetings to ensure consistency. Centralized Intake management has had discussions with CPS program office ongoing to ensure correct policy is being communicated and utilized.

Measures:

- Data reports obtained and analyzed.
- Regular communication between centralized intake staff, DHS administration, Child Welfare Field Operations and CPS program office.
- Action plan for statewide rollout including staffing, systems and communication.
- Policy written and approved for statewide release.
- Data has been evaluated on a weekly basis and as a result, more staff was allocated.
- There is regular communication with DHS Field Operations Administration and CPS program office. Centralized intake rolled out with the staffing that was projected, and adjusted staffing as needed.

Status: In 2011, Michigan implemented a statewide CPS centralized intake system. Day-to-day operations of the centralized intake office is closely monitored by the DHS administration. CPS program office and Child Welfare Field Operations provide policy support. Centralized intake has provided data feedback to the administration weekly during the first year. In 2012 and 2013, there has been ongoing communication between centralized intake and CPS program office.

DHS Intake Policy

DHS modified CPS policy in 2012 to address the new centralized intake system. These changes include:

- Determining Native American heritage for all complaint calls.
- Revising and consolidating policy to address preliminary investigation requirements.
- Incorporating revisions to CPS intake procedures to ensure a smooth transition from local office intake to the state centralized intake system.

DHS Birth Match Process

The DHS birth match process matches childbirths to a list of parents whose parental rights have been previously terminated in Michigan because of neglect or abuse. It allows DHS to identify cases that may require a court petition documenting the likelihood of threatened harm based on previous termination of parental rights or a history of severe physical abuse. The process

results in an investigation and assessment of risk to the infant. The birth match process will be included as a function of MiSACWIS and is SACWIS compliant.

Criminal Background Clearances

Michigan complies with federal requirements for background clearances for foster care licensing and for relative and adoptive placements by completing central registry and criminal history clearances for all foster care, relative and adoptive placements. No changes in this process have occurred over the last year. Michigan Licensing Rules for Foster Family Homes and Foster Family Group Homes for Children (R. 400.9205) require a criminal background check and a CPS central registry check for all licensed foster and adoptive parents and other adult household members. Licensing Rules for Child Placing Agencies (R. 400.12309) also require child-placing agencies to conduct these checks.

DHS and private agency providers apply the good moral character process to conviction information received from Michigan State Police and FBI. If the conviction is for a “specified crime” as defined in R400.1151 and R400.1152, the agency must prepare an Administrative Review Team summary and recommendation for licensing when the agency continues to recommend licensure or renewal. In the unlikely event that staff approves a license for a home with a crime offender under the federal Adoption and Safe Families Act, the foster care program is notified so SWSS can be updated to prohibit title IV-E payments. When an organization applies for a child caring institution license, the facility must comply with all licensing rules for child caring institutions for an original license. Licensing clears the chief administrator through the Internet Criminal History Access Tool, a Michigan-based criminal history database, the CPS central registry and the public sex offender registry.

Licensing consultants must complete an annual on-site inspection of every child caring institution. During the annual review, personnel files are reviewed for anyone hired since the previous review, in addition to a sample of files for current staff. The licensing consultant checks the central registry clearance, training records, criminal history information and other documentation.

In December 2010, an amended statute required an Internet Criminal History Access Tool and a central registry check on all adult employees and unsupervised volunteers in any licensed child caring organization. The amendments prohibit anyone listed on central registry as a perpetrator of child abuse or neglect from having contact with a child who is in the care of a licensed child caring organization. The Michigan licensing rules and PA 116 are located here:
http://www.michigan.gov/dhs/0,1607,7-124-5455_27716_27720---,00.html.

Goal: The CPS program office will ensure completion of child abuse and neglect central registry checks when requested by professionals or agencies from out of state.

Status: The Michigan Child Protection Law was amended to allow DHS to provide information that an employee, potential employee, volunteer or potential volunteer of an agency in which

the person will have access to children is not on the central registry. There have been no substantive changes to the law affecting the state's eligibility for the state grant (section 106 (b)(C)(1)). In 2012, the CPS program office reviewed and responded to over 2,908 central registry requests.

In 2013, CPS program office initiated a change in policy to address after hours placements in unlicensed out of home care. This change requires CPS workers to contact DHS centralized intake to receive central registry and criminal history background checks. Centralized intake has established training to ensure that these checks occur prior to placement.

Section 106(a) 2. Creating and improving the use of multidisciplinary teams and interagency protocols to enhance investigations and improve legal preparation and representation.

Goal: DHS will develop policy and training on investigative protocols developed collaboratively with stakeholders.

Status: DHS works with the Child Welfare Training Institute, Prosecuting Attorneys Association of Michigan and State Court Administrative Office to train public and private child welfare staff to use investigative protocols. To improve practice, DHS utilizes the following:

- **A Model Child Abuse Protocol: A Coordinated Investigative Team Approach**
Goal: To coordinate handling of child abuse and neglect cases between DHS, law enforcement and prosecuting attorneys, the Governor's Task Force on Children's Justice created "A Model Child Abuse Protocol: A Coordinated Investigative Team Approach" in 1993. The Task Force began this protocol in December 2011. (Children's Justice Act grant funded via the Governor's Task Force).
Status: The new protocol, titled "A Model Child Abuse and Neglect Protocol with an Approach Using a Coordinated Investigative Team," will be released in 2013.
- **Forensic Interviewing Protocol**
Goal: DHS will assist investigative professionals to use best practices when interviewing children. DHS and Central Michigan University developed the forensic interviewing protocol to conduct an interview with a child in a developmentally sensitive, unbiased and truth-seeking manner that supports accurate and fair decision-making. The protocol is used with the Model Child Abuse Protocol and is trained in law enforcement and child welfare related disciplines.
Status: The Task Force regularly evaluates the protocol and updates it when necessary.
- **Medical Child Abuse: A Collaborative Approach to Investigation, Assessment and Treatment**
Goal: To address risk in families that includes complex medical and psychological issues. The Task Force is revising the investigative protocol "Munchausen Syndrome by Proxy: A Collaborative Approach to Investigation, Assessment and Treatment" that identifies medical child abuse and establishes guidelines for each discipline involved in an investigation.

Status: The revised document is near completion. (Children’s Justice Act grant funded via the Governor’s Task Force).

- **Absent Parent Protocol: Identifying, Locating and Notifying Absent Parents**

Goal: To establish a procedure for locating all parents of children involved in the child welfare system, the Governor’s Task Force developed the Absent Parent Protocol to assist in identifying and locating absent parents.

Status: The protocol is covered in DHS training and is standard practice in cases when out-of-home placement is considered. (Children’s Justice Act grant funded via the Governor’s Task Force).

Goal: Where specific activities are not noted above for the protocols, DHS will address barriers to the effective use of investigative protocols and will provide training and technical assistance where needed in the field.

Status: Ongoing.

Child Injury and Death Coordinated and Comprehensive Investigation Resource Protocol

Goal: DHS will ensure coordinated investigation in child maltreatment cases that resulted in a child death and minimize additional trauma to child victims during the investigation. The Governor’s Task Force developed the Child Injury and Death Coordinated and Comprehensive Investigation Resource Protocol, compiling existing child abuse and neglect protocols and the Sudden and Unexplained Child Death Scene Investigation Form that will:

- Provide information and guidelines to responders from law enforcement, CPS workers, prosecutors and others.
- Teach successful coordinated investigation methods of child maltreatment cases. (Children’s Justice Act grant funded via the Governor’s Task Force).

Status: The Task Force will evaluate the protocol and update it when necessary.

Methamphetamine Protocol

Goal: DHS will address the immediate health and safety needs of children exposed to methamphetamine lab settings, establish best practices, and provide guidelines for coordinated efforts between DHS workers, law enforcement and medical services.

A multi-disciplinary workgroup developed the Methamphetamine Protocol.

Status: The CPS program office, Child Welfare Training Institute and other partners meet quarterly with the Michigan State Police to remain up-to-date with current knowledge and professional practice. As the protocols are modified, DHS will continue to provide training and technical assistance to staff. The protocols and additional CPS publications can be found here: http://www.michigan.gov/dhs/0,1607,7-124-5458_7699---,00.html.

Goal: DHS will continue to improve legal preparation and representation through training and the publication and distribution of resource materials.

Status: DHS collaborated with the Child Welfare Training Institute and DHS Office of Legal Affairs to train CPS supervisors how to present the position of DHS at central registry expunction request hearings. DHS began training supervisors in 2011. This training is ongoing.

In collaboration with the Governor’s Task Force, DHS provided an array of training and resources to address child welfare legal issues. The Governor’s Task Force developed an interagency agreement with the State Court Administrative Office to train child welfare professionals via the printing, distribution and implementation of protocols, resource guides, practice manuals and other materials. Some of the specialized trainings and webcasts that took place in 2012 were:

- “Achieving Placement Stability for Children in Foster Care” training on the importance of preventing placement changes.
- “Advanced Appellate Training” training provided participants with skills to improve appellate advocacy.
- “American Bar Association Safety Guide Training,” to introduce the safety guide.
- “Based on a True Story” training on best practices for professionals when considering foster care placement.
- “Self-Care for Child Welfare Professionals” training helps staff identify signs of professional stressors and ways to reduce stress.
- “Pathways to Permanency: Working with Older Youth to Achieve Positive Outcomes” the MiTEAM case practice model.
- “Child Abuse and its Impact on Child Development” training on the impact of abuse and neglect on children developmentally and ways to address issues in developmentally appropriate ways.
- “Testifying in Court for Non-Lawyers” training, covered preparation for court and how to improve courtroom performance.
- “Forensic Interviewing Protocol” training on using Michigan’s Forensic Interviewing Protocol procedures to obtain information in a developmentally sensitive, unbiased and truth seeking manner.
- “Advanced Appellate Training,” to provide training in appellate advocacy.
- “Yellow Book Training” teaches caseworkers the questions they should be prepared to answer at each hearing.
- “The Indian Child Welfare Act Qualified Expert Witness: Testimony to Protect the Best Interests of the Indian Child” training to help professionals understand the role of the Qualified Expert Witness.
- “Telling a Story: Trial Skills for the Child Welfare Lawyer” teaches the trial skills necessary for zealous advocacy.
- The State Court Administrative Office offered luncheon webcasts in the following areas:
 - “Avoiding Preservation Pitfalls.”
 - “CPS Centralized Intake.”
 - “Child Development and Abuse: What Every Lawyer-Guardian Ad Litem must Know.”

- “Appeals by Leave: What Child Welfare Attorneys Need to Know.”
- “Standardized Court Reports: Improving Consistency and Efficiency in Child Welfare Cases.”
- Young Adult Voluntary Foster Care.”

The State Court Administrative Office provides up-to-date resources on child abuse and neglect. Texts from this reporting period were the “2012 Indian Child Welfare Act Court Resource Guide,” the “Judges’ Guide to Mental Health Jargon” and the “Judges’ Guide to Juvenile Mental Health Jargon.”

All of the trainings and resources were funded through the Children’s Justice Act grant via the Governor’s Task Force on Child Abuse and Neglect.

Section 106(a) 3. Case management, including ongoing case monitoring, and delivery of services and treatment provided to children and their families.

Goal: DHS will improve case management and services by decreasing the number of children in out-of-home placement and enhancing the role of parents and families throughout the case planning process. DHS is utilizing the following strategies:

- CPS supervision. CPS program office revised policy to require additional supervisory oversight for all complaint investigations including cases involving children in out-of-home placement. In December 2011, policy was modified to require a minimum of monthly case consultations between CPS workers and supervisors.
- Category III cases. In 2013, CPS program office modified policy to allow Category III cases to be opened and closed without a period of monitoring. Prior to case closure the worker must:
 - Hold a MiTEAM family team meeting to address all safety concerns.
 - Complete thorough assessments of safety, risk and the needs and strengths of both the children and families.
 - Ensure that the family indicates willingness, through safety planning and the creation of a Services Agreement, to work with services to address any immediate concerns and reduce the likelihood of repeat maltreatment
 - Convey to the family that their unwillingness to voluntarily work with services within a timeframe prescribed by CPS policy (90 days) will be a factor considered and evaluated in the event further allegations of abuse or neglect are received by the department.
- Differential response: CPS investigative protocols. DHS does not utilize an alternative response/differential response protocol; however, CPS investigative staff is trained in the utilization of tools and protocols that guide critical safety decisions. These research-based tools and protocols were developed to address specific issues that emerged in Michigan. Based upon the specific circumstances of each case, a range of case responses may result, from referral for services to immediate removal.

In response to a 2012 legislative request, CPS program office, in coordination with a number of other participants created a work group to assess the possibility of incorporating differential response into CPS investigative practice. The work group also conducted a review of research to determine the impact of dual track response in addressing issues of racial disparity and out of home placement rates for minorities compared to non-minorities. The review also looked for evidence whether dual track responses result in improved safety and well-being of minority children. The work group concluded that:

- Dual track response leads to an increase in family satisfaction and possible long-term stability for families.
- DHS utilizes a number of programs to meet the needs of families at risk of abuse and neglect. Those programs include, but are not limited to: prevention services, Wraparound services, Families Together Building Solutions, and Pathways to Potential.
- Beginning in 2014, the Title IVE Waiver Demonstration Project pilot will provide services to families identified to be at high or intensive risk for maltreatment. The waiver include an evaluation to assess outcomes and service efficacy.
- Family Team Meetings - Michigan developed the MiTEAM case management model to integrate engagement, assessment, mentoring and Family Team Meetings, all crucial components of a family-centered, strength-based and team-guided process. MiTEAM is being trained statewide and will be used by all CPS and foster care staff throughout Michigan. In 2012, these trainings continued and a MiTEAM protocol was written. In 2013, this protocol will be completed and referenced in both CPS and foster care policy.

Concurrent Permanency Planning

Legislation effective in 2008 to expedite permanency for Michigan children implementing concurrent planning. Public Act 202 of 2008 amended MCL 712A.19 to include these practices:

- Front loading services toward family reunification.
- Concurrently establishing a back-up permanency plan in case the child cannot return home safely.
- Developing policy with input from the concurrent planning workgroup and consultants from Casey Family Programs.
- A two-county pilot in September 2009. Training, technical assistance and support were provided to the county.

Status: Statewide rollout of MiTEAM will be completed in 2012.

Status: The CPS program updates policy each year to improve case management and enhance child safety. Significant policy changes in 2012 include:

- Monthly consultations between the CPS investigator and their supervisors are required to occur for each case.
- Risk assessment wording was updated to match existing language within the SWSS-CPS data system.
- CPS centralized intake staff required checks for American Indian tribal affiliation, including:
 - Inquiries with the reporting source to help determine any potential tribal affiliation with the child or parent in any CPS complaint.
 - Contact with the tribe if the worker determines that family lives on tribal land. The worker must also provide complaint information to the tribe. If the intake worker confirms tribal affiliation, the intake worker must document telephone contact with the tribe.
 - If the reporting source is uncertain of tribal affiliation, or if they report there is no tribal affiliation, the intake worker will document this information in the complaint.
- Policy updates to address the functional and policy requirements of centralized intake.
- Revisions were made to the DHS-3200, the reporting form used by mandated reporters to report child abuse and neglect. The changes allowed multiple reporters to sign the same report, if the allegations were part of the same incident and observed by all of the reporters, with the primary reporter to be the required contact.
- Special circumstances for the CPS investigator to evaluate in sleep-related child deaths, including:
 - The caregivers' substance use and whether it affected their ability to safely care for the infant.
 - The caregivers' supervision of the infant and whether the caregiver checked on the infant at a frequency consistent with the infant's age and needs.
 - The caregiver leaving the infant with a person that they knew, or should have known was incapable of caring for the infant.
 - The caregiver placing the infant in, or refusing to remove them from a home where environmental conditions were hazardous or unsanitary or adversely affected the safety of the infant.
- Requirement for CPS workers to seek out a second medical opinion when one of the following applies to the investigation:
 - Medical findings are in conflict with other information or evidence, including but not limited to statements made by the child victim or witness.
 - Injury to a child who is not mobile.
 - Bruising in uncommon locations, such as the abdomen, ears, neck, and away from any bony prominences or protuberances.
 - Burns of children under three years of age.
- Requirement for CPS workers to complete new safety assessments after every contact with a potential child victim. In every situation when workers identify safety concerns, they must complete a safety plan to address all those concerns.

- Removal of policy prohibiting expenditures from state funds to reunite a family when a child:
 - Would be in the same home with a parent or other adult who has been convicted of criminal sexual conduct against a child.
 - Would be in the same home with a parent or other adult against whom there is a preponderance of evidence of sexual abuse against a child.
- Requirements for workers to provide safe sleep brochures to all relative care providers when an infant under 12 months is placed in their home.
- CPS workers must contact the national consulate whenever a child identified as a foreign national is removed from their home.
- CPS workers are required to provide a copy of their investigative report (DHS-154) to the assigned foster care worker as soon as possible after the case transfer.
- CPS worker and supervisory requirements to hold a pre-hearing conference for anyone seeking expunction from the central registry system within 30 days of the request.
- Provided guidance to CPS staff about seeking attorney general representation at administrative hearings, if the caregivers have obtained counsel.
- Requirements for workers to obtain a written court order authorizing out of home care, prior to the worker's removal of the child from the home.

Goal: DHS revises policy throughout the year to incorporate updated legislation or programming, and provide staff with direction to carry out responsibilities effectively. The CPS program office and Field Operations Administration determine the actions necessary to improve the performance of staff on Child and Family Services Review safety measures.

Status: DHS will modify CPS policy in accordance with changes to the Child Protection Law and will enhance outcomes related to the modified settlement agreement and Child and Family Services Review goals.

Section 106(a) 4. Enhancing the general child protective system by developing, improving and implementing risk and safety assessment tools and protocols.

DHS addressed safety through changes in CPS policy in 2011 through the following:

- Reviewing and modifying the Medical Child Abuse and the Model Child Abuse protocols. These changes were completed 2012. The protocol is awaiting the approval of the Governor's Task Force on Children's Justice.
- Reviewing and modifying safety assessment tools and practices. In 2012, CPS policy was modified to require that workers must conduct safety assessments following every contact with children. If safety factors are identified, a safety plan is required, developed in conjunction with the family.
- Caseworker Visit Tools and the CPS Supervisory Tool were finalized in 2011. Use of these tools is encouraged to ensure safety assessments take place to increase the quality of family engagement and assessments.
- Beginning in 2012, CPS program office developed safety assessment and planning training that has been brought to county offices statewide. The safety training shows

workers how to develop safety plans and how to utilize the Protective Factors in safety planning development.

- In 2012, CPS program office continued to provide training on policy. The training was offered at multiple trainings offered by the State Court Administrative Office, and during the New Supervisor Institute.

Status: Ongoing.

Section 106(a) 5. Developing and updating systems of technology that support the program and tracking reports of child abuse and neglect.

Goal: CPS program office will work with the Data Management Unit and the SACWIS team to create reports for local managers to track outcomes. In 2012, Category III data was reviewed and it was determined that in 2013, Category III policy will be changed to allow a case to be opened and closed without a period of monitoring. The change will also require a Family Team Meeting to be held prior to case closure. This change was included in Michigan's Child and Family Services Review program improvement plan.

Status: Development of the reports is underway and requirements meetings are taking place. The reports will be published in the DHS Infoview System and county managers will be trained on how to use the reports.

Goal: DHS will continue to improve CPS investigative tools.

Status: CPS program office collaborated with the Michigan State Police, the Office of the Family Advocate and the Child Welfare Training Institute to develop a field guide for CPS workers. DHS will update the field guide to incorporate policy changes.

Section 106(a) 6. Developing, strengthening and facilitating training, including research-based strategies to promote collaboration, the legal duties of such individuals and personal safety training for caseworkers.

Goal: To provide training statewide in collaboration with stakeholders.

Status: DHS will continue to plan and provide trainings and conferences for child welfare professionals, including:

- Michigan's annual Child Abuse and Neglect Prevention Conference.
- Yearly summit conferences on current issues in the investigation and judicial handling of child abuse, neglect and sexual abuse cases for legislators and other policy makers.
- The 2012 summit presented information on "Kids in Court – Child Testimony and the Latest Research on Forensic Interviewing Methods."
- In partnership with the universities, the Child Welfare Training Institute will continue to provide in-service training to enhance case worker skills. (Children's Justice Act funded via the Governor's Task Force).

Section 106(a) 7. Improving the skills, qualifications and availability of individuals providing services to children and families and the supervisors of such individuals through the child protection system, including improvements in the recruitment and retention of caseworkers.

CPS Workforce Enhancement

In 2012, DHS was allocated a total of 1,299 CPS positions. Approval was also provided to fill existing vacancies for child welfare services specialists. DHS continues to collaborate with Michigan State University and other schools of social work and the Department of Civil Service to identify and hire qualified candidates and develop aggressive internship programs.

Experienced managers continue to provide targeted training to reduce attrition. In addition, the department continues the recruitment efforts to fill the existing services manager positions. Efforts include use of national posting services, college/university career offices and changes to the current civil service system to allow for added benefits for managers.

DHS completed the update in curriculum for the CPS Pre-Service Institute. DHS will ensure that the content is relevant, up-to-date and effective in preparing new workers. Alternative delivery methods for the knowledge-based segments of the training continue to be explored and enhanced.

Section 106(a) 8. Developing and facilitating training protocols for individuals mandated to report child abuse or neglect.

Goal: In 2012, CPS program office intended to work with county offices and other local and state partners to provide statewide mandated reporter training. In 2013, CPS program office will take the following steps to enhance mandated reporter training:

- Coordination with the DHS Office of Communication to develop and distribute an online video training for mandated reporters.
- Finalization of a mandated reporter training that will be provided statewide.
- Development of a list of staff in each county to provide mandated reporter training.

In 2012, CPS program office continued to provide staffing for the Mandated Reporter Hotline. A contact phone number is provided to mandated reporters statewide who have questions about their role or concerns about a complaint they submitted.

When mandated reporters contact the hotline with questions or concerns about complaints, the following steps are taken:

- The reporters name and identifying information are recorded with their concerns.
- Centralized intake and Child Welfare Field Operations are notified about the concerns.
- A determination is made between centralized intake and field operations about who will work toward addressing the mandated reporter's concerns.

Other DHS activities regarding mandated reporters include:

- Distribution of the Mandated Reporter's Resource Guide and maintaining the associated website.
- In 2013, CPS program office updated the Mandated Reporter Resource guide.

- Working with the Children’s Trust Fund to incorporate mandated reporter and education as part of Child Abuse Prevention and Awareness Month.
- Guidance to the public regarding mandated reporting and training, as requested.
- In 2013, DHS provided training to hospitals and health departments throughout the state.
- Mandated reporter trainings were provided at annual conferences for the Central Districts Dental Hygienists Society, the Michigan Association of Code Enforcement Officers, and the Women, Infants and Children of Michigan.

The DHS Mandated Reporter Website is located here: www.michigan.gov/mandatedreporter.

Section 106(a) 9. Developing, implementing or operating programs to assist in obtaining or coordinating necessary services for families of disabled infants with life-threatening conditions.

Goal: DHS will provide the necessary medical services to infants at risk of disability or life-threatening conditions. DHS will continue chairing the Medical Advisory Committee and the Medical Resources Services contract. The Medical Advisory Committee will review policies and make recommendations on how DHS can meet the medical needs of children. The committee provides a bi-monthly forum to discuss medical issues pertaining to child abuse and neglect.

Topics of past meetings include:

- CPS policy.
- Child malnourishment.
- Child obesity.
- Drug exposed infants.
- The use of psychotropic medication.

The committee convenes an annual conference on abuse and neglect to educate medical professionals and facilitate discussion on issues related to abuse and neglect.

Status: In 2012, the Medical Advisory Committee worked with DHS to require second opinions in situations in which:

- Medical findings are in conflict with other evidence, including statements made by the child or witnesses.
- Injuries are found on a child who is not mobile.
- Bruising to a child in uncommon locations, such as the abdomen, ears, neck, and away from any bony prominences or protuberances.
- Burns on children under three years of age.

Medical Resource Services

Goal: DHS will provide coordinated medical consultation to help staff address health issues effectively.

Status: DHS addresses medical and health issues through a contract with the Child Protection Team at DeVos Children’s Hospital and the University of Michigan Child Protection Team. The Medical Resource Services contract provides:

- A hotline for caseworkers and physicians who need verbal or written consultation on cases involving medical issues. A physician is always on call for direct consultation.
- A statewide medical provider network for local and regional medical resources.

Early On. Early On is Michigan’s system of early intervention services that assists families with infants and toddlers from birth to 36 months that display developmental delays or have a diagnosed disability.

Goal: DHS will improve the CPS referral process to facilitate the provision of specialized services to children zero to 36 months.

Status: DHS continues to focus on enhancing developmental information provided by CPS workers to inform the Early On providers on the developmental assessment process. In 2011, DHS referred 6,215 children to Early On. Of these:

- 2,981 (21 percent) were drug exposed.
- 3,234 (52 percent) were less than one year of age at the time of referral.

In 2013 Early On will focus on converting from SWSS to MiSACWIS.

Section 106(a) 10. Developing and delivering information to improve public education on the roles and responsibilities of the child protection system and the nature and basis for reporting suspected incidents of child abuse and neglect.

Goal: DHS will educate the public on the roles and responsibilities of the child protection system. CPS program office has contact with county office staff and the public daily, providing technical assistance with data systems and policy.

Status: DHS provides training through contracts with the Prosecuting Attorneys Association of Michigan to educate mandated reporters of their responsibilities to report suspected abuse and neglect as required under Michigan’s Child Protection Law. CPS program office will continue to provide technical assistance to the field, professional groups and the public on the role of the CPS program.

Section 106(a) 11. Developing and enhancing the capacity of community-based programs to integrate shared leadership strategies between parents and professionals to prevent and treat child abuse and neglect at the neighborhood level.

Goal: DHS will work collaboratively with state and local stakeholders to ensure community involvement with integrated prevention and treatment efforts.

Status: DHS works with the Citizen Review Panel on Children’s Protective Services, Foster Care and Adoption, as well as the CPS Advisory Committee to improve CPS policy. DHS will implement policy revisions throughout the year, incorporating new programs, initiatives or trends, providing staff with direction to carry out their responsibilities effectively.

Citizen Review Panels

Michigan’s three Citizen Review Panels are:

- The Citizen Review Panel on Children’s Protective Services, Foster Care and Adoption.
- The Citizen Review Panel on Child Fatalities.

- The Citizen Review Panel on Prevention.

Citizen Review Panel on Children’s Protective Services, Foster Care and Adoption. This panel functions as a committee of the Governor’s Task Force and serves as a stakeholder group for Michigan’s Child and Family Services Review and the Child and Family Services Plan. Please see the Child Abuse Prevention and Treatment Act State Plan Attachment for the combined Citizen Review Panel report. DHS’ response is currently in the approval process and will be forwarded once it has been finalized.

Goal: To determine a means by which DHS, in collaboration with the Safe Sleep Statewide Advisory Committee, may influence a change in public attitudes and actions that will prevent infant sleep deaths.

Status: In response to a recommendation from the Office of the Children’s Ombudsman and on information from the Citizen Review Panel on Child Fatalities, CPS program office reviews cases in which a child fatality resulted from unsafe sleep conditions to determine guidelines to assist CPS workers investigating fatalities. DHS will update CPS policy as necessary based on review of cases and available data.

Citizen Review Panel on Child Fatalities

The Michigan Child Death State Advisory Team serves as the Citizen Review Panel for Child Fatalities. The panel is composed of DHS, law enforcement, medical examiners, hospitals, the courts, educational professionals and other children’s advocates. The panel examines child fatality cases where the family had previous interaction with CPS. The Child Death State Advisory team is managed through a DHS grant with the Michigan Public Health Institute, which houses the Michigan Child Death Review Program. Please see CAPTA State Plan Attachment: 2012 Combined Citizen Review Panel Annual Report.

Child Maltreatment Deaths

DHS has a contract with the Michigan Public Health Institute to manage the Child Death Review program. Institute staff attends local Child Death Review meetings to provide technical assistance and encourage prevention efforts. Staff assists teams with case identification, research on causes of death, county and cause-specific data analysis, and other types of technical assistance and support. The Institute provides annual training for team members and statewide training on child death procedures. Annual regional meetings of local Child Death Review teams are held throughout the state.

The state Child Death Review program has established relationships with numerous organizations throughout the state to promote child health and safety, including DHS. The program has led to the implementation of innovative strategies to protect children and prevent deaths. Michigan Public Health Institute staff manages the Fetal Infant Mortality Review Program funded by the Department of Community Health. In 2009 and 2010, the Fetal Infant

Mortality Review Program conducted intensive reviews of infant deaths in 14 Michigan communities.

Michigan Child Death State Advisory Committee

The committee reviews findings and data from local Child Death Review teams to make recommendations for policy and statute changes and guide statewide education and training to prevent child deaths. The committee writes an annual report, a compilation of all the reviews of child deaths in Michigan within the year and disseminates it to key stakeholders. The report outlines recommendations on policy, legislation and procedures to reduce the number of preventable deaths. Sleep-related fatalities, fetal drug exposure resulting in death and violence are areas critical for future study. The Project Coordinator of the National Citizen Review Panels has recognized this team as the model for other states' Citizen Review Panels.

Goal: DHS will increase public awareness of the dangers of placing infants to sleep in an unsafe sleep environment. DHS will continue to attend the Statewide Safe Sleep Advisory Committee, a multi-agency collaborative group that advocates for education of the public on this issue. The Citizen Review Panel and the foster care fatality reviews completed by the DHS Office of the Family Advocate have resulted in recommendations for changes in DHS policy and procedures. DHS is improving the quality of CPS investigations through initiatives including:

- **SWSS CPS Child Death Alert and Report.** This new software enhancement collects child death information and notifies key DHS personnel. The information collected at intake and at disposition of an investigation is stored in a secure database that promotes consistency and accuracy of data collection.
- **SWSS FAJ Child Death Alert and Report.** Programming has started to help DHS collect accurate death information for children under the care and supervision of DHS in a similar manner as the SWSS CPS format. The information collected prior to case closure will be stored in a secure database.

Status: Ongoing.

Goal: DHS will work to prevent Sudden Unexpected Infant Death through a public education campaign.

Status: DHS continues to educate families on the risk of Sudden Unexpected Infant Death Syndrome through the local DHS offices. DHS sponsored a safe child/safe sleep campaign for the prevention of child deaths. Identified risk factors in child deaths included:

- Lack of smoke detectors.
- Poor prenatal care.
- Drug or alcohol use during pregnancy.
- Unsafe sleep environments.
- Poor supervision.
- Inappropriate selection of babysitters.

The DHS prevention campaign educates customers on home safety, shaken baby syndrome and creating safe sleep environments for children. The local offices have brochures, videos and resources available to clients and providers. DHS distributed Safe Sleep Kits statewide that include posters, brochures, toy cribs and baby dolls, reminder door hangers, and an informational DVD. DHS also provides a website for ongoing education. The website includes a video with testimonials from parents who have lost a child due to unsafe sleep. The CPS Infant Safe Sleep website can be found here: www.michigan.gov/safesleep.

In 2013, CPS program office will continue its coordination with the Department of Community Health, Department of Education, numerous community providers and the state Child Death Review Team to create and maintain a statewide plan to provide the video to the public in a variety of settings, including:

- Health care settings.
- Public health offices.
- DHS county offices.

One of the goals for 2013 will be to have hospitals that are willing to show the video to expectant parents, also have the parents sign a voluntary commitment letter to practice safe sleep with their infant.

In 2013, the statewide Child Death Review Team began identification of hospitals where safe sleep victims were born. The team will send a to the hospital chief executive to inform the executive about the child death, and will identify resources to enhance the safe sleep message.

In 2013, the Department of Community Health and DHS will provide public letters to law enforcement administrations and officers statewide to enhance the practice of death scene reenactments. If reenactments are utilized by law enforcement in all child death cases, it appears that the number of children that die in unsafe sleep environments will be accurately captured and provide information on how to prevent such deaths.

In 2013, DHS modified CPS policy to require that investigators discuss the dangers of unsafe sleep with parents of any child under 12 months. Workers are required to address with the parent whether:

- The infant is sleeps alone.
- The infant has a bed, bassinet or portable crib.
- There is anything in the infant's bed.
- The mattress is firm with tight-fitting sheets.

The worker must also inform the parent of safe sleep and the dangers of not providing a safe sleep environment. When discussing this with parents, the worker should:

- Utilize safe sleep educational materials.
- Educate the family about how to provide a safe sleep environment for their child.

If the infant is not provided with a safe sleep environment, the worker will make and document attempts to assist the family in creating one. The worker can utilize friends/family, community resources, or local DHS funds to assist the family in creating this safe sleep environment.

Child Death Investigation Training

Training on child death investigations, uniform definitions, new protocols and prevention is offered annually to CPS staff, medical examiners, law enforcement and other professionals. In 2012, the training was held in May. (Child Abuse Prevention and Treatment Act funded).

Goal: DHS will contract with the Michigan Public Health Institute to refine the death review process, develop DHS policy and CPS investigative protocols changes to prevent harm to children and ensure the child death annual report is completed each year.

Status: Ongoing.

Citizen Review Panel for Prevention

In 1999, the Children's Trust Fund agreed to administer the Citizen Review Panel for Prevention. The purpose of that Panel is to improve and develop prevention services within the DHS. The Children's Trust Fund works to promote the health, safety and well-being of Michigan's children and families by funding community-based abuse prevention programs.

Section 106(a) 12. Supporting and enhancing interagency collaboration between the child protection system and the juvenile justice system for improved delivery of services and treatment.

Goal: DHS will improve the collaborative delivery of service and treatment between the child protection and juvenile justice systems.

Status: The DHS Bureau of Child Welfare Funding and Juvenile Programs formed a workgroup to create and modify dual ward policy and practice. Dual wards are youth who are both abuse/neglect and delinquent wards of the court. The group developed policies on service provision and coordination in 2012. In addition, the Bureau of Juvenile Justice is researching best practice models for "crossover" youth, those who are not formally in the child welfare system, have experienced abuse or neglect and end up in the juvenile justice system. Program and policy recommendations will be made for effectively addressing the unique issues these juveniles experience.

Bureau of Child Welfare Funding and Juvenile Programs update: DHS published policy on case management of dual wards (FOM 722-6D). The policy requires early identification of "crossover" youth and coordination of services and planning for the youth with other programs including CPS and foster care. Following this, the County of Wayne published that policy to address these goals in Wayne County.

Plan for 2013: During 2013, DHS is collaborating with Casey Family Programs to support a local office and court pilot of the Georgetown University Center for Juvenile Justice Reform

Crossover Youth Practice Model. The DHS Bureau of Child Welfare Funding and Juvenile Programs is reviewing the potential benefit of adding a section requiring the juvenile justice service plan to include an analysis of previous or current child welfare history with the youth and their family and its impact on the youth's behavior.

Goal: DHS will improve data collection to assess the targeting of services to crossover youth.

Status: The Data Management Unit is working with the Department of Technology, Management and Budget on the integration of juvenile justice data into a single repository to facilitate integration of juvenile justice and child welfare reports. This will assist identification of crossover youth.

The Bureau of Child Welfare Funding and Juvenile Programs worked with the Data Management Unit to incorporate juvenile justice data into monthly reports on child welfare populations. The reports now include the state facility populations, a breakdown of the juvenile justice population by legal status, and the population of dual wards.

Plan for 2013: Efforts continue in 2013 to improve data collection and analysis by working with the Department of Technology, Management and Budget to integrate juvenile justice data into a single repository.

Goal: DHS will improve services to youth aging out of the juvenile justice system.

Status: The Health, Education and Youth unit is collaborating with the Bureau of Juvenile Justice on securing funds for youth aging out of the juvenile justice system. The Bureau submitted a grant for additional funding to provide re-entry services to youth returning to their communities after secure residential treatment.

Status: DHS has worked to incorporate juvenile justice youth in programming for youth aging out of the child welfare system. Training was provided to the County of Wayne Care Maintenance Organizations and Wayne County DHS to process requests for funding.

Plan for 2013: Planning is ongoing for the enhancement of programs and services for young adults including:

- The Young Adult Voluntary Foster Care program to allow participation of eligible juvenile justice youth.
- Enhancing re-entry services to disabled youth who can work or be rehabilitated, to ensure supports are available to help them return to the community.
- Streamlining applications for Social Security and State Disability Assistance for disabled youth returning to the community from residential placement.
- Enhancement of DHS' public website to include information for juvenile justice youth on services such as the Tuition Incentive Program, Education and Training Vouchers, Youth in Transition funding and information on expunging delinquency record.

Section 106(a) 13. Supporting and enhancing collaboration among public health agencies, the child protection system and private community-based programs to provide child abuse and neglect prevention and treatment services.

Goal: In 2012, the Fatherhood Initiative, a group within the Collaboration, Coordination, and Problem-Solving committee of the Governor's Task Force, teamed up with the Michigan Department of Corrections to implement programming for prisoners that would improve parenting skills in preparation for their release. The committee developed a protocol to enhance communication between Title IV-E and Title IV-D staff to identify fathers at the initial removal of a child.

In collaboration with the Governor's Task Force and others, CPS goals for 2010 through 2015 include:

Goal: DHS will ensure field staff has the tools necessary to ensure thorough investigations and documentation of all issues in child welfare cases. In 2011, DHS began upgrading the tools.

Status: In 2012, DHS began upgrading technology for field workers through distribution of iPhones and other mobile devices. The Task Force decided to conclude funding for this project.

Goal: The Governor's Task Force on Child Abuse and Neglect will promote positive outcomes for abused and neglected children through communication with legislators and policy makers at all levels and by identifying supportive partners in the legislature.

Status: Ongoing.

Section 106(a) 14. Developing and implementing procedures for collaboration among CPS, domestic violence services and other agencies in investigations, interventions, and the delivery of services and treatment provided to children and families and the provision of services that assist children exposed to domestic violence and the caregiving role of their non-abusing parents.

The goal for CPS is that in every investigation, domestic violence should be evaluated as it relates to the safety of the children. If the child is safe and the victim of domestic violence is not taking action to protect the children, or is willing to take action but does not know what resources are available, the worker should refer the non-abusing parent to supportive services. The worker is also required to develop a safety plan with the non-abusing parent.

In 2012, DHS began working with the Michigan Domestic Violence and Sexual Assault Prevention and Treatment Board to enhance CPS investigations when allegations of domestic violence are made, or when a history of domestic violence is discovered. Research shows that domestic violence (either current or historical) is present in over half of all CPS investigations, and in open CPS services cases that increases to over 70%.

In 2013, DHS was part of a panel at the annual State Court Administrative Office conference to address domestic violence. In 2013, DHS will develop a presentation to at the annual Michigan Child Abuse and Neglect conference in the fall of 2013.

Describe the steps the State agency will take to expand and strengthen the range of existing services and develop and implement services to improve child outcomes. Explain planned activities, new strategies for improvement, and the method(s) to measure progress under CAPTA Section 106(b)2.

Goal: DHS collaborates with Michigan State University to develop mandated reporting guides for school personnel, physicians and pediatricians. DHS continues to:

- Update the website for mandated reporters.
- Educate the public on the role and responsibilities of the child protection system and the basis for reporting suspected incidents of child abuse and neglect. Examples of the activities that will continue are:
 - Contract with the Prosecuting Attorneys Association of Michigan to provide mandated reporter trainings around the state (Temporary Assistance for Needy Families funded).
 - Support local DHS offices to train school, medical, law enforcement and other personnel in their communities (CAPTA funded).
 - Distribute the Mandated Reporter Guide, as needed (CAPTA funded).
 - Provide training as requested. Each local DHS office has staff available to do mandated reporter presentations (CAPTA funded).
 - Work with the Children’s Trust Fund to incorporate mandated reporter awareness and education into Child Abuse Prevention and Awareness Month activities (CAPTA funded).
- Provide an annual report on all training and activities related to CPS staff.

Describe the services to be provided, highlighting any changes or additions in services or program design and how the services will achieve program purposes (section 106(b)(2)(c)).

Goal: DHS will improve access to pediatric medical services in the assessment of child abuse and neglect.

Status: DHS addresses medical and health issues through a Medical Resource Services contract with the Child Protection Team at DeVos Children’s Hospital and the University of Michigan as described earlier. In 2012, the contract realized its most significant utilization to date. CPS Program Office has worked in conjunction with the Medical Resource Services providers to develop training for medical and child welfare staff to access this service.

Describe how CAPTA state grant funds were used, alone or in combination with other Federal funds, to meet the purposes of the program since the submission of the CAPTA State Plan.

CAPTA state grant funds are utilized for activities and contracts to reduce child abuse and neglect and improve practice. Currently these activities include:

- An interagency agreement with the Department of Community Health to provide “birth match” services to identify parents those who have had their rights terminated, leading to an automatic complaint and investigation, as described earlier.
- A medical services contract to provide specialized reviews of abuse and neglect cases.
- Annual child abuse and neglect conference for child welfare staff.
- A paternity testing contract for children coming into the child welfare system.
- CPS Advisory Committee and annual conference.
- Statewide child death review contract.
- Annual medical advisory conference.
- CPS program office travel costs.

CAPTA ANNUAL STATE DATA REPORT

CPS Staffing Allocations and Ratios; Qualifications and Training Requirements

Goal: DHS will improve the skills, qualifications and availability of staff and supervisors who provide services to children and families.

Status: For 2013, there are 1,418 CPS workers allocated; this includes 49 maltreatment in care specialists. Intake is no longer part of the CPS Worker formula as workers for Centralized Intake are taken off-the-top of the CPS Allocation.

The following 2012 CPS staffing ratios are defined by the modified settlement agreement:

- Ongoing: 17:1, for Categories I, II and III.
- Assigned/Investigation: 12:1.
- CPS worker to supervisor: 5:1.

CPS workers must possess a bachelor's or master's degree with a major in one of the following:

- Social work.
- Sociology.
- Psychology.
- Family ecology.
- Consumer/community services.
- Family studies.
- Family and/or child development.
- Guidance/school counseling.
- Counseling psychology.
- Criminal justice.

CPS workers must successfully complete a nine-week pre-service training and 270 hours of competency-based classroom and field training. The employee is required to pass a competency-based performance evaluation, including a written examination. Additionally, the employee must complete a minimum number of hours of in-service training each year.

The CPS supervisory training was updated and is now a competency-based 40-hour curriculum required for all child welfare supervisors hired after April 1, 2009 and current supervisors who have not previously had supervisory training. At the conclusion of the training, the supervisor must pass a competency-based evaluation. DHS will continue to provide program-specific training for supervisors in the monitoring of staff performance, policy and case reading.

For further information on education, qualifications and training requirements please see CAPTA State Plan Attachment A: Services Specialist Job Specifications. For information on 2012-2013 CPS worker allocations please see CAPTA State Plan Attachment B: Worker Allocations 2013.

422(b)(19) of the Act;

Describe the sources used to compile information on child maltreatment deaths and, if applicable, why certain sources of information from the State vital statistics department, child death review teams, law enforcement agencies or offices of medical examiners or coroners are excluded, and how the agency will include the information

Michigan DHS utilizes information provided by the State vital statistics department through two different avenues: the Michigan Fetal Infant Mortality Review and the Sudden Unexplained Infant Death Registry. This data is compiled with the assistance of the Michigan Public Health Institute, along with data input provided by county-based staff throughout the state. The vital statistics data is incorporated with the information obtained from local child death review teams, law enforcement, local health departments, and medical examiners/coroners to ensure the most accurate recording of manner and cause of all Michigan child deaths. Each year, this information is compiled into the Annual Michigan Child Death Report provided by Michigan DHS to the governor and Michigan State Legislature. The link for this year's report can be found here; http://michigan.gov/dhs/0,4562,7-124-5459_61179_7695_8366---,00.html.

Describe how the State identifies which populations are at the greatest risk of maltreatments and how the State Targets services to the populations at greatest risk of maltreatment (section 432 (a)(10) of the Act).

In 2012, the population identified at greatest risk of maltreatment is children aged three or younger living with their biological parents, constituting 35 percent of total child victims (11,723 of 33,600 total victims). This data is captured through the SWSS data system. Other factors included in identifying this group of children include their increased vulnerability due to their age, and stressors on parents because of the children's dependent status.

Four areas of policy and practice that focus on this population are Michigan's:

- Multiple Complaint policy.
- Safe Sleep policy.
- Birth Match policy.
- Early On policy and service provision.

JUVENILE JUSTICE TRANSFERS

In Michigan, eight youth in Michigan's foster care system were adjudicated as delinquents with a juvenile justice case opened during 2012. The juvenile justice system in Michigan is decentralized, with each county responsible for the juvenile delinquent population in their respective county. Some counties commit a portion of their youth to the state for care and supervision, under Public Act 150. The DHS Bureau of Juvenile Justice is responsible for about 10% of the total state juvenile justice population.

Juvenile Supervision in Michigan

Most youth remain the responsibility of the county courts. DHS expects that many youth who have had open abuse/neglect cases enter the juvenile justice system and remain under county supervision. Often, the dependency case is closed at the time the delinquency case is opened, thus the youth are not maintained as dual wards. The state does not have access to the case management systems used by county juvenile justice programs, and there is no central data repository for juvenile justice data, therefore determining the number of dual wards or the crossover youth population is not possible.

Goal: DHS will work collaboratively with the county courts to improve data collection.

Status: The Bureau of Juvenile Justice is an active participant in a statewide workgroup formed by county family courts called Juvenile Justice 20/20. A subcommittee was formed to facilitate data consolidation so the state may obtain and track juvenile justice data in the future.

Services to County-Supervised Youth

In Michigan, county-supervised youth are treated in the community, in county-operated juvenile facilities or in privately operated juvenile facilities under contract to the counties. These youth are often younger than those the state supervises, have committed less severe offenses and generally do not require specialized services. The percent of youth under county supervision has increased in recent years because of increased emphasis on community-based diversion programs and in-home treatment programs for juvenile delinquents that are reimbursed through the county Child Care Fund. The Child Care Fund is the primary funding mechanism for juvenile justice in Michigan, and in 2012 totaled about \$400 million. This fund reimburses counties for 50% of eligible costs for juvenile justice and non-title IV-E eligible youth.

Many counties have utilized their Child Care Fund dollars to develop effective lower cost community-based interventions for juvenile delinquents. Where previously Wayne County supervised the largest juvenile justice population in secure facilities, it has since aggressively reduced the number of youth placed under state supervision and cut by more than half the number of youth placed into secure residential treatment.

Services to State-Supervised Youth

Of the 508 youth under DHS supervision, some are committed to the care of the state as state wards (under Public Act 150). These youth are provided with case management services by DHS Juvenile Justice Specialists. The youth may be placed in public or private residential treatment placements or in community-based intervention programs. Others remain wards of the county courts, with DHS providing secure residential treatment. Youth under state supervision tend to be older, have committed more severe offenses and require specialized care. These characteristics are especially notable among youth at state-operated training schools.

Incarcerated Youth

In addition to youth in the juvenile justice system, the Michigan Department of Corrections incarcerates a substantial number of youth under the age of 18. These youth have been judicially waived to the adult criminal justice system, which results in the youth not being provided services offered to youth in the juvenile system. The number of inmates under the age of 18 has grown in recent years to more than 420 youth in prison. This unprecedented growth in young prisoners is due to legislative changes that allow more, as well as younger juveniles to be tried and sentenced as adults. Another reason for the increase in the number of incarcerated youth is the unique funding mechanisms in Michigan that require counties to pay for half of the cost of a juvenile commitment and none of the cost of an adult incarceration. While these youth in prison have committed the most serious crimes up to and including homicide, they do not differ greatly in other ways from youth committed to the juvenile justice system.

Goal: DHS will work with the Department of Corrections to provide rehabilitative treatment services to young offenders.

Status: The Bureau of Juvenile Justice has submitted a proposal to the Department of Corrections to transfer the youngest and less severe offenders back into the juvenile justice system for rehabilitative treatment.