



Child and Family Services Plan 2015 - 2019

2016 Annual Progress and Services Report

Strengthening Our Focus on Children and Families

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

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The Michigan Child and Family Services Plan can be found at the website below:

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

GENERAL INFORMATION

The Michigan Departments of Human Services and Community Health merged into a single state department by executive order on April 10, 2015, creating the Department of Health and Human Services (MDHHS). The MDHHS organizational structure reflects the department's vision and priority areas with a special emphasis on children's services, aging and adult services, service delivery/community operations, health services and family support, as well as population health and community services. Director Nick Lyon was appointed to lead MDHHS.

The MDHHS is the state agency that administers the following programs:

- Child Abuse Prevention and Treatment Act.
- Title IV-B(1) and (2) Stephanie Tubbs Jones Child Welfare Services.
- Promoting Safe and Stable Families Program.
- Monthly Caseworker Visit Formula Grant.
- Chafee Foster Care Independence Program.
- Education and Training Voucher Program.

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

- Division of Continuous Quality Improvement.
- Juvenile Justice Programs.
- Division of Child Welfare Licensing.
- Business Service Centers child welfare directors.
- Family Advocate.
- Children's Trust Fund.
- Michigan's Statewide Automated Child Welfare Information System (MiSACWIS).
- Children's Protective Services Central Intake.
- Child Welfare Field Operations.

The director of Children's Services oversees the Children's Services Deputy Director, who is responsible for Child Welfare Policy and Programs, the Federal Compliance Division and the Office of Native American Affairs and health services for children and families, including behavioral health.

The Division of Continuous Quality Improvement is responsible for the development and administration of the Child and Family Services Plan.

MDHHS Vision

Promote better health outcomes, reduce health risks and support stable and safe families while encouraging self-sufficiency.

Children's Services

A top priority for Michigan's health and human services programs is ensuring children are protected and supported on their path to adulthood. Combining children's services into one agency allows increased coordination and removes barriers to ensure families stay together whenever possible.

Child Welfare Vision

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

Child Welfare Mission

Child welfare professionals will demonstrate an unwavering commitment to engage and partner with the families we serve to ensure safety, permanency and well-being through a trauma-informed approach.

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 placed with siblings whenever possible.
- The impact of traumatic stress on child and family development is recognized and used to inform intervention strategies.
- The well-being of children is recognized and promoted by building relationships, developing child competencies and strengthening formal and informal community resources.
- 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.
- Child welfare professionals will be supported through identifying and addressing secondary traumatic stress, ongoing professional 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.

INTRODUCTION

Background¹

In 2012, the Michigan Department of Human Services (DHS), in consultation with the Center for the Support of Families, determined that a modified approach to child welfare was necessary in Michigan. With input from public and private child welfare workers, managers and leaders, an organizational structure was established that aligned critical system domains and expanded the role of state-level and community stakeholders in planning and providing services. In 2013, DHS established a strategic plan to implement long-term reforms in Michigan's child welfare system. That strategic plan, *Strengthening Our Focus on Children and Families*, includes three primary components, which continue to guide child welfare reform efforts and are referenced throughout this document:

- MiTEAM case practice model.
- Continuous quality improvement approach.
- Performance-based child welfare services.

Progress in 2014

Initial implementation of the *Strengthening Our Focus on Children and Families* strategic plan occurred in 2014. *Strengthening Our Focus on Children and Families* demonstrates Michigan's establishment and operation of a foundation for child welfare services that informs service planning and coordination and incorporates continuous quality improvement methods to provide ongoing evaluation and modification as necessary. Continued rolling out of the expanded MiTEAM case practice model to additional counties in 2014 strengthened the role of community stakeholders and increased family involvement in case planning.

Collaborative Development of 2015 – 2019 Child and Family Services Plan and 2016 Annual Progress and Services Report

In 2014, Michigan continued to improve services through targeting key performance indicators and Child and Family Services Review (CFSR) Rounds 2 and 3 safety and permanency data indicators, as well as the systemic factors that affect goal achievement. The 2015 – 2019 Child and Family Services Plan (CFSP) was developed collaboratively through the leadership of the *Strengthening Our Focus* Advisory Council (SOFAC) sub-teams that assessed the status of Michigan's child welfare system and developed a five-year plan to improve services in each CFSR outcome and systemic factor.² The 2016 Annual Progress and Services Report (APSR) likewise was developed collaboratively by SOFAC sub-teams. This alignment of organizational structure with CFSR outcomes allows for ongoing, integrated development of goals, evidence-informed assessment of progress and modification that targets areas needing improvement in a continuous quality improvement process. The sub-team structure aligned to CFSR goals will

¹ Since 2008, Michigan has operated under a consent decree, resulting from a class-action lawsuit by Children's Rights, Inc. In 2011, the state successfully renegotiated a court-approved modified settlement agreement.

² MDHHS' *Strengthening Our Focus* Advisory Council and sub-team structure is described in detail in the next section, *Collaboration*.

continue to evolve and improve and ensures that Michigan is prepared for the state's CFSR Statewide Assessment in 2017 and CFSR Round 3 in 2018.

The revision of the federal Child and Family Services Review (CFSR) safety and permanency data indicators and clarification of the systemic factors resulted in modification of some of the goals and objectives laid out in the state's five-year Child and Family Services Plan (CFSP) that was submitted in June 2014:

- Goals and objectives for Safety and Permanency outcomes were added to match the CFSR Round 2 and 3 data indicators.
- Goals and objectives for the systemic factors were revised to align more closely with CFSR Round 3 systemic factor definitions.
- Goals and objectives in the Consultation and Coordination with Native American Tribes section were altered to focus on improving Michigan's compliance with the federal Indian Child Welfare Act and the Michigan Indian Family Preservation Act.

This Annual Progress and Services Report (APSR) for federal fiscal year 2016 represents year one of Michigan's CFSP 2015 – 2019 and updates the goals, objectives and activities for improving child welfare services described in that plan. Results from 2014 are included in this document and where possible, data from the first two quarters of 2015 are reported. The required additional documentation and targeted plans are below:

- Financial documentation and budget requests are included as Attachment A.
- The MDHHS Organizational Chart and Continuous Quality Improvement Process is Attachment B.
- Michigan's goals and objectives for 2015 through 2019 are described in this narrative report. Corresponding measures and benchmarks for each outcome can be found in a spreadsheet format in Attachment C, the Goals and Objectives Matrix.
- Michigan's Indian Child Welfare and Tribal directories are included as Attachment D.
- A comprehensive listing of all training, including cost allocation methodology, is found in Attachment E, the MDHHS Child Welfare Training Matrix.
- Michigan's targeted plans are included in the following attachments:
 - Child Abuse Prevention and Treatment Act (CAPTA) 2015 Update, Attachment F.
 - Foster and Adoptive Parent Diligent Recruitment Plan, Attachment G.
 - Health Care Oversight and Coordination Plan, Attachment H.
 - Child Welfare Disaster Plan, Attachment I.
 - MDHHS Training Plan, Attachment J.

COLLABORATION

Michigan's child welfare implementation plan provides a structure for addressing federal and state compliance with legal and policy requirements and other initiatives that fall within the scope of MDHHS. In 2013, Michigan completed the Child and Family Services Review (CFSR) program improvement plan successfully with the exception of one measure, which the

state continues to address³. Collaborative assessment, planning and coordination are central to this structure, which flows from the state to the county levels.

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

Coordination of Child Welfare Services

MDHHS has maintained alignment of leadership activities by continuing use of the Strengthening our Focus Advisory Council (SOFAC), which oversees state- and county-level activities and facilitates their coordination. The SOFAC is chaired by the MDHHS Children's Services Agency (CSA) director and is comprised of senior staff from MDHHS. The relationship of the CSA director, SOFAC and local leadership in MDHHS continuous quality improvement processes can be seen on page 4 of Attachment B.

Approach to Include and Involve Stakeholders

Over the last year, SOFAC sub-teams continued to engage community members representing agencies that provide child welfare services and included them in the teaming process. The SOFAC meets regularly to address sub-team recommendations and eliminate barriers, monitor activities and progress and ensure regular status reports are available.

SOFAC sub-teams are responsible to reach out to stakeholders and other sub-teams and identify resources to ensure child welfare practice in Michigan benefits from collaboration at the state and local levels. Sub-teams address current issues and are modified as the department's concerns change. The team structure allows the department to address emerging issues in a coordinated and dynamic manner. Sub-teams also convene regularly to develop recommendations, monitor activities and progress and ensure regular status reports are generated. SOFAC members have direct contact with state sub-teams, either through directly reporting to the director of the Children's Services Agency, or through their membership on state-level sub-teams.

State Sub-Teams

A strategic planning meeting for the SOFAC was held in January 2015. There was agreement that all state sub-teams would reassess their membership and ensure adequate representation of stakeholders. The following sub-teams, described in the Child and Family Services Plan 2015 - 2019, remained in effect in 2014 and continued developing and monitoring the implementation of the plans and strategies outlined in this document.

- Safety.

³ Please see the Safety section of this report for information on Michigan's achievement in the area of Absence of Child Abuse and/or Neglect in Foster Care.

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

Progress in 2014 and 2015

The Foster and Adoptive Parent Recruitment and Retention sub-team was created to increase focus on recruiting a sufficient number and array of quality placement options and address issues related to foster parent and relative licensing.

The Well-Being sub-team was split in two, concentrating focus on specific areas of Michigan's service improvement goals:

1. **Well-being - Health.** This sub-team addresses the use of psychotropic medications for children in foster care and the provision of timely medical, dental and mental health examinations and treatment, as well as other child and family well-being issues.
2. **Well-being - Education.** The Well-being - Education sub-team was created to focus on removing barriers and promoting educational achievement of children in foster care.

County Implementation Teams

County implementation teams guide community efforts, address barriers and ensure fidelity to the MiTEAM model and continuous quality improvement processes in the field. Each county implementation team includes sub-teams that address issues such as continuous quality improvement, data collection and analysis, and MiTEAM implementation. County implementation teams receive information through their respective business service center, through county director meetings with the Children's Services Agency director and through membership on state-level sub-teams.

Progress in 2014 and 2015

In 2014, sub-teams in the three "champion" counties involved in the MiTEAM/Continuous Quality Improvement implementation remained focused on coaching labs to integrate implementation with continuous quality improvement activities. The sub-teams continue:

- Working toward implementation that ensures fidelity of casework activities to the MiTEAM practice model.
- Establishing protocols for evaluating progress data.
- Prioritizing the review of data in 2015, as well as factors affecting progress, such as adequacy of training, coaching and the pace of implementation of the MiTEAM model.

Collaboration with the Court System

MDHHS collaborates extensively with courts through the State Court Administrative Office Court Improvement Program. Collaboration in 2014 included:

Data Projects

- County-specific data reports on Child and Family Services Review outcomes were distributed for the first time in 2014.
- State court regional biannual meetings with judges in five Michigan regions. Child and Family Services Review data were provided for each county.
- Through a data-sharing agreement, the court obtains data from the MDHHS Data Warehouse to create reports on hearing timeliness and permanency.
- A Court Improvement Program Data Snapshot provided an overview of each county's child abuse/neglect data.
- The Judicial Information System's new MiCourt system is now available in 75 counties. This Windows-based user interface will include case management functions for abuse/neglect cases beginning in 2018.

Examining or Improving Hearing Quality

- The Court Observation Project was created to assess the quality of child protection.
- Title IV-E cross-disciplinary trainings were held in 13 localities to provide an overview of federal regulations and address each court's needs.
- Meetings occurred with the State Court Administrative Office and the MDHHS Federal Compliance Division. Court orders were reviewed and eligibility questions answered.
- The Court Improvement Program held several discussions with MDHHS to determine the appropriateness of mediation in child protection proceedings.
- The Appellate Manual was created for attorneys practicing child welfare appellate work.

Improving Timeliness of Hearings and Permanency Outcomes

- The State Court Administrative Office developed a permanency indicator report to track local court timeliness in child welfare hearings.
- The Court Process Improvement Committee focused efforts on educating parents on their rights when their children are taken into custody.
- The American Bar Association initiated a leadership forum on quality parent representation.
- The State Court Administrative Office developed training for lawyer-guardians ad-litem to teach statutory responsibilities and the importance of advocacy in child welfare.
- The Genesee County Parent Representation Pilot Project improved legal representation of parents involved in child protective proceedings by providing a social worker to work exclusively with parent attorneys.

Examining or Improving Compliance with the Indian Child Welfare Act

- Training was provided on the Michigan Indian Family Preservation Act at the statewide judicial conference.

- State and tribal court agreements resulted in all 12 tribal courts filing for reciprocity of recognition of court orders.
- The Court Improvement Program Tribal Court Relations Committee developed an American Indian Child Placement Evidentiary Standards Document.

Reviewing Quality of Child Welfare Services

- The Foster Care Review Board provided third-party external review of children in the foster care system to help ensure children's safety and well-being while in foster care and the system is working to achieve timely permanency for each child. In 2014, the Foster Care Review Board received 117 intake calls from foster parents who inquired about appealing a removal decision. Local review boards conducted 90 appeal hearings, agreeing with the foster parents 49 times (54 percent) and with the agencies 41 times (46 percent).

PERFORMANCE-BASED CHILD WELFARE SERVICES

An essential component, in addition to the MiTEAM case practice model (described in the Permanency section) and a continuous quality improvement approach (described in the Quality Assurance section), is the development of performance-based child welfare services and a supportive funding model. In addition to standard outcome measures, child welfare services are supported by efficient and actuarially sound funding for public and private agency child welfare case management. Performance-based funding will shift the existing child welfare system in Michigan from:

- A purchase-of-service system to a pay-for-performance system to achieve the outcomes of safety, permanency and well-being for the children served.
- A number of different independent funding streams for child welfare to an integrated rate that maximizes sources of funding for services for vulnerable children and families.
- A system that does not measure specific and complex outcomes and performance indicators to one that does track outcomes.

Progress in 2014 and 2015

Like the MiTEAM enhancement and continuous quality improvement approach, the implementation of a performance-based child welfare system is occurring in phases.

- Implementation began with an intensive planning year in Kent County from Oct. 1, 2014 to Sept. 30, 2015, which includes an assessment of the cost of services to children currently in the child welfare system to understand the needs and distribution of cases from the perspective of case complexity.
- The first performance-based funding contracts are projected to be in place in 2015 or early 2016 with the private agencies that operate in Kent County.

Goal for 2015

Public and private child welfare agency success will be measured using validated data and information from the state's Michigan Statewide Automated Child Welfare System (MiSACWIS)

and other methods. An actuary and independent evaluator will monitor the implementation of the funding model.

The emphasis on performance, outcomes and a practice model integrated with continuous quality improvement methods serves as a foundation for child welfare services to be delivered with clear expectations and an infrastructure capable of assessing systemic needs and making adjustments necessary to continue meeting the needs of children and families.

CHILD AND FAMILY SERVICES CONTINUUM

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

Trauma-Informed Service Approach

To ensure children and families are provided services that address the results of abuse and neglect and improve child and family engagement with services, MDHHS has incorporated trauma-informed services through:

- The Trauma Initiative that ensures a trauma-informed behavioral health system is provided for children and families through Community Mental Health service providers.
- The Trauma-Informed Systems of Care work group that gathers information about trauma-informed systems of care and makes recommendations.
- The Detroit Trauma-Informed Project at the Southwest Michigan Children's Trauma Assessment Center that supports development of a collaborative continuum of trauma-informed services in Detroit.
- The U.S. Dept. of Justice National Task Force on Children Exposed to Violence selected Michigan as one of three states to participate in the Defending Childhood State Policy Initiative.
- The Children's Trauma Assessment Center at Western Michigan University was awarded a trauma service grant by the U.S. Administration for Children and Families and is participating in a Breakthrough Series Collaborative to incorporate trauma screening by child welfare workers and training on secondary traumatic stress and primary trauma.
- In 2014, the DHS and the Michigan Department of Community Health incorporated common policies and guidelines in service programs and local public health departments. In 2015, MDHHS will include these common policies and guidelines in new contracts.

Services to Prevent Abuse and Neglect

- Prevention services are provided by Family Independence Specialists to families receiving financial and other assistance.

- The public is offered assistance and referrals for food, housing and other needs in MDHHS community resource centers based in schools with high numbers of families receiving financial assistance.
- The Children’s Trust Fund provides funding for statewide prevention of child abuse and neglect through community-based programs.
- A Title IV-E waiver child welfare demonstration project, Protect MiFamily, consists of prevention, preservation and support services for families with young children at high or intensive risk of maltreatment. Protect MiFamily is described in detail later in this document.
- Child Protection/Community Partners funding is provided to MDHHS local offices for services to families at low to moderate risk of child abuse or neglect. Services are determined locally. The purpose of the funding is to:
 - Reduce the number of re-referrals for substantiated abuse and neglect.
 - Improve the safety and well-being of children.
 - Improve family functioning.

Services to Protect Children from Abuse and Neglect

- Children’s Protective Services (CPS) investigations are initiated through the statewide child protection hotline. CPS investigates allegations of abuse or neglect of children by caretakers responsible for the child’s health or welfare and assesses the safety of all children in the household.
- Ongoing CPS services are provided by CPS workers in local communities and utilize community-based services following assessment of the needs of children and families.

Services to Preserve Families

- Families First of Michigan serves families with children at imminent risk of out-of-home placement and families with children in care. Families First provides intensive, short-term crisis intervention and family education in the home for four to six weeks and is available in all 83 Michigan counties.
- Families Together Building Solutions offers longer-term in-home services to alleviate risk and strengthen families’ abilities to keep their children safe.
- The Family Reunification Program is an intensive home-based service designed to assist the transition of children from foster care back into their homes.
- Strong Families/Safe Children is a funding resource for enhanced family preservation and support services. Funds are provided for service needs determined by local stakeholders and contracted with private agencies and individuals.

Placement Services

- Children’s foster care provides placement and supervision of children removed from their homes due to abuse or neglect. Services are provided by public and private agencies, and interventions assist families to rectify the conditions that brought the children into foster care. Foster care services are available to eligible young adults up to age 21 through the Young Adult Voluntary Foster Care program.

Juvenile Justice Programs

- MDHHS Juvenile Justice Programs provides technical assistance, consultation, assessment and training for community-based programs and supervision for youth placed in state-operated and private residential facilities. Juvenile Justice Programs operates three secure residential facilities.

Services to Promote Permanency

- The Adoption Assistance Program provides adoption and medical subsidy and assistance with non-recurring adoption expenses for children and their adoptive families.
- The Guardianship Assistance Program provides financial support to ensure permanency for children who are placed in eligible guardianships.

Services for Youth Transitioning to Adulthood

- Michigan's Chafee Foster Care Independence Program offers assistance to current and former foster youth between ages 14 and 21 statewide to achieve self-sufficiency including juvenile justice youth, tribal youth and unaccompanied refugee minors.
- Runaway Youth Services are crisis-based services available to youth ages 12 to 17, their siblings and families. Services are available statewide and include crisis intervention, community education, case management, counseling, skill building and placement.
- Homeless Youth Services are provided to youth ages 16 to 21 that require support for longer periods of time. Services are available statewide and include crisis management, community education, counseling, placement and the teaching of life skills.
- The Education and Training Voucher Program provides funding to meet the post-secondary education and training needs of youth aging out of foster care. Funding can be used toward tuition, books, daily living expenses and services that assist youth attending school and completing post-secondary programs.

SERVICE COORDINATION

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

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

Service Coordination at the State Level

MDHHS determines eligibility and provides case management for Medicaid and also administers the Disability Determination Service for Title II and XVI funds.

The MDHHS Bureau of Community Action and Economic Opportunity provides support and oversight to Michigan's 29 community action agencies, covering 100 percent of the state. Local agencies develop community partnerships, involve low-income clients in their operations and coordinate an array of services within their communities. They provide low-income individuals with services including Head Start, housing assistance, weatherization, senior services, income tax preparation, food, transportation, employment assistance and economic development.

In addition to child welfare services funded through Title IV-B(1), MDHHS allocates funds annually to all 83 counties for community-based needs assessment, service planning and contracting and service delivery to children and families. Local funding of services contracts ensures diversified and appropriate services are available in each community. The programs provided under the community-based services umbrella incorporate federal Child and Family Services Review standards. Other examples of MDHHS inter- and intra-departmental coordination include:

- The Office of Child Welfare Policy and Programs and the Office of Child Support collaborate to enable foster care and CPS staff to obtain paternity information from the Central Paternity Registry to ascertain parental responsibility and coordination for child support payment for children in the child welfare system.
- Michigan's Title IV-E state plan, approved in September 2012, demonstrates compliance with the Fostering Connections Act. MDHHS 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 requirements.
- Juvenile Justice Programs implements the Michigan Youth Reentry Initiative that operates through a contract for care coordination, with emphasis on assisting youth with significant medical, mental health or other functional life impairments that may impede success when re-entering community placement.
- The Child Care Fund is a collaborative resource between state and county governments that supports programs serving neglected, abused and delinquent youth in Michigan. Michigan's county courts design and administer the programs.
- Michigan's Interstate Compact staff serves as a liaison between local MDHHS offices and other states to ensure compliance with compact regulations and effective coordination.
- MDHHS has collaborative relationships with twelve Michigan undergraduate and two graduate schools of social work on a child welfare certificate program to train and educate a pool of qualified applicants to fill child welfare positions statewide.
- MDHHS collaborates with seven Michigan graduate schools of social work to develop in-service training to ensure public and private child welfare staffs are well versed in the skills and knowledge necessary to do their work.

Local Coordination of Financial and Child Welfare Assistance

Pathways to Potential is the MDHHS' cash assistance service delivery model that focuses on three elements: 1) going to the community where clients are located, 2) working with families to remove barriers by connecting them to a network of services and 3) engaging stakeholders and school personnel to help students and families find their pathway to success. Pathways to

Potential places MDHHS workers in schools to address families' barriers to self-sufficiency in five key outcome areas: safety, health, education, school attendance and self-sufficiency.

Safety

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

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.

Education

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

Attendance

- Increase school attendance rates/decrease chronic absenteeism.
- Actively seek parental engagement.

Self-Sufficiency

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

Accomplishments in 2014

At the end of the 2013-2014 school year, the statewide achievement for 169 schools was a 33.91 percent decrease in chronic absenteeism.

Areas with Pathways Schools

Pathways to Potential is currently in 219 schools in the following 22 counties: Bay, Calhoun, Genesee, Huron, Kalamazoo, Kent, Lapeer, Macomb, Mason, Mecosta, Midland, Muskegon, Newaygo, Oakland, Ogemaw, Ottawa, Roscommon, Saginaw, St. Clair, Tuscola, Washtenaw and Wayne.

Partnerships

Outcomes are supported by interagency partnerships with the Michigan Department of Education and the Michigan Economic Development Corporation. The Pathways model will

undergo a three-year evaluation by the Johnson Center at Grand Valley State University through a grant funded by the Kellogg Foundation. Service descriptions for all MDHHS programs can be found here: <http://www.michigan.gov/dhs/0,4562,7-124-5453---,00.html>

SAFETY

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

Michigan will ensure that placements are safe and in the best interest of the child. Evaluation of a home for placement must consider possible risk factors and assessment of the needs of the child and the capacity of the provider. Safety and risk factors are evaluated on an ongoing basis.

Safety - Assessment of Performance

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

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

From the executive level to frontline workers, there has been a sustained effort to improve assessment and planning to increase child safety. In 2014, Michigan reviewed practices in other states and available research to identify effective strategies that improve child safety and reduce recurrence of abuse and neglect.

Over the past year, the department continued to communicate policy requirements and create effective training and tools to improve placement decisions in an effort to maintain placements. Tools and policies will continue to be reassessed and validated to ensure they accurately address risk and safety in placements.

Safety Outcomes 1 and 2 - Plan for Improvement

MDHHS implemented statewide safety training for all child welfare staff and supervisors to improve assessment of child safety and well-being and ensure that children are protected from abuse and neglect and safely maintained in their homes whenever possible.

Michigan's Safety goals for the 2015 – 2019 Child and Family Services Plan were created based on federal Child and Family Services Review (CFSR) Round 2 data indicators. Following the release of the CFSR Round 3 data indicators in October 2014, Michigan modified the Safety goals and objectives to include data indicators for Rounds 2 and 3, which are specified for each of the following objectives.

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

Objective S.1.1: MDHHS will increase the rate of Absence of Maltreatment in Care (CFSR Round 2).

Measure: Child and Family Services Review (CFSR) data profile - National Child Abuse and Neglect Data System (NCANDS).

Baseline: 99.31 percent; FY 2013 performance on Absence of Maltreatment in Care.

Benchmarks:

2015 – 2019: Achieve the national standard rate of 99.68 or higher.

2015 Performance: 99.35; FY 2013b/14a.

Objective S.1.2: MDHHS will decrease maltreatment of children in foster care (CFSR Round 3).

Measure: CFSR data profile - NCANDS.

Baseline: 12.56 percent of children in foster care experienced maltreatment; FY 2013.

Benchmarks:

2015 – 2019: Demonstrate improvement each year.

2015 Performance: Not available at this time.

Objective S.1.3: MDHHS will reduce the number of victims having recurrence of maltreatment (CFSR Round 3).

Measure: CFSR data profile - NCANDS.

Baseline: 12.4 percent of victims experienced recurrence of maltreatment; FY 2013.

Benchmarks:

2015 – 2019: Demonstrate improvement each year.

2015 Performance: Not available at this time.

MDHHS will continue to reduce maltreatment in care through:

- Participating in the Consortium on Improved Placement Decision-Making and Capacity Building sponsored by the Annie E. Casey Foundation.
- Utilizing the SOFAC placement and safety sub-teams to lead efforts to improve placement assessment and decision-making.
- Improvement of the relative safety screening by frontline staff prior to out-of-home placement. Future initiatives include:
 - Development of podcasts and webinars to enhance training and utilization of the initial relative safety screening form.
 - Incorporating safety screening in relative assessments.
 - Evaluating data to assess when maltreatment is occurring and find opportunities for intervention to prevent abuse/neglect from occurring.
 - Evaluating the effectiveness of services provided to children and families to ensure services are appropriate to the identified need.
 - Continuing to enhance screening and licensing procedures for relatives.
- Continued collaboration with Casey Family Programs and the National Council on Crime and Delinquency to determine strategies to improve the safety of children in foster and relative placements, including:
 - Assessing investigation policies and procedures in licensed provider settings.
 - Evaluating modification of risk assessment tools to improve risk assessment.

- Assessment of whether lack of supportive services or misidentification of child and family needs may lead to maltreatment in care.
- Assessing the need to develop structured decision-making tools to identify risk and protective factors of prospective and current providers.
- Assessing the need to create enhanced training for providers to address behavior problems and other challenges that may lead to child maltreatment.
- Evaluating current recruitment practices and including the use of data to help monitor implementation practices and inform program improvements.
- Ongoing research and planning through the advisory council and the placement and safety sub-teams. These teams will ensure ongoing review of existing practices, training and interventions to improve placement decision-making through collaboration between sub-teams.
- Providing comprehensive safety assessment and planning training for children's services staff. Safety by Design training was developed to provide staff with the ability to gauge immediate safety concerns and enhance joint treatment planning and ongoing safety planning. Training will be expanded through 2015. The safety sub-team will assess the training by evaluating outcomes in the counties where the training was provided.

Goal S.2: MDHHS will reduce the rate of repeat maltreatment of children in foster care.

Objective S.2.1: MDHHS will increase the rate of absence of repeat maltreatment in foster care (CFSR Round 2).

Measure: CFSR data profile - NCANDS.

Baseline: 93.3 percent; FY 2013.

Benchmarks:

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

2015 Performance: 93.2; FY 2013b/14a.

MDHHS will address recurrence of maltreatment through:

- Development of a team to assess and respond to maltreatment recurrence, evaluate trends and develop responses. The team will recommend the development of pilot programs, system changes, policy development, statewide initiatives and training.
- Pilot a predictive analytics review, based on the Eckerd Model used in Hillsborough County, Florida, to identify risk factors for abuse and neglect and methods to reduce the likelihood of maltreatment in care and repeat maltreatment.
- Provide comprehensive threatened harm training for CPS staff to ensure workers comprehend and apply threatened harm policy correctly.
- Contract development for continuation of Signs of Safety in 2015 and beyond. Evaluation will occur in 2015.
- Protect MiFamily, the Title IV-E waiver project focused on reducing the likelihood of maltreatment or repeat maltreatment. Currently, Protect MiFamily is active in three counties and outcomes are being measured.

- In 2015, Michigan will pilot an enhancement of casework practice for complaints that allege domestic violence. The pilot will use Connecticut's Safe and Together model⁴ to improve family outcomes and reduce recurrence rates. Safe and Together principles will be incorporated into Michigan's MiTEAM model and include staff training.

Corresponding measures and benchmarks for each of the above goals can be found in Attachment C, the Goals and Objectives Matrix.

POPULATION AT THE GREATEST RISK OF MALTREATMENT

In 2014, the population identified at greatest risk of maltreatment was children ages 3 or younger living with their biological parents, constituting 38 percent of total child victims (11,774 of 30,953 total victims). This data was captured through the Services Worker Support System and the Michigan Statewide Automated Child Welfare Information System (MiSACWIS). Other factors included in identifying this group of children include vulnerability due to their age and stressors on parents because of the children's dependent status. Five areas of policy and practice specifically focus on this population in Michigan:

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

PERMANENCY

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

Permanency 1 - Assessment of Performance

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

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

Permanency Composite 1: Timeliness and Permanency of Reunification.

⁴ The Safe and Together™ Model was developed by David Mandel & Associates LLC to improve competencies and cross-system collaboration related to domestic violence and child maltreatment.

- Michigan's overall performance continues to improve. At the 12-month period ending March 31, 2014, performance was 122.5 compared to 122.3 in 2013. Michigan is .1 percent from meeting the standard.
- Michigan remained constant in exits to reunification with a median stay of 10.1 months compared to 10 months in 2013.
- Michigan exceeds the national standard on re-entries to foster care in less than 12 months. Michigan's re-entry rate hovers around 3 to 3.7 percent, which is 11.3 percent lower than the national median.
- Michigan has shown improvement over the last year in the following measures:
 - Exits to reunification in less than 12 months increased .3 percent.
 - Entry cohort reunification in less than 12 months increased 1.1 percent between 2013 and 2014.

Permanency Composite 2: Timeliness of Adoption

Timeliness of adoption continues to be strength for Michigan. Overall performance is 40 points above the standard.

- Michigan exceeds the 75th percentile in timeliness of adoptions of children discharged from foster care, progress toward adoption for children in foster care for 17 months or longer and progress toward adoption of children who are legally free.

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

Michigan exceeds the national standard for achieving permanency for children in care for long periods of time. Overall performance is 17.8 points above the standard.

Permanency Composite 4: Placement Stability

- Michigan's performance continues to exceed the standard for Composite 4. Overall performance is 7.1 points above the national standard.
- Michigan continues to exceed the 75th percentile for two or fewer placements for children in care over 24 months.
- Michigan continues to exceed the 75th percentile for the following measures:
 - Two or fewer placement settings for children in care for less than 12 months.
 - Two or fewer placement settings for children in care for 12 to 24 months.

Michigan's Permanency goals for the 2015 – 2019 Child and Family Services Plan were created based on federal Child and Family Services Review (CFSR) Round 2 data indicators. Following the release of the CFSR Round 3 data indicators in October 2014, Michigan modified the Permanency goals and objectives to include data indicators for Rounds 2 and 3, which are specified for each of the following objectives.

Permanency 1 - Plan for Improvement

Goal P.1: MDHHS will increase permanency and stability for children in foster care.

Objective P.1.1: MDHHS will increase the percentage of children reunified with their family in less than 12 months (CFSR Round 2).

Measure: Adoption and Foster Care Analysis Reporting System (AFCARS) data profile.

Baseline: 59.2 percent; FY 2013.

Benchmarks:

2015 – 2019: Increase by .5 percent (modified benchmark after reassessing progress).

2015 Performance: 59.5 percent; FY 13b/14a.

Objective P.1.2: MDHHS will decrease the length of time to reunification (CFSR Round 2).

Baseline: 10.0 months; FY 2013.

Measure: AFCARS data profile.

Benchmarks:

2015 – 2019: Decrease by .1 percent (modified benchmark after reassessing progress).

2015 Performance: 10.1 months median length of time to reunification; FY 13b/14a.

Objective P.1.3: MDHHS will continue to exceed the national standard for timely adoptions (CFSR Round 2).

Baseline: 141.7; FY 2013.

Measure: AFCARS data profile.

Benchmarks:

2015-2019: Achieve 106.4 or higher.

2015 Performance: 146.4 rate of timely adoptions; FY 13b/14a.

Objective P.1.4: MDHHS will increase the percentage of children discharged to permanency within 12 months of entering care (CFSR Round 3).

Measure: AFCARS data profile.

Baseline: 32.4 percent; 10/2013 observed performance.

Benchmarks:

2015-2019: Demonstrate improvement each year.

2015 Performance: Not available at this time.

Objective P.1.5: MDHHS will increase the percentage of children who have been in care for 12 to 23 months discharged from foster care to permanency within 12 months (CFSR Round 3).

Measure: AFCARS data profile.

Baseline: 50.7 percent; risk standardized performance.

Benchmarks:

2015-2019: Achieve the national standard of 43.7 percent or more.

2015 Performance: Not available at this time.

Objective P.1.6: MDHHS will increase the percentage of children who had been in care 24 months or more that are discharged to permanency within 12 months (CFSR Round 3).

Measure: AFCARS data profile.

Baseline: 37.5 percent; risk standardized performance.

Benchmarks:

2015-2019: Achieve the national standard of 30.3 percent or more.

Performance: Not available at this time.

Objective P.1.7: Of all children who entered foster care and discharged within 12 months to live with a relative or guardian, MDHHS will decrease the percentage of children who re-enter foster care within 12 months of their discharge (CFSR Round 3).

Measure: AFCARS data profile.

Baseline: 4 percent; risk standardized performance.

Benchmarks:

2015-2019: Achieve the national standard of 8.3 percent or less.

2015 Performance: Not available at this time.

Objective P.1.8: For all children who enter foster care, MDHHS will decrease the rate of placement moves per day of foster care (CFSR Round 3).

Measure: AFCARS data profile.

Baseline: 3.29 percent; risk standardized performance.

Benchmarks:

2015-2019: Achieve the national standard of 4.12 percent or less.

2015 Performance: Not available at this time.

Child Welfare Practice – the MiTEAM Model

The foundation of Michigan’s child welfare reform is the MiTEAM case practice model. The MiTEAM model incorporates family engagement, family team meetings and concurrent planning into a unified practice model for child welfare. The model focuses child welfare services on the key skills of **T**eaming, **E**ngagement, **A**ssessment and **M**entoring. The unified approach of the MiTEAM model:

- Provides for consistency in practice.
- Clarifies roles and expectations for staff.
- Informs policy, training and quality assurance.
- Explains how child welfare interventions and services are delivered to families.

With the MiTEAM model, MDHHS implemented family team meetings, family-centered planning sessions that guide decisions concerning a child’s safety, placement and permanency.

- Family members are actively involved in case decision-making and service participation from removal through achievement of permanent homes for children.
- Family members are considered an important resource for ensuring safety for children at risk of removal.
- Family members are the first placement considered if removal is necessary.

In family team meetings, information is shared to locate absent parents and mobilize supportive adults. Child welfare staff receives support in conducting family team meetings from peer coaches that are trained to provide technical assistance and coaching feedback to ensure skillful engagement with families.

Progress in 2014

- In 2014, 766 relatives were licensed.

- Continuous quality improvement implementation occurred in Lenawee, Mecosta/Osceola and Kalamazoo counties.
- Coaching labs were completed in trauma, engagement, teaming, assessment and case planning in Lenawee, Mecosta/Osceola and Kalamazoo counties.
- Training was provided to peer coaches in the areas of teaming and modeling skills.
- A Practice Spotlight video on trauma-informed removal was produced.
- Permanency Resource Monitors conducted trainings and consultation in permanency goals, diligent relative search and the guardianship approval process.
- Permanency Resource Managers conducted special reviews on each foster child awaiting reunification for over a year.
- Permanency forums were held on April 3, 2014 and October 16, 2014.
- The placement sub-team:
 - Assessed barriers to timely relative home studies and licensure.
 - Identified areas of opportunity for technical assistance and training.
 - Collaborated on the development of a licensing practice guide for inclusion in the MiTEAM Practice Manual.

Progress to Date in 2015

- A MiTEAM fidelity instrument was piloted in Lenawee, Mecosta/Osceola and Kalamazoo counties.
- Coaching labs on case plan implementation, placement and mentoring took place in Lenawee, Mecosta/Osceola and Kalamazoo counties.
- Enhanced MiTEAM implementation began in Kent County. Trauma coaching labs were completed, with the remaining coaching labs to occur monthly through 2015.
- Child welfare staff and supervisor report the following practice improvements as a result of participation in coaching labs:
 - Engaging the family team and child more effectively.
 - Understanding the family's history and frame of reference about "the system."
 - Recognizing the impact of trauma on families.
 - Utilizing active listening skills to engage families.
 - Utilizing genograms and eco-maps during family team meetings.
 - Helping families identify supports.
 - Having in-depth conversations with children and parents.

Ongoing Collaborative Efforts

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

- The placement sub-team focuses on placement of children in unlicensed placements, foster parent licensing, relative licensing and placement exceptions.
- MDHHS participates in the Consortium on Improved Placement Decision-Making and Capacity Building sponsored by the Annie E. Casey Foundation.
- Adoption Resource Consultant services continue to provide services statewide.

- The Adoption Oversight Committee provides policy recommendations to improve permanency through adoption.
- Contracting for foster care and adoption navigator services will continue. Navigators provide support and assistance to families pursuing foster home licensure or adoption.
- Collaboration will continue with the Michigan Adoption Resource Exchange. The exchange produces recruitment brochures, maintains an informative website and produces newsletters for professionals, parents and children.
- Placement options are considered, such as increasing the number of treatment foster homes and utilization of foster family shelter homes instead of congregate care settings.

Permanency 2 - Assessment of Performance

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

Strength: Quality Assurance Compliance Reviews⁵ and data from the child welfare case management system were used to assess and track progress for Permanency Outcome 2. Michigan demonstrates strength in placing children in close proximity to the child's home, placing children with relatives when possible and maintaining sibling relationships.

- Of children in out-of-home care, 95.4 percent are placed within 75 miles of their home.
- Sibling visitation or contacts were of sufficient frequency to maintain and promote sibling relationships in 89.47 percent of cases.

Michigan began tracking the number of children in foster care who are placed with relatives. The baseline will be established at the conclusion of fiscal year 2015, as a full year of data was not available in 2014.

Area Needing Improvement

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

- In 2014, of the cases reviewed, 77 percent of parent/child contacts were of sufficient frequency to promote the parent/child relationship.

Michigan modified how parent/child visitation data is captured. Quality Assurance Compliance Reviews will be the method of measuring this goal.

Permanency 2 - Plan for improvement

Goal P.2: MDHHS will maintain and preserve family relationships and the child's connections.

Objective P.2.1: Children will have visits of sufficient frequency with their mother and father to promote parent/child relationships.

Measure: Quality Assurance Compliance Review.

Baseline: Seventy-seven percent of children in care had visits of sufficient frequency; 2014.

⁵ The Quality Assurance Compliance Review and other reviews conducted by the Division of Continuous Quality Improvement are described in the Quality Assurance section of this document.

Benchmarks:

2015-2019: Demonstrate improvement each year.

2015 Performance: Not available at this time.

Objective P.2.2: MDHHS will track the number of children in foster care who are placed with relatives.

Measure: MDHHS Data Warehouse Monthly Fact Sheet.

Benchmarks:

2015-2019: Demonstrate improvement each year.

2015 Performance: Not available at this time.

Objective P.2.3: Children in foster care will have visits of sufficient frequency with siblings to maintain and promote sibling relationships.

Measure: Quality Assurance Compliance Review.

Baseline: 88 percent; 12-month period ending 12/31/2014.

Benchmarks:

2016-2019: Demonstrate improvement each year.

2015 Performance: Not available at this time.

Collaboration to Preserve Family Connections

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

- Identifying strategies that allow increasing the frequency of parent-child contacts while preserving safety of children.
- Expanding supportive visitation services.
- Strengthening policy to encourage increasing the number of parent-child visits.
- Piloting trauma-informed practice in Genesee, Lenawee, Mecosta, Osceola and Kalamazoo counties to address factors that may limit the quality of engagement with children and families.

Progress in 2014

- Parent education program standards were revised in 2014 to require evidence-based, evidence-informed or promising practice parenting skills education.
- MDHHS expanded the Foster Care Supportive Visitation program into seven additional counties. As of June 2014, performance data shows:
 - Sixty percent of parents were reunified with their child within six months following completion of the program.
 - Ninety-five percent of all parents did not have a substantiated CPS complaint within six months of successful completion of the program.
 - Eighty-five percent of parents showed an improvement in at least two of the identified target areas on the Adult-Adolescent Parenting Inventory post-test.
 - Ninety-two percent of parents participated in all supportive visitation sessions.

- MDHHS developed a comprehensive parent/child visitation plan that includes volunteers to facilitate frequent contacts and training foster parents and relative caregivers on supporting parent/child contacts.

Practice Improvements

The three “champion” counties initiating the MiTEAM/Continuous Quality Improvement implementation undertook the following:

- Piloted the Supervised Visit Parenting Rating Checklist.
- Developed mentoring training to increase resources for supervised parenting time.
- Developed a supervised parenting time tool.
- Worked with the Children’s Trauma Assessment Center to Implemented the Trauma Screening Tool.

Progress in 2015

MDHHS is continuing to improve practice with parents and children by:

- Revising foster care policy to address how and when to move parenting time forward in duration and frequency, as well as moving toward unsupervised visitation.
- Developing webinars that detail how to move parenting time forward in frequency and toward unsupervised visitation.
- Expanded Foster Care Supportive Visitation services to Alpena, Alcona and Montmorency counties.

Preventing Sex Trafficking and Strengthening Families Act, Public Law 113-183

MDHHS is implementing Public Law 113-183 through the following foster care program activities:

Section 111: Supporting normalcy for children in foster care.

- A work group was established to develop policy, training and guidelines to implement the prudent parent standard. The anticipated policy release date is October 2015.
- Licensing rules were updated in January 2015 to include this provision.
- Residential contracts will be updated when the policy and guidelines have been developed.

Section 112: Improving another planned permanent living arrangement (APPLA) as a permanency option.

- Policy is being drafted to eliminate the use of APPLA for youth under 16 years of age. The anticipated policy release date is October 2015.
- Michigan policy currently requires documentation of initial and ongoing efforts to locate relatives for placement.
- The law requires the court to obtain the child’s views regarding the permanency plan.
- The law requires the court to make a judicial determination regarding APPLA as a permanency goal being in the child’s best interest.
- Case service plan policy will be updated to reflect the need to document the reasonable and prudent parent standard and the child having an opportunity to engage in age-appropriate activities. The anticipated policy release date is October 2015.

Section 113: Empowering foster children ages 14 and older in the development of their case plan and during transition planning.

- Foster care policy currently requires youth 14 and older to participate in the development of his/her case plan.
- Policy is being drafted to require identifying two support persons for the youth and documentation of the youth's right to court participation.
- Policy was modified effective May 1, 2015 to include the requirement that youth 14 and older receive a copy of his/her credit report.
- The Foster Child Bill of Rights has been drafted and training is being developed. The anticipated policy release date is July 2015.
- Policy requires documentation of the youth's health, education, visitation and receipt of a credit report during the semi-annual family team meeting. The child's education and health status is also documented in the youth's case plan.

Section 114: Ensuring foster children have a birth certificate, social security card, health insurance information, medical records and a driver's license or equivalent state-issued identification card.

- Policy is being revised to include that a youth has a driver's license or equivalent state-issued identification card at the time of case closure. The anticipated policy release date is Oct. 1, 2015.
- Michigan policy currently requires youth exiting care to receive his/her birth certificate, social security card, medical passport, information on Foster Care Transitional Medicaid, and MiHealth insurance card.

Section 206: Requirement that the state report on calculation and use of savings resulting from the phase-out of eligibility requirements for adoption assistance; requirement to spend at least 30 percent of savings on certain services. Michigan uses the following methodology in calculating the savings from implementing the revised adoption assistance eligibility criteria:

1. Identify cases which met the applicable child eligibility age criteria for the year in the Title IV-E adoption assistance program and who began receiving Title IV-E funded adoption assistance during the calendar year.
2. Remove cases from this number if:
 - The child was Title IV-E funded on his/her last day in foster care.
 - The child was state ward board and care funded on the last day in foster care but was Title IV-E eligible on the initial foster care funding determination.
 - The child was state ward board and care funded on the last day in foster care but was Title IV-E eligible on the initial foster care funding determination and was in foster care over 60 consecutive months at the time of the adoptive placement.
 - The child was state ward board and care funded on the last day in foster care, not Title IV-E eligible but had been in foster care over 60 consecutive months at the time of the adoptive placement.
3. Count the remaining eligible cases in the savings generated from implementing the revised adoption assistance eligibility criteria.
4. Calculate the savings on the eligible cases as follows:

- Determine the total amount of Title IV-E funded adoption assistance payments for each case during the calendar year.
- Calculate the Federal Medical Assistance Percentage rate for the year.

Section 207: Preservation of eligibility for kinship guardianship assistance payments in cases with a successor guardian.

- Michigan submitted a program improvement plan to the Children’s Bureau in March 2015 to meet this section of the law.
- MDHHS submitted draft language to the legislature in 2015 to begin the legislative process. Policy was drafted and will be enacted pending implementation of the legislation.

Section 209: Relative notification and sibling definition.

- MDHHS received an extension to January 2016 to implement definitions of sibling and relative due to the need to make legislative changes.
- MDHHS submitted a draft legislative proposal to the Michigan Legislative Services Bureau to begin the legislative process in March 2015.

Corresponding measures and benchmarks for each of the above goals can be found in Attachment C, the Goals and Objectives Matrix.

SERVICES FOR CHILDREN AGES FIVE AND UNDER

In 2014, there were 9,561 children ages five and under in foster care. This is a five percent decrease from 2013. Based on 2015 data to date, it is projected that 9,552 children ages five and under will be in foster care in 2015.

Progress in 2014

At the conclusion of fiscal year 2014, 40 children under five did not have an identified permanent family upon termination of parental rights. Of those children, 14 have since been adopted, 25 have an identified family and one child remains unmatched with a family.

Progress to Date in 2015

As of February 2015, 11 children under five years did not have an identified permanent family but by April 2015, seven of those had an identified family, three had matches being reviewed and one had a placement pending. It is projected that 26 children will not have a permanent family identified at the conclusion of fiscal year 2015.

Activities to Reduce the Length of Time Young Children are Without an Identified Family

If an adoptive family has not been identified for a child at the time of adoption referral, a written, child-specific recruitment plan must be developed within 30 calendar days. Quarterly reviews of the plan continue until the child is placed with a family that plans to permanently care for the child.

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

The enhanced MiTEAM case practice model ensures each child receives services that meet his or her emotional and developmental needs and has a permanent family identified as early as possible. Concurrent permanency planning and diligent relative search and engagement are used to ensure prompt service delivery, increased parental contact that supports bonding and to facilitate placement with a permanent family. In addition, CPS and foster care policy has the following requirements for children under 5:

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

Progress in 2014

MDHHS and the Michigan Association for Infant Mental Health released a statement that calls for child welfare workers to address the importance of infants' attachment relationships as they make decisions about foster care or permanent homes. Policy changes include requirements to:

- Place infants and toddlers with relatives or foster parents who are interested in adoption if the babies are not expected to be reunified with their parents.
- Provide babies with familiar objects from their homes, such as a blanket, sheet or teddy bear to ease the transition by providing a sense of security.
- Maintain connections whenever possible between foster parents, adoptive parents and the baby if the baby is adopted after developing an attachment to foster parents.

Progress to Date in 2015

- Policy was revised to require referral to infant mental health specialists when infants and toddlers display social-emotional delays.

MDHHS Approach to Working with Infants, Toddlers and Young Children

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

- Children ages birth to two years: three visits per week.
- Children ages three to five: two visits per week.

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

Early Periodic Screening, Diagnosis and Treatment Services

Michigan collaborated with Medicaid health plan providers to ensure each young child receives early periodic screening, diagnosis and treatment services. In addition, the Department of Community Health developed the Trauma Initiative to ensure a trauma-informed approach in behavioral health services is utilized for children and families. MDHHS is providing training to Community Mental Health service providers.

Supportive Visitation

Michigan implemented Foster Care Supportive Visitation/In-Home Parent Education contracts. This program provides parent-child visits and provides parents with support before and after visits. The Bavolek Nurturing Parent Program is an evidence-based model that teaches skills to prevent and treat abuse and neglect. To date, 51 counties have Supportive Visitation services.

Progress in 2014

Supportive Visitation services expanded into seven additional counties and served approximately 1,088 families. As of June 2014, performance data shows:

- Sixty percent of parents were reunified with their child within six months following completion of the program.
- Ninety-five percent of parents did not have a substantiated CPS complaint within six months of successful completion of the program.
- Eighty-five percent of parents showed an improvement in at least two of the identified target areas on the post-test.
- Ninety-two percent of parents participated in all supportive visitation sessions.

Progress to Date in 2015

- Services expanded to three additional counties, Alpena, Alcona and Montmorency.
- As of March 31, 2015, 401 families were served.

Infant Foster Care Services

Western Michigan University received a grant with Kalamazoo County DHS to pilot foster care services with a focus on younger children. Incredible Years, an evidence-based parent education program, is delivered to parents and foster parents.

- Collaborative meetings between caseworkers and supervisors of public and private foster care agencies were held to discuss infant/toddler foster care issues.
- The Kalamazoo Regional Educational Service Agency, Infant Mental Health and MDHHS made presentations to the court and other stakeholders on infant/toddler needs.
- Implementation of the Ages and Stages Questionnaire occurred in infant/toddler visits to assess children and train workers on child development.
- Enhanced collaboration occurred with agencies, particularly Infant Mental Health.
- Collaboration occurred with a literacy program that served all ages.

Progress in 2014

Due to challenges in staffing, Kalamazoo County DHS disbanded the foster care unit that specialized in case management of infants. The county remains committed to serving this most vulnerable population through:

- Quarterly meetings with the Parent Training Coalition to discuss infant/toddler issues.
- Continued collaboration with a literacy program that serves all ages.

Progress to Date in 2015

- Foster care staff presented at the System of Care Conference in March.
- The Incredible Years program continues to operate and nine new referrals were made to the toddler group.

Protect MiFamily

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

Training and Supervision of Caseworkers and Caregivers of Young Children

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

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

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

Infant/Toddler Treatment Court

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

Progress in 2014

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

- Forty families have been served over the past six years.
- Seventy-nine percent of families reunified.

- Three families have re-entered care. Of those three, two of the families were reunified within six months from removal.
- One hundred percent of children received a developmental screening.
- One hundred percent of families participated in parenting classes individually, with a therapist or in the Nurturing Parenting Class.

Progress to Date in 2015

- The treatment court is currently working with 12 families.
- Each family receives eight to 10 hours of intervention from the baby court team weekly.

WELL-BEING

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

Well-being 1 - Assessment of Performance

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

Quality Assurance Compliance Reviews and Quality Services Reviews were used in 2014 to assess and track progress for Well-Being Outcome 1.

Strengths

Needs and services of child and foster parents:

- Eighty-nine percent of children had initial and ongoing formal or informal assessments and of those with identified needs, appropriate services were provided.
- Seventy-four percent of foster parents had initial and ongoing formal or informal assessments and of those with identified needs, appropriate services were provided.

Caseworker visits with children:

- Michigan exceeded the federal goal of 90 percent, completing 96.3 percent of children having a visit with their caseworker a minimum of once each month. Eighty-three percent of those visits took place in the child's residence.

Needs and services for parents:

- Of applicable cases, 80 percent of parents had initial and ongoing formal or informal assessments and of those with identified needs, appropriate services were provided.

Areas Needing Improvement

- Sixty-nine percent of cases had caseworker visits with parents of sufficient quality and frequency to promote achievement of case goals. Of these:

- Seventy-seven percent had visits with the mother of sufficient quality to promote achievement of case goals.
- Sixty percent had visits with the father of sufficient quality to promote achievement of case goals.
- Twenty-five percent of parents signed the parent agency treatment plan.
- Eighteen percent of eligible youth signed the parent agency treatment plan.
- In Quality Services Reviews, 62.5 percent of cases resulted in scores of 'refine' or 'maintain' on the Voice and Choice factor. Voice and Choice measures whether the focus child, caregivers and key family supporters are participants in shaping decisions about their goals and services.

Progress to Date in 2015

- Trauma screening for children was implemented in Kent County.
- MDHHS is collaborating with Western Michigan University's Children's Trauma Assessment Center and local mental health agencies to participate in the Breakthrough Series Collaborative. The collaborative focuses on developing and adapting best practices for the delivery of trauma-informed services.
- MDHHS initiated a foster care workload study. A manageable workload is instrumental in retaining staff and supporting use of evidence-based practices, delivering quality services, engaging families and building relationships.
- The placement sub-team is collaborating with the Office of Workforce Development and Training to develop assessment training to assure safety and well-being of children in relative placements.

Well-Being 1 - Plan for Improvement

Goal W.1: Families will have enhanced capacity to provide for their children's needs.

Objective W.1.1: Caseworkers will visit with parents at a frequency sufficient to address issues pertaining to the safety, permanency and well-being of the child and promote achievement of case goals.

Measure: Quality Assurance Compliance Review.

Baseline: 69 percent; 2014.

Benchmarks:

2015 - 2019: Demonstrate improvement each year.

2015 Performance: 69 percent.

Objective W.1.2: Caseworkers will assess the needs of parents, children and foster parents initially and on an ongoing basis to identify the services necessary to achieve case goals.

Measure: Quality Assurance Compliance Review.

Baseline – 2014:

- Parents: 80 percent of parents' needs were assessed ongoing.
- Children: 89 percent of children's needs were assessed ongoing.
- Foster parents: 74 percent of foster parents' needs were assessed ongoing.

Benchmarks:

2016 - 2019: Demonstrate improvement each year.

2015 Performance: Not available at this time.

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

Measure:

- Quality Assurance Compliance Review.
- Quality Services Review 2014; score on Voice and Choice.

Baseline – 2014:

- Parents: 25 percent signed the treatment plan.
- Children/youth: 18 percent signed the treatment plan.
- In the Quality Services Review, 62.50 percent scored within the acceptable range for Voice and Choice.

Benchmarks:

2015 - 2019: Demonstrate improvement each year.

2015 Performance: Not available at this time.

Objective W.1.4: Caseworkers will visit with children in foster care a minimum of once each calendar month.

Measure: Michigan Statewide Automated Child Welfare Information System (MiSACWIS) federal reporting data.

Baseline: 96.3 percent of children had visits with caseworkers at least once each month; 2014.

Benchmarks:

2015: Achieve 90 percent or more visits by the caseworker each calendar month.

2016 – 2019: Achieve 95 percent or more visits by the caseworker each calendar month.

2015 Performance: Not available at this time.

Well-Being 2 - Assessment of Performance

Well-Being Outcome 2: Children will receive appropriate services to meet their educational needs.

MDHHS is committed to ensuring all children in foster care receive appropriate services to meet their educational needs. To promote educational success, foster care policy requires:

- Children entering foster care or changing placements will continue their education in their schools of origin whenever possible and if in their best interest.
- When making best interest decisions for children, collaboration is necessary between the caseworker, school staff, the child's parents and the children.
- Children are eligible to receive transportation from their new placement to remain in the same school for the six-month period allotted in the McKinney-Vento Act guidelines.
- School-aged foster children must be registered and attending school within five days of initial placement or placement change, regardless of the placement type.
- All educational information and related tasks, activities and contacts must be documented in the service plan.
- Child welfare specialists are trained in education policy in the pre-service institute and program-specific transfer training.

- MDHHS education planners provide educational supports to youth ages 14 and older referred due to a specific educational need.

Quality Assurance Compliance Reviews and Quality Services Reviews were used to assess and track progress for Well-Being Outcome 2. MDHHS continues to explore ways to track the assessment and provision of educational services.

Progress in 2014

A focus group to address educational well-being for youth in foster care was initiated. The group includes members from private and public child welfare agencies and other state departments. The group identified data to establish a baseline and goals.

Well-Being 2 - Plan for Improvement

Goal W.2: Children will receive appropriate services to meet their educational needs.

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

Measure: Quality Assurance Compliance Review.

Baseline: 89.33 percent; 2014.

Benchmarks:

2015 - 2019: Demonstrate improvement each year.

2015 Performance: Not available at this time.

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

Measure: Quality Assurance Compliance Review.

Baseline: 77.33 percent; 2014.

Benchmarks:

2015 - 2019: Demonstrate improvement each year.

2015 Performance: Not available at this time.

Objective W.2.3: MDHHS will ensure children's educational needs are assessed and appropriate services provided.

Measure: Quality Assurance Compliance Review.

Baseline: 93.94 percent; calendar year 2014.

Benchmarks:

2015: Establish a baseline.

2016 - 2019: Demonstrate improvement each year.

2015 Performance: Not available at this time.

Progress to Date in 2015

A data-sharing agreement between the Center for Educational Performance and Information and MDHHS is being drafted. Information provided to MDHHS on an aggregate level includes:

- The school district and grades in which students in foster care are enrolled.

- Whether students are on track to graduate or achieve a diploma or General Education Development certificate.
- The number of absences students experienced in a year.
- Whether students changed school districts during the school year.

MDHHS will collaborate with the Michigan Department of Education implementing McKinney-Vento legislation and the Uninterrupted Scholars Act.

Well-Being 3 - Assessment of Performance

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

Physical Health

MDHHS 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 Oversight and Coordination Plan requirements include:

- Every child entering foster care must receive a comprehensive medical examination including a behavioral/mental health screening within 30 calendar days of the child's entry into foster care, regardless of the date of the last physical examination.
- Every foster child between the ages of 3 through 20 years must receive annual medical examinations.
- Every foster child under 3 years must receive more frequent medical examinations as outlined in the Early and Periodic Screening, Diagnosis and Treatment program.
- Every child under 3 years listed as a victim in a substantiated abuse or neglect report will be referred to Early On for assessment and service provision.
- Every child who re-enters foster care after case closure must receive a full medical examination within 30 days of placement and ongoing examinations.
- Every child in foster care must have a medical home. Whenever possible, the child's existing medical provider will remain the medical home.
- The foster care worker is responsible to complete the medical passport that documents ongoing medical and mental health care and ensure that the medical passport is shared with all providers.
- Health care providers must have the information needed to assist the child and family receiving assessment and treatment for emotional/behavioral needs.
- Medical providers and legal guardians must engage in informed consent with parents and caregivers for all psychotropic medications prescribed to children in foster care.

Mental Health

MDHHS is committed to ensuring children receive timely mental health screenings; however, data indicates that only 50.7 percent of children are receiving these screenings. In 2014, based on consultation with the American Academy of Pediatrics, the Michigan Medical Services Administration released revised policy that allows surveillance as a means of complying with the Early Periodic Screening, Diagnosis and Treatment requirement for

psychosocial/behavioral assessment at each well-child visit. MDHHS updated policy that surveillance as well as formal screening or assessment is required as mental health screening.

Stakeholders indicated that access to mental health services when screening indicates a behavioral or mental health need is an area for improvement. MDHHS participated with the Medicaid Health Plans and mental health providers to develop standardized screening to assess level of care. The full set of recommendations is under review by MDHHS leadership.

Michigan's data achievements in each health related goal and objective are below. Baselines and initial performance as presented appear low, due to the implementation of MiSACWIS in mid-2014, as well as the recent development of the Quality Assurance Compliance Review, which tracks compliance with health requirements on a case-by-case basis. As MiSACWIS is refined and training continues, it is expected that a more accurate reflection of case management in this area will be obtained and the percentage achievements will rise.

Well-Being 3 - Plan for Improvement

Goal W.3: Children will receive timely physical and mental health services that are documented in the case record.

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

Measure: Quality Assurance Compliance Review.

Baseline: 75.40 percent; 2014.

Benchmarks:

2016 – 2019: 95 percent or higher.

2015 Performance: 69.71 percent.

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

Measure: Quality Assurance Compliance Review.

Baseline: 53.80 percent; calendar year 2014.

Benchmarks:

2016 – 2019: 95 percent or higher.

2015 Performance: 50.70 percent; 2014.

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

Measure: Psychotropic Medication Targeted Case Review.

Baseline: 55 percent were engaged in an informed consent process; 2014.

New measure: Psychotropic Medication Oversight Access database.

Benchmarks:

2015 – 2019: Increase by five percent each year.

2015 Performance: 18 percent.

Initial Physical Examination

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

- Twenty-three health liaison officers who focus on addressing system barriers.
- A brochure “Guideline for Foster Parents and Relative Caregivers for Health Care and Behavioral/Mental Health Services” is sent to foster parents and relative providers at the time of placement to outline health care requirements.
- MDHHS meets quarterly with providers from the American Academy of Pediatrics, the Michigan Academy of Family Physicians and the Michigan Primary Care Association to discuss barriers to meeting Medicaid policy requirements.
- The MDHHS medical consultant will develop a webinar on the health needs of children in foster care, including timely medical examinations.
- The MDHHS child welfare medical unit provides technical assistance in the use of mental health screening tools.

Progress in 2014

- Clarification of initial medical exam due dates was provided during regular conference calls to public and private supervisors.
- Policy was updated to clarify medical and dental exam requirements for children and youth in different placement settings.
- A list of approved ways of documenting initial, periodic and yearly medical exams was released to the field.
- A Family Team Meeting job aid was developed to ensure that pertinent information for medical, dental and mental health needs is covered with essential family members.
- Regular conference calls with health liaison officers were held to provide policy and practice updates.
- Training and technical assistance was provided to local office staff to ensure timely Medicaid opening.

Progress to Date in 2015

- Nine additional health liaison officer positions were allocated to provide statewide health care support.
- MDHHS met with public health officials to discuss the integration of Medicaid claims data into MiSACWIS.

Mental Health

The Pediatric Symptom Checklist, a non-proprietary screening tool for children from ages 6 to 16 will be integrated in the MiTEAM case practice model. Each local office is expected to develop a training and implementation plan that ensures:

- Staff will know how to access screening tools.
- Staff will engage families to request documentation of comprehensive medical exams and completion of screening tools.

- MDHHS will develop local plans to ensure completed tools are forwarded to the primary care provider for scoring, interpretation and integration into treatment planning.

Progress in 2014

- Medicaid provider policy was released to allow surveillance as documentation of mental health screening. MDHHS policy was updated to reflect the Medicaid policy.
- To improve the oversight of psychotropic medication for children in foster care, MDHHS established a foster care psychotropic medication oversight unit including a data specialist and two physician reviewers.
- The MDHHS medical consultant developed a webinar on the health care requirements for children in foster care, including mental health screening.
- The medical consultant developed training on the informed consent process to encourage the use of the Psychotropic Medication Informed Consent form.
- The medical consultant explained the informed consent process on supervisory phone conference calls.

Progress to Date in 2015

- A joint policy statement was developed by MDHHS and the Michigan Association for Infant Mental Health on attachment in infancy and best practice recommendations for decision-making for infants and toddlers in foster care.
- Foster care policy was updated on the infant mental health referral process.
- The Foster Care Psychotropic Medication Oversight Unit hired a utilization analyst and a communications/training specialist.
- A child well-being website is being developed that will include information about psychotropic medication.
- Regional training is being developed on psychotropic medication and informed consent.
- The Health Advisory Resource Team discussed roles of children, parents and providers in the informed consent process. The Health Advisory and Resource Team was formed in 2012 to provide input on the development of new initiatives. Team members include:
 - Family members including youth, biological parents, foster parents and informal supports.
 - Advocates with knowledge of youth- and family-centered approaches.
 - Michigan Department of Health and Human Services.
 - Michigan Department of Education.
 - Juvenile justice staff.
 - Physicians, including primary care, psychiatry and dentistry.

Impact of Protocols for the Appropriate Use and Monitoring of Psychotropic Medications

The available data show a mixed picture of psychotropic medication use compared to prior reporting periods. For most categories, the prescribing patterns in the first six months of 2015 are similar to those seen in the first half of 2014. However, it appears that fewer very young children were prescribed psychotropic medications, whereas more children were prescribed complex regimens of four or more concomitant psychotropic medications. Prescribing patterns have not changed significantly since the oversight process was implemented. The data will need

to be monitored over the next several years to determine whether they represent reliable trends, and it will be important to examine the factors associated with any reliable trends that emerge.

Corresponding measures and benchmarks for each of the above goals can be found in Attachment C, the Goals and Objectives Matrix.

SYSTEMIC FACTORS

In addition to engaging with families, assessment, service provision and evaluation, the quality of child welfare services is affected by the ability of the system to provide resources, information and communication among stakeholders. MDHHS set goals and objectives for improvement with yearly benchmarks for the following Child and Family Services Review systemic factors:

1. Information system.
2. Case review system.
3. Quality assurance system.
4. Staff training.
5. Service array and resource development.
6. Agency responsiveness to the community.
7. Foster and adoptive parent recruitment, licensing and retention.

INFORMATION SYSTEM

The Michigan Statewide Automated Child Welfare Information System, or MiSACWIS, is the mission-critical information system that supports case management for child protection, adoption, foster care, juvenile justice and prevention services provided to children and families. MiSACWIS is in operational and maintenance status.

Information System - Assessment of Performance

Michigan implemented MiSACWIS statewide on April 30, 2014 to over 6400 end users including private agencies. The MiSACWIS project has a robust training team, including MDHHS staff, the design, development and implementation vendor and the Office of Workforce Development and Training. Data on the functioning of the information system currently is not available.

Information System - Plan for Improvement

Goal A.1: MiSACWIS will be compliant with federal requirements for statewide automated child welfare information systems.

Measure: MiSACWIS federal reporting data.

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

Benchmarks:

2015 – 2019: Submission of file with less than a 10 percent error rate.

2015 Performance: The AFCARS FY 2014a and FY 2014b files were submitted timely. In the FY 2014 file, three data quality issues were identified as surpassing the three percent threshold:

- Dropped cases.
- Missing discharge reasons.
- Missing termination of parental rights dates.

The FY 2014b file was the first file that used MiSACWIS, which was implemented in April 2014. Michigan is addressing system issues, and will re-submit the FY 2014b file.

Objective A.1.2: MDHHS will submit the National Child Abuse and Neglect Data System (NCANDS) file to the federal Children’s Bureau annually and ensure the file contains less than 10 percent errors for each data element.

Measure: MiSACWIS reporting data.

Benchmarks:

2015 – 2019: Submission of file with less than a 10 percent error rate.

2015 Performance: The NCANDS FY 2014 file was submitted timely. A data quality issue was identified for perpetrator relationship to victim, which was reported in 91.2 percent of cases, below the 95 percent data quality threshold. A ‘change control’ will be released in MiSACWIS to allow workers to identify the perpetrator and their role in relationship to the child.

To ensure promptness of submission and accuracy of reporting data, MDHHS will take the following actions ongoing:

- Submit the advanced planning document to the Children’s Bureau to receive funding for system enhancements and maintenance.
- Submit the information system compliance document to the Children’s Bureau in early 2015 and request a formal review.
- Participate in the required Children’s Bureau visits to evaluate MiSACWIS and determine information system compliance.
- Track AFCARS and NCANDS data reliability and correct errors.
- Engage the courts and the tribes in using MiSACWIS.
- Utilize the MiSACWIS system to track progress toward child welfare goals.

MDHHS is tracking MiSACWIS system usage to determine whether users are entering information into the system and will provide enhanced system training to MiSACWIS users with each major release, including web-based training, if appropriate.

MiSACWIS Training in 2014 and 2015

- Leading up to MiSACWIS implementation, statewide instructor-led training was delivered to over 2,000 public and private child welfare staff.

- After implementation, the business service center directors, child welfare field operations, MiSACWIS project staff and training staff developed a training plan for MiSACWIS users.
 - The business service centers deployed “MiSACWIS strike teams” in the local offices to provide hands-on training and support.
 - MiSACWIS payment triage teams, which include Federal Compliance Division and field operations staff, provided 442 onsite training and support sessions.
 - MiSACWIS project and central office staff provided 11 payment trainings to private agency directors and fiscal staff.
- A total of 660 MiSACWIS users participated in classroom and webinar trainings.
- MiSACWIS project staff began MiSACWIS Academy training in response to feedback from MDHHS and private agency executives, field managers and staff.
 - MiSACWIS and Office of Workforce Development and Training staff piloted a week of Pre-Service Institute training in May 2015 to new workers.
 - Workshops include time for participants to ask questions and practice functionality on their own cases.
- Ten web-based trainings were added since statewide implementation. Webinar training for MiSACWIS users includes:
 - MiSACWIS knowledge training.
 - Coaching/facilitation skills of MiSACWIS local office experts.

MiSACWIS Training Evaluation

- A level three evaluation was completed on the Pre-Service Institute training to measure whether there was a transfer of learning to the work setting. Managers, local office experts and training participants were surveyed six weeks after MiSACWIS went live to gather feedback on their ability to perform job-related duties in MiSACWIS.
- Level one and two evaluations are completed as standard practice in training.
- Surveys completed in MiSACWIS onsite visits revealed a need for continued training.

Planned Activities for 2015 and 2016

- Development of new trainings as the system is enhanced.
- Enhancement of program-specific MiSACWIS training in the Pre-Service Institute.
- Provision of MiSACWIS workshops, webinars and web-based training as needed.
- Surveying on-site review participants regarding training needs.
- Performing a level three evaluation of the MiSACWIS Pre-Service Institute pilot training.

Corresponding measures and benchmarks for each of the above goals can be found in Attachment C, the Goals and Objectives Matrix.

CASE REVIEW SYSTEM

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

Case Review System - Assessment of Performance

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

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

In 2014 the Quality Assurance Compliance Review was developed and will be used to assess progress ongoing. In 2014:

- Of applicable cases, 27.2 percent demonstrated strength in the agency making concerted efforts to involve the mother actively in the case planning process.
- Of applicable cases, 22.3 percent demonstrated strength in the agency making concerted efforts to involve the father actively in the case planning process.
- Of applicable cases, 38.2 percent demonstrated strength in that a termination of parental rights petition was filed before the period under review or in a timely manner during the period under review when the child had been in foster care 15 of 22 months.
- Of the cases that did not have a termination petition filed, 100 percent specified in the case file there was an exception or compelling reason for not filing a petition for termination of parental rights.
- Caregivers were given notice of court hearings in 42.7 percent of cases reviewed.

Progress in 2014

- As MiSACWIS users in MDHHS and private agencies gain more familiarity with its functions, data reports are expected to demonstrate higher levels of compliance that are consistent with Michigan's historical performance.
- MDHHS committed resources to a statewide continuous quality improvement system and enhanced case practice that emphasizes teamwork with families in case planning.
- MDHHS updated policy requiring service plans be developed jointly with families.
- MDHHS modified permanency goals eliminating Another Planned Permanency Living Arrangement as a permanency planning goal for youth under 16.
- MDHHS introduced a new initiative to address sex trafficking.
- MDHHS will collaborate with the Foster Care Review Board and State Court Administrative Office to ensure case-specific data is used to identify areas needing improvement.
- To ensure hearings meet federal requirements, court orders are reviewed by child welfare specialists to determine whether Title IV-E eligibility is met.

Case Review System - Plan for Improvement

Goal B.1: MDHHS' child welfare case review system will ensure each child has a case plan that promotes permanency.

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

Measure: Quality Assurance Compliance Review.

Baseline – 2014:

- 27.2 percent of case plans were developed jointly with the mother.
- 22.3 percent of case plans were developed jointly with the father.

Benchmarks:

2015 - 2019: Demonstrate improvement each year.

2015 Performance: Not available at this time.

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

Measure: Quality Assurance Compliance Review.

Baseline – 2014: 91.7 percent of review hearings occurred timely.

Benchmarks:

2015 - 2019: Demonstrate improvement each year.

2015 Performance: Not available at this time.

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

Measure: Quality Assurance Compliance Review.

Baseline: 45.9 percent; calendar year 2014.

Benchmarks:

2015 - 2019: Demonstrate improvement each year.

2015 Performance: Not available at this time.

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

Measure: Quality Assurance Compliance Review.

Baseline: 38.2 percent; calendar year 2014.

Benchmarks:

2015 - 2019: Demonstrate improvement each year.

2015 Performance: Not available at this time.

Objective B.1.5: Caregivers will be notified of court hearings and the notification will include how they may exercise their right to be heard.

Measure: Quality Assurance Compliance Review.

Baseline: 42.7 percent; calendar year 2014.

Benchmarks:

2015 - 2019: Demonstrate improvement each year.

2015 Performance: Not available at this time.

Corresponding measures and benchmarks for each of the above goals can be found in Attachment C, the Goals and Objectives Matrix.

QUALITY ASSURANCE SYSTEM

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

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

Quality Assurance System - Assessment of Performance

In Michigan's 2009 Child and Family Services Review (CFSR), the state was found not to be in substantial conformity with the Quality Assurance systemic factor. Key findings showed strength for Item 30, having standards to ensure that children in foster care are provided services that protect their health and safety. Standards included:

- Annual case reviews of each private and residential foster care agency.
- Licensing standards for all foster homes and institutions.
- Monitoring for contract compliance and policy by Purchase of Service caseworkers.

Michigan was found to be not in substantial compliance with Item 31, operating an identifiable quality assurance system in the jurisdictions where services in the Child and Family Services Plan are provided.

Progress in 2014 and 2015

- Michigan developed the Division of Continuous Quality Improvement, which includes a data management unit to provide timely, county-specific service data as well as a core team of reviewers.
- MDHHS created the Strengthening Our Focus Advisory Council and state-level sub-teams that oversee continuous quality improvement in all service areas and provides a structure for planning and communication.
- Michigan's child welfare information system, MiSACWIS, was implemented and continues to be refined, providing data for many case management functions.

Michigan implemented validated review protocols that provide in-depth evaluation for Quality Services Reviews and Quality Assurance Compliance Reviews. Targeted reviews to gather data on specific services include:

- Disrupted Adoptions Review.
- Health Services Review.
- Foster and Adoptive Parent Licensing Review.

The division collaborated with the MiTEAM/Continuous Quality Improvement sub-team to develop a plan for continuous quality improvement efforts by:

- Identifying areas of inquiry, concerns or effectiveness of improvement efforts.
- Using CFSR data indicators to define measures.
- Identifying potential resources for the specified data.
- Determining procedures for collecting information.
- When necessary, assisting stakeholders to discover reasons the system was not achieving its objectives and developing plans to address them.
- Conducting ongoing monitoring and testing of program improvement efforts.

In developing case reviews, the Division of Continuous Quality Improvement:

- Developed review protocols and tested the efficacy of the protocols prior to full use.
- Determined the type and number of cases to be reviewed, the manner of selecting cases and the implications of the number and selection process for generalizing findings.
- Ensured that trained staff was available or recruited to conduct case reviews.
- Determined data analysis based on the available data.
- Reported findings in a timely manner so strengths and areas needing improvement were identified and communication with key stakeholders was facilitated.

Quality Assurance Compliance Review

This review was developed to measure compliance with multiple requirements including those of the modified settlement agreement and new and modified policies and laws, as well as address concerns of stakeholders. Reviews are conducted twice each year to track compliance and identify areas where technical assistance is needed. The Quality Assurance Compliance Review instrument is modified as needed to ensure practice in the field matches best practices as identified by SOFAC sub-teams and other stakeholders.

MDHHS Case Review Instrument: Quality Services Review

The Quality Service Review (QSR) provides a case-based appraisal of frontline practice to improve results in child welfare agencies. Michigan collaborated with the Child Welfare Policy and Practice Group to define Michigan's QSR protocol. Michigan's QSR protocol examines the status of the child/youth and caregiver during and after service delivery. Status indicators measure whether the desired conditions are present in a child/youth and caregiver's life related to well-being and functioning. Practice indicators measure how well the case practice functions are applied by the professionals serving on the client's team. Time parameters defined for each help reviewers clearly and consistently define conditions necessary for a specific rating. A graphic showing how MDHHS' QSR process is integrated with the MiTEAM practice model and CFSR outcomes can be seen on page 5 of Attachment B, Measuring and Monitoring Process.

The QSR protocol determines overall status and practice ratings using a six-point scale. The cases reviewed consist of foster care and ongoing CPS cases. The case selection process is tailored to mirror the composition of child welfare cases proportionate to the public/private split in each county. CPS cases are stratified based on age distribution of the children. Foster care cases are stratified based on age, living arrangement and permanency goal.

2014 Performance

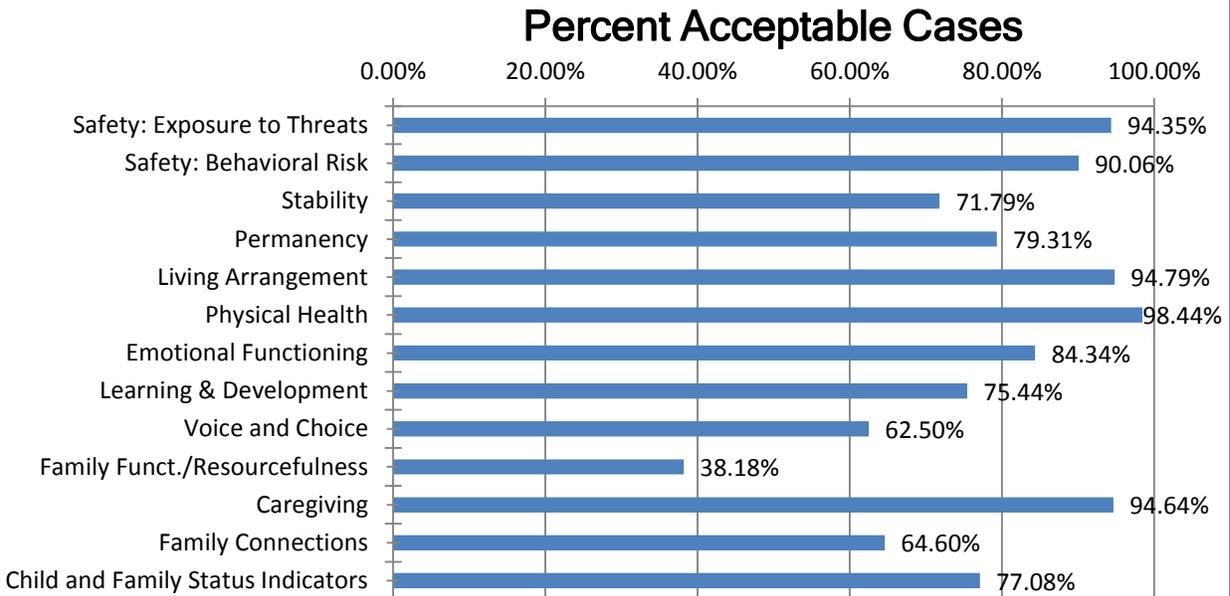
In 2014, the MDHHS undertook the QSR as the state's primary method of gathering data on quality of services in a specified county. Reviews were conducted in eight counties, including Lenawee, Mecosta/Osceola, Kalamazoo, Kent, Muskegon, Genesee, Marquette and Isabella.

- For each review, 12 cases were randomly selected, totaling 96.
- Case evaluation was conducted through interviews with pertinent people including children, parents, foster parents, teachers, therapists and other providers.
- Individual stakeholder interviews and focus groups provided information on the functioning of systemic factors that affect case practice.
- Upon conclusion of each case review, the review team met with each caseworker and supervisor to debrief and provided a summary of findings.

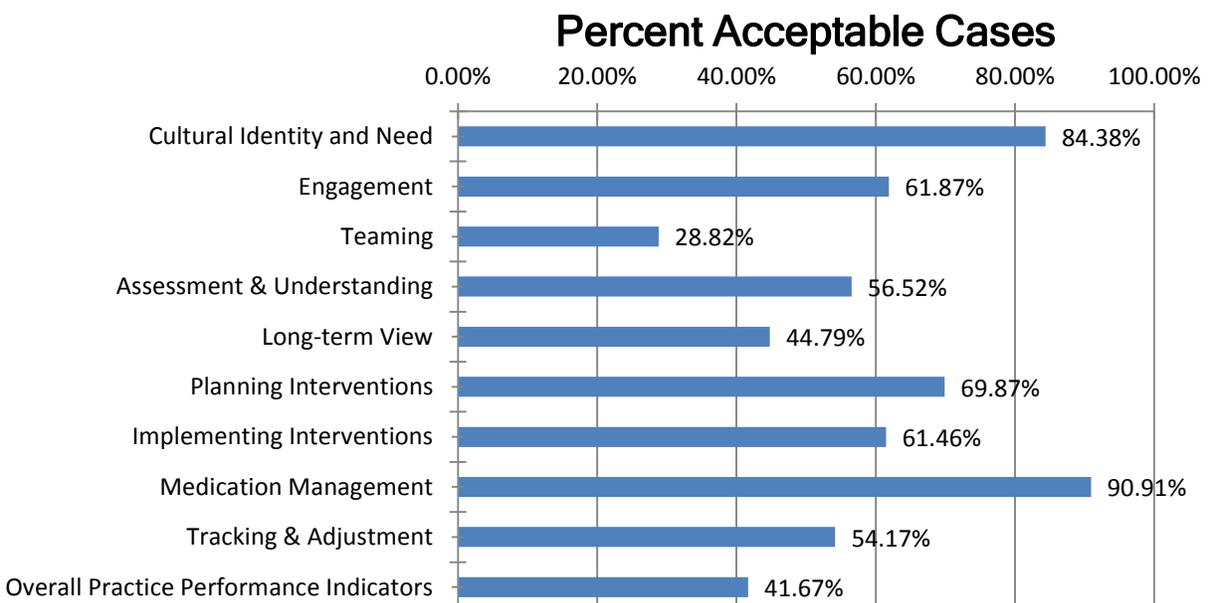
In the 2014 QSR:

- Seventy-nine focus groups were conducted.
- Sixty individual stakeholder interviews were conducted with county directors, MDHHS and private agency program managers, judges and prosecutors.
- Group stakeholder interviews were conducted with foster parents, legal partners, service providers, licensing workers, CPS and foster care caseworkers.
- County-specific focus groups included representatives from school districts, law enforcement, mental health, drug courts and baby courts.

Combined QSR Results October 2013 - September 2014 Child and Family Status Indicators



Combined QSR Results October 2013 - September 2014 Practice Performance Indicators



Michigan showed strength in the following child and family status indicators:

- Safety – Exposure to Threats.
- Safety – Behavioral Risk.
- Living Arrangement.
- Physical Health.
- Caregiving.

Child and family status indicators needing improvement include:

- Voice and Choice.
- Family Functioning/Resourcefulness.
- Transition to Adulthood.
- Family Connections.

Practice performance indicators showing strength include:

- Cultural Identity and Need.
- Medication Management.

Practice performance indicators needing improvement include:

- Teaming.
- Long-Term View.
- Tracking and Adjustment.

Focus groups showed Michigan possesses the following strengths:

- Foster youth reported learning life skills and being given a chance to be independent.
- Foster parents feel supported by their workers and their agency of licensure.
- Caseworkers are supportive and willing to assist one another.
- Legal partners stated the communities they serve are innovative and collaborative.

Areas shown in focus groups to need improvement include:

- Foster youth stated they experience a lack of privacy while in care.
- Foster parents expressed that they would like a voice in court.
- Paperwork should be streamlined to reduce duplication of efforts.
- More services are needed for substance abuse and psychiatric issues.

Quality Assurance System – Plan for Improvement

Goal C.1: MDHHS will maintain an identifiable quality assurance system.

Objective C.1.1: The MDHHS quality assurance system will operate in jurisdictions where services in the Child and Family Services Plan are provided.

Measure: Implementation of Quality Services Reviews.

Baseline: Completion of eight Quality Services Reviews; 2014.

Benchmarks:

2015: Completion of eight Quality Services Reviews, including Michigan's largest county, Wayne, which will count as three Quality Services Reviews.

2016: Completion of six Quality Services Reviews and two CFSR test sites.

2018: Completion of the CFSR onsite review.

2019: Implementation of the CFSR program improvement plan.

2015 Performance: Not available at this time.

Objective C.1.2: The MDHHS quality assurance system will have standards to evaluate the quality of services, including standards to ensure that children in foster care are provided quality services that protect their health and safety.

Measure: Completed revision of the Quality Services Review protocol.

Baseline: Completed revision of the Quality Services Review protocol; 2014.

Benchmarks:

2015: Release of the new Quality Services Review protocol in November.

2016 – 2019: Evaluate Quality Services Review and revise as necessary.

2015 Performance: Not available at this time.

Objective C.1.3: The MDHHS quality assurance system will identify strengths and needs of the service delivery system.

Measure: Roll-up reports of the county and annual Quality Services Reviews.

Baseline: County and annual report of the Quality Services Reviews; 2015.

Benchmarks:

2016: County and annual reports of the Quality Services Reviews.

2017: Completion of the CFSR Statewide Assessment.

2018: CFSR onsite review and compilation of results.

2019: Development of the program improvement plan.

2015 Performance: Not available at this time.

Objective C.1.4: The MDHHS quality assurance system will provide relevant reports.

Measure: Roll-up reports of the county and annual Quality Services Reviews.

Baseline: Roll-up report of the county and annual Quality Services Reviews; 2015.

Benchmarks:

2016: Annual reports of the Quality Services Reviews.

2017: Complete the Child and Family Services Review (CFSR) Statewide Assessment.

2018: CFSR onsite review and compilation of results.

2019: Development of the program improvement plan.

Objective C.1.5: The MDHHS quality assurance system will evaluate program improvement measures.

Measure: A process for providing feedback to the field that facilitates self-evaluation and program improvement on an ongoing basis.

Baseline – 2015: Development and utilization of a comprehensive feedback process.

Benchmarks:

2016 - 2019: Demonstrate improvement each year.

Planned Activities for 2016

The Division of Continuous Quality Improvement will:

- Pilot the federal On-Site Review Instrument in two CFSR test sites, with the number of cases reviewed to be determined.
- Continue to develop and refine case review protocols to provide information on the functioning of services to children and families throughout the state.
- Engage stakeholders as reviewers and train them to ensure reviews are conducted in a consistent and systematic manner.
- Ensure appropriate data analyses are conducted.
- Present the data in a variety of formats that are easily readable and clear.
- Provide reports that include an interpretation of the data in a manner consistent with the methodology that answers the questions addressed in the analysis.
- Use data and feedback from stakeholders to implement measures to improve performance.

Corresponding measures and benchmarks for each of the above goals can be found in Attachment C, the MDHHS Goals and Objectives Matrix.

STAFF AND PROVIDER TRAINING

To prepare child welfare professionals in Michigan to carry out their responsibilities, the Office of Workforce Development and Training continues to actively participate in child welfare reform efforts. The training office collaborates with the Children's Services Agency, participates in strategic planning and chairs the training sub-team, the Training Council. Council members include:

- Public, private and tribal child welfare field and central office staff.
- Birth, foster and adoptive parent networks.
- A youth advisory council and Michigan youth opportunities initiative boards.

In 2014, the Training Council collaborated with other sub-teams to:

- Implement statewide "Safety by Design" training.
- Add supervisor shadowing activities to the Pre-Service Institute.
- Implement ongoing training requirements for supervisors.
- Revise training for licensing caseworkers and supervisors.

To meet the ongoing training and development needs of the diverse child welfare staff, the training office collaborates with many partners that include:

- MiSACWIS project office and training contractors to deliver program- and issue-specific MiSACWIS training and other supports.
- MiTEAM analysts, peer coaches, and the Center for the Support of Families to provide coaching labs and technical assistance for the enhanced MiTEAM implementation.

- The State Court Administrative Office, Prosecuting Attorney's Association of Michigan and the Wayne County Attorney General's office to deliver training on child welfare legal matters.

The Training Council collaborates with schools of social work in Michigan universities. This partnership has resulted in caseworkers and supervisors receiving relevant, useful ongoing training and helps prepare college students in Michigan for careers in child welfare.

Initial Training - Assessment of Performance

Caseworkers: In 2014, 406 new caseworkers completed initial training. Caseworkers are required to complete the pre-service institute within 16 weeks of hire; 97.5 percent completed training timely.

In March 2014, a redesigned pre-service institute curriculum was implemented. The nine-week training combines four weeks of classroom training and five weeks of on-the-job training. The intent of the redesign was to:

- Use on-the-job weeks for trainees to read policy, complete online training, document casework in MiSACWIS, learn local procedures and get to know the community.
- Use weeks of classroom training for trainees to receive feedback and coaching on the application of MiTEAM case practice skills.
- Keep CPS, foster care and adoption caseworkers together for the majority of training and emphasize the continuum of care.
- Assign cases strategically to support caseworkers in applying new skills under the guidance of a mentor, oversight of the supervisor and with the support of peers.
- Allow new caseworkers with a child welfare certificate to complete a condensed five weeks of training.

Child Welfare Certificate Program

Students in the child welfare certificate program are actively recruited for employment following graduation and moving into caseloads more rapidly than new hires without certificates. Fifty-eight of the 406 new caseworkers who completed initial training had a child welfare certificate. Universities involved in the child welfare certificate program indicate:

- Department staff has been accessible, timely, helpful and positive in working with them.
- Local offices were welcoming to students and provided great learning opportunities.
- Students understand that their degree will have meaning and value in Michigan.

Areas for improvement include MDHHS:

- Developing a protocol for accommodating field placements and streamlining the student evaluation process.
- Communicating more directly with the universities about policy or practice changes as well as information regarding the department's hiring process.
- Developing a pool of field instructors that meet the requirements of Bachelor or Master of Social Work programs.

Caseworkers without a child welfare certificate receive two weeks of classroom training developed to provide a foundational knowledge of:

- Child welfare history and social work values and ethics.
- Trauma-informed child development.
- Basic family engagement, communication and documentation skills.

The training office has effective procedures for evaluating and improving the initial training curriculum. Providing consistent, positive on-the-job training experiences for all caseworkers remains a challenge.

Supervisors: In 2014, 139 supervisors completed initial training. New supervisors are required to complete child welfare supervisory training within three months of hire or promotion; 98.5 percent of supervisors completed training timely. Automatically enrolling new supervisors in training contributed to improving timely training completion.

The redesign of the new supervisor curriculum is underway. Many stakeholders have provided input on the training design, and the Training Council will provide feedback on the curriculum. Implementation of the redesigned curriculum is anticipated in early 2016.

Initial Training – Plan for Improvement

Goal: MDHHS will ensure initial training is provided to all staffs that deliver services.

Objective D.1.1: MDHHS will ensure initial training is provided within 16 weeks of hire that includes the basic skills and knowledge required for child welfare positions.

Measure: MDHHS learning management system.

Baseline - 2014:

- Of new caseworkers hired, 97.5 percent completed initial training within 16 weeks.
- Of new supervisors, 98.5 percent completed initial training within 12 weeks.

Benchmarks - 2015-2019:

- Ninety-eight percent of new caseworkers will complete initial training within 16 weeks.
- Ninety-eight percent of new supervisors will complete initial training within 12 weeks.

Ongoing Training - Assessment of Performance

Caseworkers and Supervisors: Overall, 99.4 percent of 3,078 child welfare caseworkers completed a minimum of 32 hours of ongoing training in 2014. A new requirement was implemented requiring supervisors to complete 16 hours of ongoing training each year. Feedback on how ongoing training can be improved included recommendations to:

- Focus on a curriculum path that builds knowledge, skills and experience to support child welfare professionals across the span of their career.
- Build local capacity to provide relevant training opportunities; offer geographically-accessible training opportunities.
- Use technology effectively. Webinars and online learning must be engaging, and protected time should be provided for staff to complete these activities.

Program-Specific Transfer Training

Caseworkers who have completed the Pre-Service Institute and are changing programs must complete program-specific transfer training. In 2014, 345 caseworkers completed this training. Caseworkers report that training office staff is engaging and able to use real-life examples that facilitate learning.

Collaboration with Universities to Deliver Ongoing Training

From January through December 2014, 847 DHS and private agency caseworkers and supervisors attended instructor-led classroom training on dozens of topics. In addition to classroom training, 341 caseworkers and supervisors completed five university web-based trainings on:

- Psychopharmacology.
- Advocacy within the court system.
- Parent/child attachment.
- Adolescent self-harm and suicide.
- Substance abuse.

Recurring themes of how ongoing training could be improved indicated that MDHHS should:

- Build local capacity to provide relevant training opportunities and offer geographically accessible training opportunities.
- Use technology effectively. Webinars and online learning must be engaging and staff should be supported to complete these activities.

Ongoing Training – Plan for Improvement

Objective D.1.2: MDHHS will ensure ongoing training is provided that includes the basic skills and knowledge required for child welfare positions.

Measure: Learning management system training completion data.

Baseline:

- Caseworkers: 99.4 percent.
- Supervisors: No ongoing training requirement in 2014.

Benchmarks:

2015: Establish baseline for supervisors.

2016:

- Ninety-nine percent of caseworkers will complete 32 hours of in-service training.
- Ninety percent of supervisors will complete 16 hours of in-service training.

2017-2019:

- Ninety-nine percent of caseworkers will complete 32 hours of in-service training.
- Ninety-five percent of supervisors will complete 16 hours of in-service training.

Training Evaluation

All caseworkers completing training have the opportunity to give feedback via a level one evaluation. Level one evaluations are surveys trainees complete after training. Results include:

- Caseworkers agreed that the pre-service training provided them with the knowledge and skills identified in the course objectives.

- Supervisors strongly agreed that initial training provided them with the knowledge and skills identified in the course objectives.
- Training office staff and guest speakers are engaging and effective.
- Initial supervisor training should focus less on “things good caseworkers already know,” and more on how to manage the many responsibilities of the job, while being an effective and supportive manager.

Level two evaluations are conducted with a sample of the instructor-led courses. Level two evaluations measure whether trainees’ knowledge increased as a result of the training. Scores on knowledge tests demonstrated that trainees were more knowledgeable about core course content after training. A three-month follow-up evaluation supported these findings.

Other Training Achievements in 2014

- Crucial Accountability training was delivered to over 1,000 child welfare professionals. Ninety-one percent of those that completed the evaluation agreed or strongly agreed that the training would help them in their professional life.
- More than 800 staff participated in webinars aimed at increasing knowledge of:
 - Adoption assistance negotiation.
 - MiSACWIS.
 - Coaching/facilitation skills of local office MiSACWIS experts.
 - Safe sleep practices.
 - How supervisors and mentors can best support new caseworkers.
- Leading up to MiSACWIS implementation on April 30, 2014, statewide instructor-led training was delivered to over 2,000 public and private child welfare staff.
- Twenty-eight web-based MiSACWIS trainings were completed more than 19,000 times.
- Instructor-led and web-based MiSACWIS training and job aids are being rapidly deployed in response to feedback from the field, help desk ticket analysis and ongoing review of case data in MiSACWIS.
- In response to the 2013 DHS employee engagement survey, the leadership development team collaborated with business service center directors in the development and delivery of the “Employee Engagement through Excellence in Leadership” training. As of March 31, 2015, 61 business service center directors, county directors and district managers and 954 first- and second-line managers have been trained. Central office leaders will be trained next.
- There were 2,520 completions of 190 online trainings covering topics including:
 - Abuse.
 - Adolescent Suicide.
 - Alcohol and the Family.
 - Calming Children in Crisis.
 - Engaging Fathers in Children’s Lives.
 - Shaken Baby Syndrome.
 - Sudden Infant Death Syndrome.
 - Time Management.
 - Valuing Diversity in the Workplace.

Foster and Adoptive Parent Training – Assessment of Performance

The training office trained 146 public and private child welfare staff in the Foster/Adoptive Parents' Resource for Information, Development and Education (PRIDE) curriculum, which will prepare them to provide the training to prospective foster and adoptive parents. Training achievements for foster and adoptive parents:

- Over 400 foster, adoptive and kinship parents attended DHS' first annual "Foster, Adoptive, and Kinship Training Conference" on September 12-13, 2014. The conference was developed in collaboration with the Foster, Adoptive and Kinship Parent Collaborative Council. The second conference is planned for August 2015.
- The National Resource Center for Diligent Recruitment at AdoptUSKids is providing technical assistance to increase Michigan's pool of foster, adoptive and relative families and improve satisfaction with the caregiver role. The customer service approach will be trained in alignment with the MiTEAM practice model and supports the Diligent Recruitment Project, I-Care 365, in Oakland, Wayne and Macomb counties.

Foster and Adoptive Parent Training – Plan for Improvement

Goal D.2: MDHHS will expand training for foster and adoptive parents.

Objective D.2.1: MDHHS will explore centralizing training for foster and adoptive parents.

Measure: MDHHS learning management system.

Benchmarks:

2015: Submit a proposal to the SOFAC for consideration of centralizing foster and adoptive parent training.

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

2017: Assess progress and determine benchmarks.

Corresponding measures and benchmarks for each of the above goals can be found in Attachment C, the Goals and Objectives Matrix.

SERVICE ARRAY AND RESOURCE DEVELOPMENT

MDHHS is committed to developing and providing services that are tailored to meet the individual needs of children and families throughout the state. MDHHS prioritizes evidence-based services to ensure children and families benefit from the latest research showing efficacy of the services offered to families. Services provided by MDHHS emphasize engaging with families effectively and working with the entire family system to increase safety and effect lasting change. In addition, trauma-informed care has become a strong focus for the department and its service providers when determining how to address the individual needs of children and families.

Michigan's Service Array and Resource Development goals for the 2015 – 2019 Child and Family Services Plan were created based on then-current assessment of the service array in 2014.⁶ Following the release in October 2014 of the updated federal definition of systemic factors for Round 3 of the Child and Family Services Review, Michigan modified the goals and objectives in this area to streamline efforts and focus on the areas likely to have the greatest impact on statewide service availability and ability to target services to the individual needs of children and families.

Service Array - Assessment of Performance

Michigan completed Round 2 of Michigan's Child and Family Services Review in 2009. Findings for the service array items were:

- Item 35 - Array of services was rated as strength.
- Item 36 - Service availability was rated as an area needing improvement.
- Item 37 - Individualizing services was rated as an area needing improvement.

Strengths:

- Michigan offers a variety of prevention services through its Children's Trust Fund local child abuse and neglect councils.
- Child welfare staff is trained in using structured decision-making tools to assess service needs and ensure each child and family receives individualized services.
- Michigan offers family preservation services in all 83 counties to keep children safe in their own homes, prevent recurrent maltreatment and enhance parenting skills. All family preservation services are built on a foundation of developing service plans with individual families rather than providing specific services to all families.
- Michigan's enhanced MiTEAM case practice model requires caseworkers to conduct family team meetings before placement and at every decision-making point in a case, ensuring family involvement in safety and risk assessment and placement decisions.
- Michigan implemented a Title IV-E waiver demonstration project, Protect MiFamily, aimed at enhancing parenting capacity and child well-being for families at high risk. Protect MiFamily is an intensive case management service provided in three pilot sites.
- Michigan has reunification services and a parent mentoring program to assist parents to achieve timely reunification with their children.
- Michigan offers interventions including Early On that address child developmental delays and parenting education and interventions.
- Michigan offers rehabilitative services, clinical intervention and other supports for parents experiencing substance abuse, mental illness and domestic violence.
- Michigan has reduced the number of children alleged to have experienced abuse or neglect in out-of-home care. The findings from a 2014 joint study of foster care maltreatment in Michigan concluded that Michigan has a strong foster and adoptive parent recruitment, screening and licensing process.

⁶ A comprehensive description of Michigan's array of services in 2014 and 2015 can be found in the Title IV-B(2) and Community-Based Services section of this document.

Progress in 2014

In 2014, DHS, the Children's Research Center and Casey Family Programs issued a joint report titled "Improving Child Safety and Well-being in Foster and Relative Placements: Findings from a Joint Study of Foster Child Maltreatment." This report is a compilation of research and findings dedicated to the goals of:

- Improving the safety and well-being of children placed in relative and foster care.
- Ensuring that practice improvement efforts are successful and sustained.
- Deciding how to best support providers and ensure safety of the children when making placement decisions.

As a result of the findings, DHS:

- Developed a work plan for service improvement that will be implemented in 2016.
- Developed a job aid for workers titled "Preventing Maltreatment of Kids in Care."
- Expanded Families First of Michigan from 36 to 37 contracts that serve all 83 counties.
- Expanded the Family Reunification Program to 15 additional counties.
- Expanded Foster Care Supportive Visitation to seven additional counties.

Progress to Date in 2015

- Foster Care Supportive Visitation expanded to three additional counties, making the program now available in 51 counties.
- A state-level resource development sub-team was created and began meeting regularly in 2015 to evaluate the need for additional services around the state. The team will identify gaps, along with strategies and/or suggestions for helping address them. Identifying evidence-based services will be a priority.

Planned Activities for 2016

- Families Together Building Solutions will expand by 17 counties, totaling 46 contracts statewide.
- MDHHS added an additional Family Reunification Program contract to Kent County, beginning in 2016.

Service Array and Resource Development - Plan for Improvement

Goal E.1: MDHHS' service array and resource development system will ensure an array of services is accessible and individualized to meet the needs of children and families served by the agency.

Objective E.1.1: MDHHS will provide a service array and resource development system to ensure that accessible services are provided to:

- Assess the strengths and needs of children and families and determine other service needs.
- Address the needs of individual children and families to create safe home environments.
- Enable children to remain safely with their parents when reasonable.
- Help children in foster and adoptive placements achieve permanency.

Measure: To be determined.

Baseline: 2014 array of services.

Benchmarks:

2015: Identify available services and gaps in services statewide.

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

2017 - 2019: Develop or expand supports.

2015 Performance: Not available at this time.

MDHHS provides family preservation and prevention programs that assess the needs and strengths of children and families and address concerns so that children are able to remain in their homes whenever possible. These programs, including Families First of Michigan, Families Together Building Solutions and the Family Reunification Program, are based on developing goals together with families and building on the strengths and supports families already possess. Each of these programs expanded since 2014, or will be expanding by 2016.

Protect MiFamily, Michigan's Title IV-E waiver demonstration project seeks to reduce maltreatment and out-of-home placement, while improving parenting skills and child well-being. Families participate in enhanced screening, assessment and in-home case management for a 15-month period, coupled with access to an array of support services. Protect MiFamily is being independently evaluated and the results will determine efforts to expand the project.

Objective E.1.2: MDHHS' service array and resource development system will ensure services can be individualized to meet the unique needs of children and families.

Measure: To be determined.

Baseline: 2014 array of services.

Benchmarks:

2015: Identify available services and gaps in services statewide.

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

2017 - 2019: Develop or expand supports.

2015 Performance: Not available at this time.

MDHHS' service array and resource development system will ensure services are individualized to meet the unique needs of children and families. To ensure that children and families are receiving individualized services, MDHHS continues to modify existing programs and contracts, pilot new programs and initiatives and focus on ideas and strategies to meet this objective.

Progress in 2014

- Modifications to the Foster Care Supportive Visitation contracts were made to provide additional individualized parent education, visitation monitoring and transportation based on the needs of each family.
- Program standards for parent education classes were revised to require evidence-based, evidence-informed or promising practice parenting education. Since October 1, 2014, new contracts include the revised standards.
- Protective factors were incorporated into Families First of Michigan contracts and the Title IV-E waiver, Protect MiFamily.
- Trauma-informed practice is included in the enhanced MiTEAM case practice model.

- DHS collaborated with the Defending Childhood State Policy Initiative, in which national experts and state agencies and stakeholders developed a strategic plan to screen, assess and treat trauma using evidence-based interventions.

Progress to Date in 2015

- MDHHS is working with the Children’s Trauma Assessment Center on a statewide trauma screening and functional assessment for children in the child welfare system.
- MDHHS is responding to requirements outlined in the Preventing Sex Trafficking and Strengthening Families Act, including provisions to identify, report, document and determine services for youth victimized by, or at risk of sex trafficking.

Planned Activities for 2016

- MDHHS developed a prevention/preservation contract to target families with infants and children ages five and under that are experiencing challenges with substance abuse. Workers for the program must be certified through the Michigan Certification Board for Addiction Professionals and will provide assessment, treatment, and other skill and strength-based interventions to families for six months.
- Protective factors will be incorporated in Family Reunification Program contracts effective spring 2016.

Corresponding measures and benchmarks for each of the above goals can be found in Attachment C, the Goals and Objectives Matrix.

AGENCY RESPONSIVENESS TO THE COMMUNITY

MDHHS is responsible for a broad range of services and initiatives, many of which cross organizational borders and require collaborative participation. A primary objective of the Strengthening our Focus on Children and Families Advisory Council is to develop a process for assessing systemic factors, addressing priorities and responding proactively to new concerns. To ensure systemic improvements are permanent, an organizational structure is necessary that includes and facilitates the input of experts and stakeholders in assessment and decision-making at every level.

Agency Responsiveness to the Community - Assessment of Performance

Michigan has made great progress in addressing practice issues and the ability to track and measure outcomes. Collaboration with stakeholders on every level has been an essential element in these achievements. During this transformation, MDHHS participated in several technical assistance and collaborative processes that led to improvements including:

- Achieving permanence for many children that had been in care for long periods of time.
- Developing MiTEAM, a case practice model that emphasizes the critical components of engaging and working collaboratively with families.

- Establishment of an in-house data management team capable of responding to data needs quickly and accurately.
- MiSACWIS, Michigan's statewide automated child welfare information system.
- An effective plan for recruiting, licensing and retaining foster and adoptive parents to serve a wide diversity of children's needs.

Progress in 2014

In 2014, MDHHS began piloting the development and implementation of local continuous quality improvement plans driven by local leaders from the public and private sectors.

Agency Responsiveness to the Community - Plan for Improvement

Goal F.1: MDHHS will be responsive to the community statewide through engagement with stakeholders.

Objective F.1.1: MDHHS will engage in ongoing consultation with tribal representatives, consumers, service providers, foster care providers, the juvenile court and other public and private child and family service agencies to ensure collaboration addresses the major concerns in implementing the provisions of the Child and Family Services Plan and annual updates.

Measure: Annual Implementation Report.

Baseline: Strengthening Our Focus Advisory Council (SOFAC) and sub-teams; 2015.

Benchmarks:

2016 – 2019: Utilize the council and sub-teams for ongoing consultation and collaboration.

Objective F.1.2: MDHHS will utilize the SOFAC and sub-team structure to operationalize a continuous quality improvement plan that includes engaging internal and external stakeholders in assessment and development of effective strategies.

Measure: Annual Implementation Report.

Benchmarks:

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

Objective F.1.3: MDHHS will ensure the state's services are coordinated with services and benefits of other federal or federally-assisted programs serving the same populations.

Measure: Annual Implementation Report.

Benchmarks:

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

Corresponding measures and benchmarks for each of the above goals can be found in Attachment C, the Goals and Objectives Matrix.

FOSTER AND ADOPTIVE PARENT RECRUITMENT, LICENSING AND RETENTION

Children in need of foster and adoptive homes include infants, children, youth and young adults from various ethnic and cultural backgrounds. Michigan's demographic and cultural diversity ranges from northern and rural, to urban southeastern Michigan, and the foster care

population is similarly varied. Maintaining an adequate number and array of adoptive and foster home placements that reflect the ethnic and racial diversity of children in care continues to be a top priority in Michigan. Licensing relatives for foster care and adoptive placements is a strength in Michigan, and the state-administered structure ensures a smooth process for placement of children across jurisdictions when such placements are in the child’s best interest.

Recruitment, Licensing and Retention - Assessment of Performance

MDHHS utilizes the placement sub-team to monitor and provide input with the annual recruitment, licensing and retention plans. This sub-team develops and monitors the implementation plans for the placement of children in unlicensed placements. It also addresses practice in foster parent licensing, relative licensing and placement exceptions. Strategies that address these areas include implementation of the foster and adoptive parent recruitment and retention plans, resource development activities and placement activities.

The following table outlines the goals and progress from October 1, 2014 through February 28, 2015 for licensing non-relative foster homes and homes for special populations.

Statewide	Goal for non-relative foster homes to be licensed	Number of non-relative foster homes licensed	Goal for non-relative foster homes to be licensed for adolescents	Number of non-relative foster homes licensed for adolescents	Goal for non-relative foster homes to be licensed for siblings	Number of non-relative foster homes licensed for siblings	Goal for non-relative foster homes to be licensed for children with disabilities	Number of non-relative foster homes licensed for children with disabilities
Statewide Totals	1050	357	383	64	452	212	148	162

Data Source: MDHHS Child Welfare Licensing.

From Oct. 1, 2014 to Feb. 28, 2015, DHS licensed:

- Thirty-four percent of the non-relative foster home goal.
- Seventeen percent of the non-relative foster home goal for adolescents.
- Forty-seven percent of the non-relative foster home goal for sibling groups.
- One hundred nine percent of the non-relative goal for children with disabilities.

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

- Back to school events.
- Community festivals and fairs.
- Flyers and presentations at local schools.
- Recruitment through the Great Start Coalition for early childhood education.
- Presentations at local hospitals and doctor offices.

- Foster Care Awareness Festival.
- Presentations at congregations on the need for foster parents and collaboration with faith-based communities.
- Foster parent support groups.
- Flyers at sporting events.
- Advertisements in local movie theaters.
- Local community presentations.
- Visiting library displays.

Foster and Adoptive Home Recruitment, Licensing and Retention - Plan for Improvement

Goal G.1: MDHHS will implement an annual adoptive/foster parent retention and recruitment plan to ensure there are foster and adoptive homes that meet the diverse needs of the children and youth that require out-of-home placement.

Objective G.1.1: MDHHS will ensure that state standards are applied to all licensed or approved foster family homes or child care institutions receiving Title IV-B or IV-E funds by:

- Tracking demographic data of children in foster care.
- Screening all applicants for foster and adoptive home licensing meet minimum standards.
- Developing a youth seclusion and corporal punishment protocol.
- Developing a continuous quality improvement process for institutions.

Measure: Child Welfare Licensing data and other sources.

Benchmarks:

2015 – 2019: Local licensing agencies will collaborate with Child Welfare Licensing to ensure all standards are applied equally.

Objective G.1.2: MDHHS will ensure the state complies with federal requirements for criminal background clearances for licensing foster and adoptive homes and has a process that includes provisions for ensuring the safety of foster and adoptive placements for children.

Measure: Criminal history and central registry screening of each foster or adoptive applicant.

Benchmarks:

2015 – 2019: Collaboration between the Child Welfare Licensing Division and local licensing agencies to ensure each foster and adoptive home is screened and approved before children are placed.

Objective G.1.3: MDHHS will recruit and license an adequate and sufficient array of foster and adoptive homes to reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed.

Measure: Percentage of annual recruitment, licensing and adoption plans that meet 90 percent of their goal, or better.

Baseline: Each county's 2015 licensing goal.

Benchmarks:

2016 – 2019: Eighty percent of annual plans will meet 90 percent of their goal, or better.

Objective G.1.4: MDHHS will support safe and timely placement across jurisdictions when such placement is in the best interest of the children.

Measure: Interstate Compact data on percentage of out-of-state placements in Michigan with completed home studies within 45 days of the state's request.

Baseline - 2013: 62 percent.

Benchmarks:

2015 – 2019: Demonstrate improvement each year.

2014 Performance: 68 percent.

The following recruitment and licensing activities are carried out locally in Michigan to ensure foster and adoptive homes meet the needs of children and families in their area:

- Outlining strategies to recruit and retain foster, adoptive and kinship families.
- Producing specialized scorecards that monitor the number of licensed homes.
- Providing tools and guidelines for assessing and analyzing demographic data for recruiting, licensing and retaining foster, adoptive and kinship parents.

Each local MDHHS office is expected to:

- Meet with private agency partners, local tribes, members of faith communities/service organizations, and foster/adoptive/kinship parents in completing the annual adoptive and foster parent retention and recruitment plans.
- Provide specific strategies to reach out to all parts of the community.
- Assure all prospective foster/adoptive/kinship parents have access to child-placing agencies that provide foster home certification.
- Increase public awareness of the need for adoptive and foster homes through general, targeted and child-specific recruitment activities within the counties.
- Provide strategies for dealing with linguistic barriers.

Counties determine goals and action steps based on:

- Historical trends and data provided by program office.
- Characteristics of children in care (i.e. age, gender, race, ethnicity and living arrangement).
- Characteristics of children entering and exiting foster care.
- Total number of homes currently licensed by the county.
- Number of foster homes licensed by the county during specified time periods.
- Foster home closure reasons.
- Demographic data on barriers to placements.

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

Objective G.2.1: MDHHS will ensure timely search for prospective parents for children needing adoptive placements, including the use of exchanges and other interagency efforts, if such procedures ensure that placement of a child in an appropriate household is not delayed by the search for a same race or ethnic placement.

Measure: Number of youth available for adoption without an identified family that are registered with the Michigan Adoption Resource Exchange within required timeframes.

Baseline - 2014:

- Eighty percent of youth available for adoption without an identified family are registered with the Michigan Adoption Resource Exchange within required timeframes.
- Eighty percent of youth available for adoption without an identified family one year after termination of parental rights are referred to an Adoption Resource Consultant.

Benchmarks:

2015 – 2019:

- Eighty percent of youth available for adoption without an identified family are registered with the Michigan Adoption Resource Exchange within required timeframes.
- Eighty percent of youth available for adoption without an identified family one year after termination of parental rights are referred to an Adoption Resource Consultant.

2015 Performance: Not available at this time.

Corresponding measures and benchmarks for each of the above goals can be found in Attachment C, the MDHHS Goals and Objectives Matrix.

CONSULTATION AND COORDINATION WITH NATIVE AMERICAN TRIBES

MDHHS 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.

MDHHS provides culturally appropriate services to tribal families through support of:

- Quarterly Tribal-State Partnership meetings with representatives from Michigan's 12 federally recognized tribes, tribal organizations and local MDHHS and central office staff.
- Participation in regional/national tribal consultation through the following events:
 - Bureau of Indian Affairs, Partners in Action Regional Tribal Meetings.
 - United Tribes of Michigan meetings.
 - Child Welfare League of America Indian child welfare state manager calls.
 - Governor's Tribal Summit.
- Development of grant and contract opportunities for tribal communities.
- Strengthening the MDHHS 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.
- Reviewing and revising Indian Child Welfare policy to strengthen and achieve compliance with federal rules and regulations.
- Strengthening the state courts' application of the Indian Child Welfare Act through collaboration with tribal courts, attorneys and social services, state court administration, MDHHS legal division, and Native American Affairs toward development and codification of the Michigan Indian Family Preservation 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.
- MCL 712B 1 - 41, the Michigan Indian Family Preservation Act, which codifies the state's compliance with the federal Indian Child Welfare Act.

MDHHS provides culturally appropriate services by contracting with:

- The Sault Ste. Marie Tribe of Chippewa Indian's Binogii Placement Agency for foster care and adoption services for tribal children.
- Sault Tribe Detention Center for juveniles.
- Grand Traverse Band of Ottawa and Chippewa Indians for juvenile justice boys' and girls' residential treatment.
- Families First of Michigan family preservation programs that serve seven of 10 reservation communities. Tribal representatives participate in the bid ratings.

Tribal Consultation and Coordination

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

Consultation and Coordination with Native American Tribes

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

- Tribal-State Partnership meetings (quarterly), a collaborative group of Tribal Social Service directors, state and private agencies and MDHHS staff that focuses on Indian child welfare and the implementation of the Indian Child Welfare Act of 1978.

- Urban Indian State Partnership meetings (quarterly), a collaborative group of urban Indian organizations, state agencies and MDHHS staff focused on the challenges facing tribal at-large membership and point-of-entry for MDHHS services.
- Michigan Tribal Child Care Task Force meetings (semi-annual), a group of tribal childcare and education directors and MDHHS staff working to ensure Zero to Three services, Great Start and Pathways to Success programming for children and adults.
- The Office of Workforce Development and Training (monthly), provides Indian Child Welfare Act training for new child welfare and supervisory staff through new worker online training and facilitator-led supervisor training.
- United Tribes of Michigan meetings (semi-annually; upon request), a forum for tribes to join, advance, protect, preserve and enhance the mutual interests, treaty rights, sovereignty and cultural way of life of Michigan tribes through the next seven generations.
- Regional Indian Outreach Workers meetings (quarterly) for professional development.
- The State Court Administrative Office Court Improvement Program Statewide Task Force meetings (quarterly) to advocate on behalf of tribal families.

Tribal Consultation on Protecting Tribal Children and Providing Child Welfare Services

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

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

Concerns Expressed by Tribes during Consultation on Chafee Services

Tribes have expressed concerns regarding having accurate data to determine if all tribal children are receiving services according to the Indian Child Welfare Act or other federal or state programs available to children under the supervision of the department. The department scheduled additional MiSACWIS tribal consultation through telephone conference to remedy any access and reporting concerns. Follow-up on current status will take place at the Tribal-State Partnership Meeting on Oct. 20, 2015.

Michigan has 12 federally recognized tribes; two tribes do not have formal Indian child welfare code pertaining to child welfare services at this time (Match-E-Be-Nash-She-Wish Band of Potawatomi and Nottawaseppi Band of Huron Potawatomi Indians). For more information on child welfare services in tribal communities, please visit www.michigan.gov/americanindians.

Tribal Consultation Plan Update

The Child and Family Services Plan 2015 – 2019 was created collaboratively with tribal members at the April 2014 Tribal-State Partnership meeting and the exchange of tribal/MDHHS Title IV-B plans occurred at the October 2014 Tribal-State Partnership meeting. The 2016 APSR was developed with tribes on March 26, 2015. Once approved, the plan will be shared with tribal members and individual tribes at the next Tribal-State Partnership meeting.

Chafee Tribal Consultation Agreements

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

Michigan has individual consultation agreements with eight federally-recognized 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 Band of Odawa Indians.
- Nottawaseppi Huron Band of Potawatomi Indians.
- Pokagon Band of Potawatomi Indians.
- Sault Ste. Marie Tribe of Chippewa Indians.

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

Compliance with the Indian Child Welfare Act - Assessment of Performance

MDHHS achieved a rating of areas needing improvement on the four Indian Child Welfare Act requirements:

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

Compliance with the Indian Child Welfare Act was measured through:

- Tribal consultation on Michigan's Child and Family Services Plan and Annual Progress and Services Reports in 2014 and 2015.
- Michigan Court of Appeals Indian Child Welfare Act/Michigan Indian Family Preservation Act cases in 2014.
- MiSACWIS Indian Child Welfare Act/Michigan Indian Family Preservation Act data.
- Indian Child Welfare Act case review tools.
- Ongoing local case management meetings between tribes and county MDHHS office leadership.

Compliance with the Indian Child Welfare Act – Plan for Improvement

Goal NAA.1: MDHHS will ensure compliance with the Indian Child Welfare Act statewide.

Objective NAA.1.1: MDHHS will increase the number of cases statewide in which children are identified as American Indian/Alaska native at the onset of the case.

Measure: MiSACWIS data on identification of Indian heritage.

Benchmarks:

2015: Establish a baseline.

2016 - 2019: Demonstrate improvement each year.

2015 Performance: Not available at this time.

Objective NAA.1.2: MDHHS will ensure the notification of Indian parents and tribes of state proceedings involving Indian children and inform them of their right to intervene.

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

Benchmarks:

2015: Establish a baseline.

2016 - 2019: Demonstrate improvement each year.

2015 Performance: Not available at this time.

Objective NAA.1.3: MDHHS will ensure that placement preferences for Indian children in foster care, pre-adoptive and adoptive homes are followed.

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

Benchmarks:

2015: Establish a baseline.

2016 - 2019: Demonstrate improvement each year.

2015 Performance: Not available at this time.

Objective NAA.1.4: MDHHS will ensure that active efforts are made to prevent the breakup of the Indian family when parties seek to place a child in foster care or for adoption.

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

Benchmarks:

2015: Establish a baseline.

2016 - 2019: Demonstrate improvement each year.

2015 Performance: Not available at this time.

Goal NAA.2: MDHHS will increase cultural connections of children in care statewide.

Objective NAA.2.1: Children will be placed in the least restrictive culturally appropriate setting to meet their safety, permanency and well-being needs.

Measure: MiSACWIS placement data.

Benchmarks:

2015: Establish a baseline.

2016 - 2019: Demonstrate improvement each year.

2015 Performance: Not available at this time.

Objective NAA.2.2: American Indian/native foster and adoptive homes will be prepared, supported and available for the placement of Native American Children statewide.

Measure: MiSACWIS placement data.

Benchmarks:

2015: Establish a baseline.

2016 – 2019: Demonstrate improvement each year.

2015 Performance: Not available at this time.

Corresponding measures and benchmarks for each of the above goals can be found in Attachment C, the Goals and Objectives Matrix.

CHAFEE FOSTER CARE INDEPENDENCE PROGRAM

MDHHS administers, supervises and oversees the Chafee Foster Care independence Program, or 'Chafee' in this document. Chafee goals are addressed through Michigan's Youth in Transition program. Youth in Transition provides support to youth in foster care and increases opportunities for youth transitioning out of foster care through collaborative programming in local communities. Youth were engaged in all stages in the development of this plan and MDHHS continues active collaboration with youth in planning and outreach.

MDHHS coordinates with other federal and state programs for youth, including transitional living programs funded under Part B of the Juvenile Justice and Delinquency Prevention Act of 1974, in accordance with Section 477(b)(3) of the Act. The eligibility criteria for Chafee-funded services are documented in MDHHS foster care policy. Youth meeting the criteria for Chafee-funded services are eligible regardless of race, gender or ethnic background.

MDHHS provides oversight to the programs and agencies providing direct services and support to youth through the Education and Youth Services unit. The Education and Youth Services unit is responsible for ensuring services meet federal requirements and are provided to all eligible youth. Unit staff also oversees the contracting process for Chafee services and ensures agencies comply with contractual obligations.

Michigan is committed to ensuring all allocated Chafee funds are provided to youth aging out of foster care and continues to explore ways to facilitate disbursement of funds to counties for direct payment to youth and through contracted services for youth. In 2013 and 2014, unanticipated delays in contracting resulted in programs starting services later than planned, thus delaying or reducing the total funds spent. It is expected that demand for funds will increase as programs are implemented fully or expanded. In addition, discretionary spending has historically increased substantially in summer, as funds are provided to sponsor attendance at conferences for youth and to assist with transitional expenses.

Youth leaving foster care due to adoption or guardianship at 16 years of age and older are eligible for higher education financial aid (Education and Training Vouchers, Tuition Incentive Program, Pell Grant, Fostering Futures Scholarship); and at age 18, those youth are eligible for all Chafee-funded goods and services available to all eligible youth.

Preventing Sex Trafficking

In response to the growing problem of child trafficking, and in recognition of the vulnerability of foster youth to being targeted, MDHHS, in collaboration with the state Department of Attorney General created a protocol for child welfare professionals, court personnel, law enforcement officials and schools. The protocol addresses the following goals:

- To provide a coordinated investigative approach while minimizing trauma to victims.
- To provide protection and specialized services to child victims and family members.
- To provide cross-professional training to promote a better understanding of the unique nature and challenges of cases involving child sex trafficking and labor trafficking.
- To provide alternatives for handling the cases after children have been identified as victims of human trafficking.

Housing Resources

Recognizing that runaways and homeless youth are especially vulnerable to the threat of human trafficking, MDHHS provides services to homeless youth and those at risk. MDHHS developed contracts to provide an array of services through its Homeless Youth and Runaway programs. These contracts ensure:

- A minimum of 25 percent of the youth served are former foster youth or homeless due to a dissolved adoption or guardianship.
- Foster youth who have voluntarily remained in, or return to, foster care after their 18th birthday that are homeless or at risk of becoming homeless.

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

- Collaborating with housing resource partners to develop safe, stable and affordable housing for youth exiting foster care.
- Developing partnerships with faith-based organizations and community partners to expand housing opportunities for youth.
- Michigan's 10-year plan to end homelessness is coming to an end but the work will transition to another workgroup, organized around five areas:
 1. Increasing leadership, collaboration and civic engagement.

2. Increasing access to stable and affordable housing.
3. Increasing economic security.
4. Improving health and stability.
5. Providing 24-hour crisis services via the 22 Homeless Youth Runaway contracts.

Serving Youth across the State

Independent living preparation is required for all youth in foster care ages 14 and older, regardless of their permanency planning goal. The goal of independent living preparation is to assist youth in transitioning to self-sufficiency. MDHHS allocates funds to all 83 counties for independent living services.

Native American youth served by tribal child welfare services as well as those served by MDHHS staff that meet eligibility criteria are eligible for Chafee and ETV services. Information about services available is shared regularly with tribes through Tribal-State Partnership meetings and presentations and technical assistance to individual tribes. MDHHS Indian Outreach Workers in counties with tribal populations provide information and assistance to tribal youth eligible for services.

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

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

MDHHS allocates funds to counties for independent living services for all youth aging out of foster care. Counties can contract with private agencies or give funds directly to youth to obtain services. Payments to youth or vendors can include:

- First month's rent.
- Security deposits.
- Utilities.
- Car repair.
- Day care.
- Preventive services.
- Mentoring.
- Securing identification cards.
- Participation in support groups and youth advisory boards.

Opportunities to Engage in Age- or Developmentally Appropriate Activities

The discretionary allocation provided to each county provides funding for youth to participate in a range of activities of their interest that support their transition to self-sufficiency. Foster Care Licensing Rule 400.9419 requires foster parents to encourage youth to participate in a variety of recreational activities appropriate to the youth's age and ability. Foster care policy is being updated to include language supporting the federal Prudent Parent Standards.

Progress in 2014

- MDHHS expanded the Michigan Youth Opportunities Initiative (MYOI) through allocation of 31 MYOI Coordinator positions that provide programming in 56 counties. Programming is provided without an allocated position in another seven counties.
- Youth in Transition policy was reviewed in 2014 to address identified service gaps.
- Seven hundred sixty-one youth enrolled in the MYOI program.
- Chafee matching funds totaling \$31,000 assisted youth to obtain goods and services to assist them in developing self-sufficiency and successfully transitioning from foster care.
- Chafee-eligible youth were provided with 1,385 independent living training experiences through the MYOI.
- Youth in Transition services were provided statewide to 3,116 youth in 2014.

Progress to Date in 2015

- The MYOI is developing a Youth Leadership Institute to develop young leaders statewide.
- Policy updates were finalized in early 2015 and changes were implemented to increase assistance with insuring vehicles owned by youth.

Youth Participation in Improving Foster Care

Goal: Youth will be actively involved in developing practices, policies and procedures to improve services for youth.

Progress in 2014

- A youth representative was included on the MDHHS Health Advisory and Resource Team.
- Youth were included in the focus group for Lesbian, Gay, Bi-Sexual, Transgender and Questioning draft policy.
- Monthly youth board meetings were held in the state's 35 Michigan Youth Opportunities Initiative sites.
- Youth from Oakland County were invited to speak to policy makers and child welfare administrative staff at the second annual Kids Speak event.
- Youth were invited to speak at local foster parent PRIDE training and Child Welfare Training Institute to new services workers.
- Youth were invited to foster parent and adoptive parent recruitment events offered through the Faith-Based Coalition and the Permanency Forums.
- Youth were invited to speak to community partners to increase awareness of youth' experience in foster care.

Planned Activities

- Program office will reach out to local MYOI youth boards to review and discuss information related to the National Youth in Transition Database (NYTD), older youth policy and service gaps.
- MDHHS will develop a statewide Youth Leadership Institute in which youth leaders will discuss service delivery and policy changes and develop their leadership potential.

National Youth in Transition Database

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

Goal: MDHHS will use data from NYTD submissions to assess services provided to youth and identify types and numbers of services provided.

Objectives:

- By Sept. 1, 2015, MDHHS identified the number of youth receiving independent living services and types of services provided 2011 through 2014.
- By Sept. 1, 2016, MDHHS will examine youth characteristics, foster care history and educational level to identify trends and gaps.
- MDHHS will assess Chafee services provision for Native American youth.
- By Sept. 1, 2015, the Education and Youth Services unit will have the services data that identifies the number of youth receiving independent living services by service domain and county for fiscal years 2011 through 2013.
- By Sept. 1, 30, 2016, the Education and Youth Services unit will have examined three years of NYTD services data to identify strengths and gaps in Michigan's array of services for youth in transition.

Measure: National Youth in Transition Database.

Progress in 2014

- A new cohort was begun of youth in care at 17 years of age with over five hundred youth participating in the survey. The same cohort will be surveyed in 2016 at age 19.
- MDHHS began the 21-year-old follow-up survey of the first cohort of youth.
- MDHHS identified partners and stakeholders to participate in a focus group to assess information provided from the National Youth in Transition Database.

Progress to Date in 2015

- Outcome surveys for the cohort one 21-year-old follow-up are being finalized and the information evaluated to identify service gaps.
- Data related to youth outcomes and services received are being reviewed to identify trends, areas of strength and need.

- A meeting occurred with the Ingham County Michigan Youth Opportunities Initiative (MYOI) youth board to begin reviewing and discussing information related to the NYTD outcomes survey, credit recovery policy and service gaps facing older youth.

Planned Activities in 2015

- Follow up meetings will occur with the Ingham County MYOI youth board to discuss NYTD outcome survey ongoing.
- Meetings will occur with other MYOI youth boards throughout the state, to garner diverse experiences to inform and direct policy to older youth in care.
- MDHHS services will continue to engage community partners, stakeholders and youth to participate in the National Youth in Transition focus group and to examine ways to improve service delivery and address service gaps ongoing.

Goal: During 2015 – 2019, MDHHS will develop a framework for analyzing NYTD data to inform service delivery.

Objectives: During 2015 – 2019, MDHHS will:

- Engage staff at all levels, youth and community partners.
- Identify and select pertinent data to examine.
- Collaborate with the data team.
- Develop an implementation plan that includes data monitoring.

Measure: Collaborative process for analyzing National Youth in Transition data.

Benchmarks:

2015: MDHHS will establish a focus group that includes MDHHS staff, community partners, stakeholders and youth.

2016: The focus group will identify the area(s) of focus including population and key questions to be asked. Appropriate data and measures needed to answer the key questions will be agreed upon by the focus group.

2017 - 2019: Strategies will be considered to address gaps and strengthen programming and a monitoring process will be developed.

Progress in 2014 and 2015

- Discussions were initiated with Casey Youth Opportunities staff, MYOI coordinators and other MDHHS staff to determine the individuals to be included in a focus group to analyze National Youth in Transition data.
- A meeting was held with the Ingham County MYOI to discuss findings from the cohort one 17-year-old and 19-year-old follow-up surveys.
- Youth boards are asked for input to provide a diverse cross-section of experiences.

Serving Youth of Various Ages and States of Achieving Independence

MDHHS is committed to ensuring all youth in care receive appropriate services to support their needs. Michigan provides age-appropriate services to the following:

- Youth under age 16 through age 18.
- Youth ages 18 through 20 in foster care.
- Former foster youth ages 18 through 20.

- Youth who, after age 16, have left foster care for kinship guardianship or adoption.

Independent living preparation is required for all youth in foster care ages 14 and older, regardless of their permanency planning goal. The goal of independent living preparation is to assist youth transitioning to self-sufficiency. Independent living preparation for youth ages 12 and 13 are encouraged based upon availability of services and need.

Life Skills Assessment

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

Youth ages 14 and older are involved in the development of their service plan and participate in quarterly case planning. Beginning at age 16, youth participate in semi-annual transition meetings to discuss their permanency goal, identify needs, resources and adults to support them when the agency is no longer involved. Transition plans cover all areas of a youth's needs, including housing, relationships, independent living skills, education and employment.

Assistance with Start-up Living Expenses

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

MDHHS modified specialized independent living services to Independent Living Plus, which includes evidence-based practices with performance measures. MDHHS monitors contracts to ensure youth are being provided effective services and will make adjustments to programs based on performance data from contractors.

Progress in 2014 and 2015

Educational Assistance

MDHHS education planners work with foster youth ages 14 and older. They work one-on-one with youth to assist with education record transfer, advocate for remaining in the youth's school of origin, special education issues, post-secondary preparation and attendance and disciplinary issues. Education planners provide training and technical assistance to caseworkers in their counties. Currently 16 education planners serve youth in 41 counties.

Personal and Emotional Support to Youth Aging out of Foster Care

In 2014, an Independent Living Plus contract was implemented. Each youth receives case management, weekly independent living skills coaching and support in education, mental health and employment. Contracts for mentoring services were awarded in 2015 to private agencies in three counties to provide personal support to youth currently in foster care, or who were previously in foster care.

Summer Youth Employment

Local MDHHS offices collaborate with businesses and agencies in their communities to refer older youth in foster care for job training and employment opportunities. The discretionary allocation provided to a county office is used to cover the costs of a training program and provide employment services through a contract. Additionally, youth ages 14 and older are referred to the local Michigan Works! Agency for employment supports.

The Summer Youth Employment Program provides job readiness training and summer employment linked to academic and occupational learning for up to 350 youth per year. The 2014 Summer Youth Employment Program was implemented in eight sites and increased the minimum amount of time spent on job readiness training to two weeks.

MDHHS expanded programming through the MYOI. Programming results in positive outcomes in permanency, education, employment, housing, health, financial management and relationships. Engaging youth enables MDHHS to receive critical input on current policy and practice. The MYOI has a self-evaluation team that consists of MDHHS and private agency staff, youth and local stakeholders.

Progress in 2014

The 2013 Summer Youth Employment Program served 244 youth who completed the program. Of the 73 that were followed up with 12 months after completion:

- Thirteen were employed part-time.
- One was employed full-time.
- Twenty-seven were enrolled in a college/university.
- Twenty-four were enrolled in high school.
- Three completed a General Educational Development (GED) program.
- Fifty-nine were unemployed.

The 2014 Summer Youth Employment Program received 315 referrals, of which 258 youth completed the entire program. Six- and twelve-month follow-up contacts will be completed.

Planned Activities for 2015

The 2015 Summer Youth Employment Program is expected to serve between 300 and 340 youth in eight sites, serving 15 counties. Because of the increase in the state minimum wage, youth will be paid more and therefore the maximum number of youth to be served is lower.

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

Objectives:

- MDHHS will review data collected through self-evaluation to identify disparities in participation and service delivery related to gender and race.
- MDHHS will include state and national data and current research to increase engagement of foster youth by gender.

- MDHHS will collaborate with the MiTEAM engagement model to interface training and communication as it relates to youth engagement and outreach.

Measure: Demographic information on MYOI enrollment.

Benchmarks 2015 – 2019:

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

Progress in 2014

Enrollment of males in the MYOI increased statewide by one percent.

Young Adult Voluntary Foster Care

Michigan passed the Young Adult Voluntary Foster Care Act in 2011, allowing youth to remain in foster care until age 21 and receive services and financial support. Services include mental health, medical, dental, substance abuse, educational and employment supports. Placements to support homeless and runaway youth are available under Chafee-funded contracts. Michigan contracts with seven colleges and universities to provide independent living coaches for students currently and formerly in foster care.

To be eligible, participants must maintain employment of at least 80 hours per month or participate in an educational program. In Michigan, the majority of youth in Young Adult Voluntary Foster Care are in the following placement types:

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

Participants living with a biological parent, regardless of the status of that parent's parental rights or incarceration, become ineligible for Young Adult Voluntary Foster Care. Participation in Young Adult Voluntary Foster Care is voluntary and participants may choose to exit the program at any time. Participants also become ineligible when they fail to meet educational, employment, or disability-related requirements. Michigan allows unlimited exits and re-entries into Young Adult Voluntary Foster Care.

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

Objectives:

- MDHHS will review housing, education and employment data to determine the status of youth exiting extension of care.
- MDHHS will include recommendations from the focus group, self-evaluation team and the Jim Casey Youth Opportunity Initiative to develop programming.

Measure: Follow-up data on youth leaving foster care.

The NYTD focus group will review the information provided by the outcome surveys from cohort one, including surveys of youth at 17, 19 and 21 years of age. This information will provide a lens to understand the educational, employment, housing statuses and experiences of older youth. Any potential service or policy gaps will be identified and recommendations provided.

Support for Foster Children in Higher Education

Michigan has 11 post-secondary institutions that offer campus-based support programs for youth that have experienced foster care and are attending college. Of these, seven institutions have contracts with MDHHS to provide independent living skills coaches to participating youth.

Campus Coaches

Campus coaches assist students acclimating to campus life and reaching their education goals. Western Michigan University and the University of Michigan, in addition to having coaches on campus, also use MDHHS employees as liaisons. The liaisons work with students that were in foster care to ensure they receive all services for which they are eligible, including:

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

Progress in 2014 and 2015

- In 2014, 159 youth were served.
- The University of Michigan was allocated an additional half-time campus coach for students in University of Michigan – Ann Arbor’s program.
- Two Michigan community colleges were awarded independent living skills coach contracts, Lansing Community College and Washtenaw Community College. Both institutions will be hiring a coach and beginning their campus-based support programs.

Collaboration with Other Private and Public Agencies

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

- DHS collaborated with the Department of Community Health to implement the Patient Protection and Affordable Care Act that expands medical coverage to age 26.
- Michigan continues to provide Medicaid coverage to youth aging out of foster care until their 21st birthday. Foster Care Transitional Medicaid allows youth to access medical services while transitioning to independence.
- The Michigan Youth Opportunities Initiative (MYOI) is a partnership between MDHHS and Jim Casey Youth Opportunities Initiative. The partnership is in its eleventh year, with the focus to assist older youth in foster care through training, advocacy, leadership development and financial competency.
- MDHHS offers MYOI in 64 counties to provide an array of supports to enrolled youth. Each site collaborates with community partners and stakeholders to develop

opportunities for youth to strengthen connections to employment, education and social activities. This includes banks, housing organizations, employers and education institutions.

- MDHHS collaborates with a Wayne County community stakeholder to provide the Entrepreneur Youth Program, providing opportunities for youth who are in, or have transitioned out of foster care, to connect with Wayne County business leaders for internships, mentoring and employment opportunities.
- MDHHS awarded mentor contracts to private agencies in three counties to provide one-to-one mentoring support for older youth requesting a mentor.

Chafee Foster Care Independence Program Consultation with Tribes

The MDHHS Education and Youth Unit staff present on Youth in Transition services and Education and Training Vouchers at each quarterly Tribal-State Partnership Meeting as a standing agenda item. Services are described as well as how tribal youth can access them. Tribal leaders have an opportunity to ask clarifying questions and request individual outreach presentations. Technical assistance is offered at each quarterly meeting and provided to individual tribes as requested.

Other examples of consultation and coordination regarding Chafee services to ensure access for tribal youth include:

- The Education and Youth Unit conducts outreach each year by contacting each tribe and conducting follow-up on any questions and issues raised.
- MDHHS provides Indian Outreach Workers in each local office with a tribal population who provide individual services and assistance with applications to ensure all tribal youth are aware of the available services and how to access them.
- The Office of Workforce Development and Training (monthly), provides Indian Child Welfare Act training for new child welfare and supervisory staff through new worker online training and facilitator-led supervisor training.
- Regional Indian Outreach Workers meetings (quarterly) for professional development.
- The State Court Administrative Office Court Improvement Program Statewide Task Force meetings (quarterly) to advocate on behalf of tribal families.
- Review of whether tribes would like to develop, supervise or oversee Chafee, Education and Training Voucher and other child welfare services and receive a portion of the state's allotment for administration or supervision are conducted minimally annually, or at the request of a tribe at the Regional Quarterly Tribal-State Partnership Meeting.

MDHHS developed a Memorandum of Understanding for each of Michigan's 12 federally recognized tribes to ensure Youth in Transition funds are available to tribal youth in foster care. The Education and Youth Unit presented at the quarterly Tribal-State Partnership meetings, provided outreach and conducted follow-up. To date, eight tribes have signed agreements. Technical assistance is offered at each quarterly meeting and as requested.

Training in Support of the Goals and Objective of the Chafee Program

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

In addition, Michigan provides the following training classes to help address the needs of youth preparing for independent living:

- Education - College Scholarships and Resources - Educational needs of children and youth in foster care and the associated federal and state laws and policy. The training includes post-secondary resources for youth from foster care and how to access them.
- Education Planner Training - McKinney-Vento Act - How requirements of the McKinney-Vento Act are addressed in educational services for youth.
- Education Requirements for Youth in Foster Care - Education policy and the education needs of youth in the foster care system.
- Youth Panel and Michigan Association of Foster, Adoptive and Kinship Caregivers – Delivered by caregivers on caring for children in the child welfare system. Foster and adoptive youth share their experiences.
- Working with Lesbian, Gay, Transgender and Questioning Youth – Addresses the special needs that may occur in regard to sexual orientation and sexual identification.

EDUCATION AND TRAINING VOUCHERS PROGRAM

The Education and Training Vouchers Program is a state-administered program implemented through a contract with Lutheran Social Services of Michigan since 2006. Lutheran Social Services of Michigan maintains an online database and website (www.mietv.lssm.org) that streamlines the application process. Education and Training Vouchers staff complete 50 outreach activities each year, including training, webinars and mass mailings. Lutheran Social Services of Michigan tracks utilization of Education and Training Vouchers on each youth's award and education history. This database ensures a youth is never awarded more than \$5,000 in one fiscal year, per policy.

Education and Training Vouchers for Unaccompanied Minors

In 2013, DHS began including unaccompanied refugee minors in the Education and Training Vouchers Program. The Education and Training Vouchers staff works closely with the Office of Refugee Services to ensure that youth are aware of the program and application process. In 2014, 82 unaccompanied refugee minors were awarded Education and Training Vouchers.

Education and Training Vouchers for Tribal Youth

All tribal human services directors are sent Education and Training Vouchers materials and provided technical assistance. MDHHS participates in quarterly Tribal-State Partnership

meetings that include tribal human services directors to discuss availability and access of tribal youth to Education and Training Vouchers.

Consultation with Tribes

MDHHS developed a Memorandum of Understanding for each of Michigan’s 12 federally recognized tribes to ensure Youth in Transition funds are available to tribal youth in foster care. The Education and Youth Unit presented at the quarterly Tribal-State Partnership meetings, provided outreach and conducted follow-up. To date, five tribes have signed agreements. Technical assistance is offered at each quarterly meeting and as requested. The Keweenaw Bay Indian Community has requested a Title IV-E tribal/state agreement that will be effective when their federal plan is approved.

Chafee Foster Care Independence Program Training

To support Chafee policy and procedures, child welfare specialists are trained on Youth in Transition policy in the pre-service training institute and the program-specific transfer training. Technical assistance is provided as requested. Information is also shared with child welfare management and staff through communication issuances and monthly supervisory phone calls.

Education and Training Vouchers Awarded

	Total ETVs Awarded	Number of New ETVs
2012-2013 School Year (July 1, 2013 to June 30, 2014)	677	247
2013-2014 School Year (July 1, 2014 to March 31, 2015)	529	179
2013-2014 School Year, estimated (July 1, 2014 to June 30, 2015)	650	220

JUVENILE JUSTICE PROGRAMS

In 2014, MDHHS Juvenile Justice Programs continued its administration of state and federal grants. Juvenile Justice Programs continues to manage a regional detention support service, an 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 old who are referred by county courts or committed to MDHHS. Juveniles include males and females for whom community-based treatment is determined to be inappropriate. Services include treatment of sex offenders, severely violent and chronic offenders, substance abuse and mental health treatment. The residential facilities operate at the MDHHS secure level and include direct 24-hour, seven day per week staff supervision.

Juvenile Justice Programs collaborated with stakeholders including the Michigan Committee on Juvenile Justice, Bureau of Children and Adult Licensing (now known as the Division of Child Welfare Licensing) and information technology staff to improve data collection and integration that supports juvenile justice and child welfare services. Data will be used to provide a

continuous quality improvement process. This effort is focused on implementing juvenile justice functionality within MiSACWIS.

The MDHHS Juvenile Programs Division implements the Michigan Youth Re-Entry Initiative that operates through an interagency agreement with the Department of Corrections for care coordination, with emphasis on assisting youth with significant medical, mental health or other functional life impairments that may impede success when re-entering community placement.

Michigan has implemented the Young Adult Voluntary Foster Care Act, 2011 PA 225-230. Youth who are dual wards at the time they become 18 years of age may be eligible for young adult voluntary foster care.

JUVENILE JUSTICE TRANSFERS

In Michigan, 203 youth in Michigan's foster care system were adjudicated as delinquents in 2014, making them dual wards. The juvenile justice system in Michigan is decentralized, with each county responsible for its juvenile delinquent population. Counties may, under the Probate Code, 1939 PA 288, refer a youth to MDHHS for care and supervision or commit the youth under the Youth Rehabilitation Services Act, 1974 PA 150.

Juvenile Supervision in Michigan

Most youth remain the responsibility of their local court. Some who have had open foster care cases enter the juvenile justice system and remain under county supervision. The state does not have access to the case management systems used by county programs; therefore, determining the number of dual wards or 'crossover youth' is challenging.

Juvenile Justice Programs continues participation in a statewide work group formed by county family courts called Juvenile Justice Vision 20/20. MDHHS finalized requirements for a new juvenile justice management system that will replace its current system. MDHHS is also contracting with Georgetown University to continue spreading the Crossover Youth Practice Model that increases collaboration between courts and MDHHS for dual wards.

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. Some youth are in foster homes licensed through the court. These youth are often younger than those the state supervises, have committed less severe offenses, and generally do not require specialized services. The Child Care Fund is the primary funding source for juvenile justice, and in 2014 totaled about \$360 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.

Services to State-Supervised Youth

Youths referred or committed to MDHHS for juvenile justice services are provided with case management services by MDHHS juvenile justice specialists. A youth may remain in the community and be provided with local services or placed in public or private residential treatment placements that include private contracted facilities or one of three state facilities.

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

The MDHHS service delivery strategy is to involve families and their supports to help keep families together. Community-based programs are key components of the MDHHS services continuum and are selected by local stakeholders to address needs identified in their communities. Funding allocated to Michigan's 83 counties enable local MDHHS offices to contract for services to keep children safely in their homes include:

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

Michigan's Title IV-B (2) Program

Strong Families/Safe Children requires collaborative planning among local human services and other child welfare stakeholders. Community groups in partnership with MDHHS local offices assess local resources and gaps in services, develop annual service plans and contract for local service delivery. The program is statewide.

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

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

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

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. Services in 2014 and 2015 include:

- Parent aide services.
- Parenting education.
- Wraparound coordination.
- Families Together Building Solutions.
- Crisis counseling.
- Flexible funds for individual needs.

Title IV-B(2) Family Support Services

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

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

Family support services are provided to primary caregivers who meet one of the following:

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

The services provided in 2014 and 2015 include:

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

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

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

- Individual, group and family counseling.
- Substance abuse treatment.
- Mental health services.
- Assistance to address domestic violence.
- Therapeutic services for families.
- Transportation to and/or from services.
- Wraparound coordination.
- Supportive visitation/parenting time support services.
- Parent Partners peer mentoring.
- Flexible funds for individual needs.

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

Services that encourage adoption from the foster care system include pre- and post-adoptive services that expedite the process and support adoptive families. Services are targeted to adoptive and potential adoptive parents of minor children adopted through Michigan's foster care system. Services provided in 2014 and 2015 include:

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

Title IV-B(2) Percentages

Federal reporting percentages in 2014 were:

- Family Preservation Placement Prevention, 34.2 percent.
- Family Support, 24.3 percent.
- Time-Limited Reunification, 20.0 percent.
- Adoption Promotion and Support, 18.8 percent.

The above percentages reflect 2014 expenditures for the total Title IV-B(2) grant and include other allowable expenditures in addition to Strong Families/Safe Children services. Some Title IV-B(2) funds were used to augment state resources for post-adoption counseling services.

Michigan's Title VI-B(2) funds are utilized as county allocations for services. This allows services to be determined by and focused on the diverse needs of each county. Other centrally administered adoption and support services and initiatives are funded through Title IV-B(1), as well as state, local and donated funds.

Aggregate local expenditures for Adoption Promotion and Support Services were 1.2 percent less than anticipated in 2014. The impact of this variation did not affect the accessibility of resources for adoption promotion and support. It should be noted that Michigan has traditionally met or exceeded the CFSR National Standard in the area of adoption.

Title IV-B(2) Estimated Percentages for 2016

The Title IV-B(2) estimates for fiscal year 2016 submitted with this plan indicate that Michigan will work toward a minimum of 20 percent in each of the four service categories, with a maximum 10 percent for administrative costs.

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

The MDHHS commitment to accessible services to families includes other community-based programs not funded by Title IV-B(2). Program funds allocated to the MDHHS local offices may be blended in service contracts in order to include a broader population or geographic area.

Child Protection Community Partners

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

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

Services contracted with these funds include:

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

Child Safety and Permanency Plan

Funding is provided to the 83 MDHHS local offices to contract for services to families with children at high risk of removal for abuse and/or neglect or families with children in out-of-home placement. 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.

Purchased services include:

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

Family Preservation Services

Michigan provides evidence-based family preservation services to families to prevent the need for placement or to allow an early return from placement.

Families Together Building Solutions

Families Together Building Solutions is a county-administered program that provides services for lower-risk families who need support. The program consists of in-home counseling utilizing strength-based, solution-focused techniques. Workers spend an average of three hours in the home weekly for up to ninety days and are available to families 24 hours a day, seven days a week. In 2014, 415 families were served by Families Together Building Solutions. Of families served in 2013, 95 percent did not require out-of-home placement in the 12-month period following case closure.

Families First of Michigan

Families First of Michigan is a home-based, intensive crisis intervention model supporting CPS, foster care, adoption and juvenile justice programs. The purpose of the service model is to:

- Keep children safe in their own homes 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 individualized intervention services the model provides include:

- Parenting skill modeling.
- Budgeting.
- Housekeeping.
- Counseling.
- Connecting families with community resources.

Designated shelter programs may make referrals for families with children at risk of homelessness due to domestic violence. The program also accepts referrals from the Michigan's 12 recognized Native American tribes. Agencies that provide services to tribal children and families must ensure cultural competence in intervention. In 2014, Families First of Michigan program expanded from 36 to 37 contracts and served 2,381 families. In the 12-month period following services, 88.3 percent of families avoided placement of their children.

Family Reunification Program

The Family Reunification Program is an intensive, in-home service model that facilitates safe and stable reunification when children in out-of-home placement return to their homes. Services may begin as early as 30 days prior to the return of children. The service model is available in 41 counties. Out-of-home placement may include:

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

In 2014, the Family Reunification Program served 903 families. Of families served in 2013, 83 percent successfully avoided replacement 12 months after services ended.

SERVICE DECISION-MAKING PROCESS FOR FAMILY SUPPORT SERVICES

Michigan allocates Title IV-B(2) funds annually to 83 counties for community-based collaborative planning and delivery of family preservation, family support, time-limited reunification and adoption promotion and support services. Michigan's program engages local groups in the service planning process to ensure services fit the needs of the community and can be individualized. Stakeholder groups include representation from:

- Michigan Department of Education.
- Local and regional schools.
- Public and private service organizations.
- The medical community.
- Courts.
- Parents.
- Consumers.

The program design maintains community-based assessment, selection and delivery of Title IV-B(2) services. Service planning and delivery reflect the service principles identified in federal regulations at 45 CFR 1355.25.

There are no changes planned to Michigan's Title IV-B(2) program design for 2016.

SERVICES FOR CHILDREN ADOPTED FROM OTHER COUNTRIES

In Michigan, the provision of services to facilitate inter-country adoptions falls exclusively within the purview of licensed private adoption agencies. Adoption agencies licensed in Michigan to provide inter-country adoption services have an agreement with the foreign country that specifies the responsibilities of the agency in completing adoptions. Michigan has oversight for children who are adopted from other countries and enter into Michigan's custody because of disrupted or dissolved adoptions. Children adopted from other countries are entitled to the full range of child welfare services as are all children in Michigan. These include family preservation and family reunification services and local services throughout the state for pre- and post-adoptive families experiencing a risk of adoption disruption or dissolution.

There were no known internationally adopted children whose adoptions were dissolved in Michigan in 2014.

Activities to Support the Families of Children Adopted from Other Countries.

Private agencies that provide services for international adoptions are licensed as child-placing agencies and held to Michigan's licensing rules for adoption. MDHHS Division of Child Welfare Licensing performs on-site reviews and investigations of alleged rule violations.

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

Planned Activities to Support Children Adopted from Other Countries

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

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

Each center operates a website and produces a newsletter for adoptive families. The centers are instrumental in providing support and services to meet the needs of youth ages twenty-one and younger adopted from Michigan's foster care system, whose adoptions are finalized. In 2016, MDHHS will extend services through the Post Adoption Resource Centers to children adopted from abroad.

Adoption Incentive Payments

Michigan did not receive Adoption Incentive Funds in 2015. If Michigan is allocated Adoption Incentive Funds in the time period of 2016 to 2019, MDHHS will ensure the funds are used for allowed activities and spent in a timely manner.

MONTHLY CASEWORKER VISIT DATA AND FORMULA GRANT

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

- 2010: 70 percent (Michigan achieved 70.9 percent).
- 2011: 90 percent (Michigan achieved 83.8 percent).
- 2012: 90 percent (Michigan achieved 96.4 percent).
- 2013: 90 percent (Michigan achieved 94.7 percent).
- 2014: 90 percent (Michigan achieved 96.3 percent).

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

- 2010: Michigan achieved 85.4 percent.
- 2011: Michigan achieved 84.6 percent.
- 2012: Michigan achieved 85.3 percent.
- 2013: Michigan achieved 88.2 percent.
- 2014: Michigan achieved 83.8 percent.

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

- The caseworker must have at least two face-to-face contacts per month with the child for the first two months following an initial placement or placement move. The first contact must take place within five business days from the date the case is assigned or within five business days of the placement move. At least one contact each month must take place at the child's placement.
- The caseworker must have at least one face-to-face contact with the child each calendar month in subsequent months. At least one contact each calendar month must take place at the child's placement.
- The caseworker must have weekly face-to-face contacts with the parent and the child in the home for the first month after the child returns home. This period of time may be extended to 90 days if necessary.
- The caseworker must have at least two face-to-face contacts with the parent(s) and the child each calendar month in the home for subsequent months after the child has returned home until case closure, unless the family is receiving Family Reunification or

Families First services, in which case visits by those staff can substitute for one of the monthly visits.

- Each contact must include a private meeting between the child and the caseworker.

The topics listed below must be discussed with the child at each visit:

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

Monthly Caseworker Visit Formula Grant

In 2014, Michigan contracted with the Center for the Support of Families to provide technical assistance with the expanded MiTEAM rollout and training in the MiTEAM case practice model. The technical assistance enhanced caseworkers' engagement, assessment, teaming and case planning skills and guided decision-making to enhance safety, permanency planning, well-being and caseworker retention.

Funds were also expended on a contract with the National Council on Crime and Delinquency to conduct a foster care workload study. Ensuring that staff workloads are manageable is instrumental in:

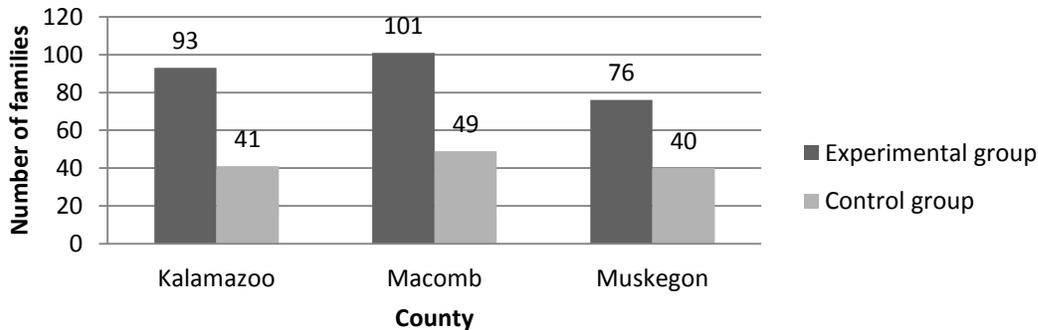
- Retaining staff.
- Promoting the delivery of quality services and evidence-based practices.
- Ensuring that staffs are adequately trained.
- Engaging families and building positive relationships.

Effective use of these skills ultimately leads to improved outcomes for children and families. The study will be completed by Sept. 30, 2015.

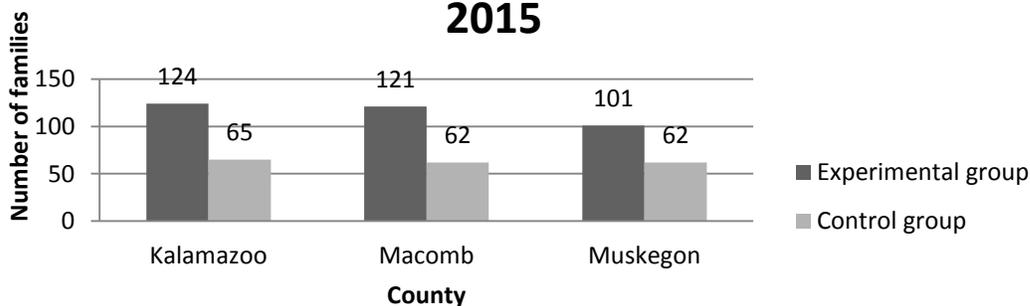
TITLE IV-E CHILD WELFARE WAIVER DEMONSTRATION PROJECT

In 2012, MDHHS was granted a waiver under Section 1130 of the Social Security Act to implement a five-year child welfare demonstration project. MDHHS implemented the project, Protect MiFamily, in August 2013 in Kalamazoo, Macomb and Muskegon counties. The target population includes families with children from birth through age 5 determined to be at high or intensive risk for maltreatment. The demonstration project seeks to reduce maltreatment and out-of-home placement, while improving parental capacity and child well-being.

Number of families assigned to the project as of September 30, 2014



Number of families assigned to the project from October 1, 2014 through March 31, 2015



Families participate in an enhanced screening, assessment and in-home case management model for a 15-month period, coupled with access to an array of support services. Title IV-B funds are used to maximize the use of flexible Title IV-E dollars in the demonstration in the following ways:

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

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

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

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

Project Evaluation

MDHHS contracted with an independent evaluation team to determine the effectiveness of the demonstration using an experimental design. Interim and final evaluation reports will include process, outcome and cost/benefit analyses. Distribution of cases by category and group assignment is shown below:

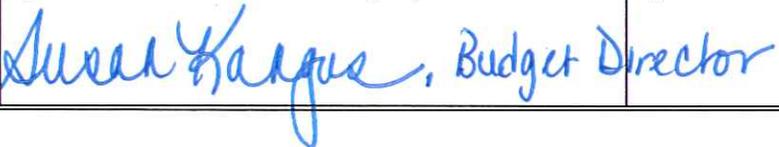
Group	Category II	Category IV	Total
Experimental	58%	4%	62%
Control	34%	4%	38%

As of March 31, 2015:

- The number of cases enrolled in the evaluation is 532 (334 experimental group; 198 control group).
- Distribution of families across counties is approximately equal.
- Protect MiFamily staff is very near reaching the 95 percent completion rate for assessments and surveys required by the Protect MiFamily model.
- Preliminary findings suggest that the families are highly satisfied with services.

CFS-101, Part I: Annual Budget Request for Title IV-B, Subpart 1 & 2 Funds, CAPTA, CFCIP, and ETV

Fiscal Year 2016: October 1, 2015 through September 30, 2016

1. State or Indian Tribal Organization (ITO): Michigan		2. EIN: 38-6000134-C4	
3. Address: 235 S. Grand Avenue, Lansing, MI 48909		4. Submission: <input checked="" type="checkbox"/> New <input type="checkbox"/> Revision	
5. Total estimated title IV-B Subpart 1, Child Welfare Services (CWS) Funds		\$	8,931,618
a) Total administration (not to exceed 10% of title IV-B Subpart 1 estimated allotment)		\$	118,261
6. Total estimated title IV-B Subpart 2, Provides Safe and Stable Families (PSSF) Funds. This amount should equal the sum of lines a - f.		\$	9,776,927
a) Total Family Preservation Services		\$	2,933,080
b) Total Family Support Services		\$	1,955,385
c) Total Time-Limited Family Reunification Services		\$	1,955,385
d) Total Adoption Promotion and Support Services		\$	1,955,385
e) Total for Other Service Related Activities (e.g. planning)		\$	
f) Total administration (FOR STATES ONLY: not to exceed 10% of title IV-Bsubpart 2 estimated allotment)		\$	977,692
7. Total estimated Monthly Caseworker Visit (MCV) Funds (FOR STATES ONLY)		\$	615,243
a) Total administration (FOR STATES ONLY: not to exceed 10% of estimated MCV allotment)		\$	61,524
8. Re-allotment of title IV-B subparts 1 & 2 funds for States and Indian Tribal Organizations:			
a) Indicate the amount of the State's/Tribe's allotment that will not be required to carry out the following programs: CWS \$ _____, PSSF \$ _____, and/or MCV(States only)\$ _____.			
b) If additional funds become available to States and ITOs, specify the amount of additional funds the States or Tribes requesting: CWS \$ _____, PSSF \$ _____, and/or MCV(States only)\$ _____.			
9. Child Abuse Prevention and Treatment Act (CAPTA) State Grant (no State match required): Estimated Amount plus additional allocation, as available. (FOR STATES ONLY)		\$	728,201
10. Estimated Chafee Foster Care Independence Program (CFCIP) funds		\$	4,791,837
a) Indicate the amount of State's or Tribe's allotment to be spent on room and board for eligible youth (not to exceed 30% of CFCIP allotment)		\$	1,437,551
11. Estimated Education and Training Voucher (ETV) funds		\$	1,548,387
12. Re-allotment of CFCIP and ETV Program Funds:			
a) Indicate the amount of the State's or Tribe's allotment that will not be required to carry out CFCIP Program		\$	
b) Indicate the amount of the State's or Tribe's allotment that will not be required to carry out ETV Program		\$	
c) If additional funds become available to States or Tribes, specify the amount of additional funds the State or Tribe is requesting for CFCIP Program		\$	
d) If additional funds become available to States or Tribes, specify the amount of additional funds the State or Tribe is requesting for ETV Program		\$	
13. Certification by State Agency and/or Indian Tribal Organization.			
The State agency or Indian Tribe submits the above estimates and request for funds under title IV-B, subpart 1 and/or 2, of the Social Security Act, CAPTA State Grant, CFCIP and ETV programs, and agrees that expenditures will be made in accordance with the Child and Family Services Plan, which has been jointly developed with, and approved by, the Children's Bureau.			
Signature and Title of State/Tribal Agency Official		Signature and Title of Central Office Official	
			

CFS-101 Part II: Annual Estimated Expenditure Summary of Child and Family Services

State or Indian Tribal Organization (ITO) Michigan

For FFY OCTOBER 1, 2015 TO SEPTEMBER 30, 2016

SERVICES/ACTIVITIES	TITLE IV-B			(d) CAPTA*	(e) CFCIP	(f) ETV	(g) TITLE IV- E**	(h) STATE, LOCAL, & DONATED FUNDS	(i) NUMBER TO BE SERVED		(j) POPULATION TO BE SERVED	(k) GEOG. AREA TO BE SERVED
	(a) Subpart I- CWS	(b) Subpart II- PSSF	(c) Subpart II- MCV *						Individuals	Families		
1.) PREVENTION & SUPPORT SERVICES (FAMILY SUPPORT)	\$4,413,981	\$1,955,385		\$714,077			\$159,508	\$2,450,908		10,480	Eligible families	Statewide
2.) PROTECTIVE SERVICES	\$612,225									151,185	Abuse/neglect reports	Statewide
3.) CRISIS INTERVENTION (FAMILY PRESERVATION)	\$1,058,983	\$2,933,080								4,099	Eligible families	Statewide
4.) TIME-LIMITED FAMILY REUNIFICATION SERVICES	\$558,983	\$1,955,385								13,209	Eligible families	Statewide
5.) ADOPTION PROMOTION AND SUPPORT SERVICES		\$1,955,385								28,208	Eligible children	Statewide
6.) FOR OTHER SERVICE RELATED ACTIVITIES (e.g. planning)											Eligible children	Statewide
7.) FOSTER CARE MAINTENANCE:												Statewide
(a) FOSTER FAMILY & RELATIVE FOSTER CARE	\$2,169,185						\$26,926,645	\$83,952,326		9,327	Eligible children	Statewide
(b) GROUP/INST CARE							\$23,100,496	\$214,675,409		1,178	Eligible children	Statewide
8.) ADOPTION SUBSIDY PMTS.							\$99,828,100	\$82,976,700		25,064	Eligible children	Statewide
9.) GUARDIANSHIP ASSIST. PMTS.							\$4,086,200	\$5,137,200		900	Eligible children	Statewide
10.) INDEPENDENT LIVING SERVICES					\$4,767,880			\$1,191,970		3,138	Eligible youth	Statewide
11.) EDUCATION AND TRAINING VOUCHERS						\$1,548,387		\$387,097		677	Eligible youth	Statewide
12.) ADMINISTRATIVE COSTS	\$118,261	\$977,692	\$61,524				\$72,712,635	\$73,392,532				
13.) STAFF & EXTERNAL PARTNERS TRAINING				\$14,124	\$23,957		\$2,586,905	\$5,329,480				
14.) FOSTER PARENT RECRUITMENT & TRAINING							\$1,073,970	\$1,406,174				
15.) ADOPTIVE PARENT RECRUITMENT & TRAINING							\$738,532	\$2,008,085				
16.) CHILD CARE RELATED TO EMPLOYMENT/TRAINING												
17.) CASEWORKER RETENTION, RECRUITMENT & TRAINING			\$553,719									
18.) TOTAL	\$8,931,618	\$9,776,927	\$615,243	\$728,201	\$4,791,837	\$1,548,387	\$231,212,991	\$472,907,881				

* These columns are for States only; Indian Tribes are not required to include information on these programs.

** Only states or tribes operating an approved title IV-E waiver demonstration may enter information for rows 1-6 in column (g), indicating planned use of title IV-E funds for these purposes.

CFS-101, PART III: Annual Expenditures for Title IV-B, Subparts 1 and 2, Chafee Foster Care Independence (CFCIP) and Education and Training Voucher (ETV) : Fiscal Year 2013: October 1, 2012 through September 30, 2013 (FY13 Grant Awards)

1. State or Indian Tribal Organization (ITO): Michigan		2. EIN: 38-6000134-C4		3. Address: 235 S. Grand Avenue, Lansing, MI 48909	
4. Submission: [X] New [] Revision					
Description of Funds	Estimated Expenditures	Actual Expenditures	Number served		Geographic area served
			Individuals	Families	
5. Total title IV-B, subpart 1 funds	\$ 9,626,096	\$ 8,831,639	13,902	Langston children	Statewide
a) Total Administrative Costs (not to exceed 10% of title IV-B, subpart 1 total allotment)	\$ 22,050	\$ -			
6. Total title IV-B, subpart 2 funds (This amount should equal the sum of lines a - f.)	\$ 11,643,795	\$ 10,713,138		Eligible families	Statewide
a) Family Preservation Services	\$ 2,328,759	\$ 3,513,760		29,439	
b) Family Support Services	\$ 3,493,139	\$ 2,701,024			
c) Time-Limited Family Reunification Services	\$ 2,328,759	\$ 2,136,619			
d) Adoption Promotion and Support Services	\$ 2,328,759	\$ 1,999,958			
e) Other Service Related Activities (e.g. planning)	\$ -	\$ -			
f) Administrative Costs (FOR STATES: not to exceed 10% of total title IV-B, subpart 2 allotment after October 1, 2007)	\$ 1,164,379	\$ 361,777			
7. Total Monthly Caseworker Visit Funds (STATE ONLY)	\$ 735,599	\$ 671,094			
a) Administrative Costs (not to exceed 10% of MCV allotment)	\$ 73,559	\$ -			
8. Total Chafee Foster Care Independence Program (CFCIP) funds	\$ 5,365,583	\$ 3,616,311			
a) Indicate the amount of allotment spent on room and board for eligible youth (not to exceed 30% of CFCIP allotment)	\$ 1,609,674	\$ 165,720	3,138	Eligible youth	Statewide
9. Total Education and Training Voucher (ETV) funds	\$ 1,789,109	\$ 1,577,149	737	Eligible youth	Statewide
10. Certification by State Agency or Indian Tribal Organization (ITO). The State agency or ITO agrees that expenditures were made in accordance with the Child and Family Services Plan, which has been jointly developed with, and approved by, the Children's Bureau.					
Signature and Title of State/Tribal Agency Official		Date		Signature and Title of Central Office Official	
Suman Kargoz, Budget Dir.		6/29/15			

STATE OF MICHIGAN - FISCAL YEAR 2013
FAMILY PRESERVATION AND FAMILY SUPPORT SERVICES
EXPENDITURES NOT FUNDED BY TITLE IVB SUBPART 2 ⁽¹⁾
Fiscal Data (in thousands) to meet the Supplantation Prohibition
Date: 2-11-15

<i>Funding Source</i>	<i>Family Preservation Services</i>		<i>Family Support Services</i>	
	<i>STATE</i>	<i>FEDERAL</i>	<i>STATE</i>	<i>FEDERAL</i>
Title IV B, subpart 1 ⁽²⁾	\$0.0	\$0.0	\$0.0	\$0.0
Title IVA / TANF ⁽³⁾	\$0.0	\$43,600.8	\$0.0	\$681.3
Title XX	\$0.0	\$8,133.3	\$0.0	\$5.8
Other (please list) ⁽⁴⁾				
Direct charged or cost allocated via worker time study to the following Federal funding sources: IV-E, XIX, Food Stamps, CCDF, Refugee Assistance, Delinquency Prevention, Early On	\$1,863.4	\$2,299.2	\$6,131.7	\$9,842.4
Child Abuse and Neglect Grants	\$0.0	\$758.3	\$0.0	\$0.0
Community-Based Family Resource Program Grant	\$0.0	\$0.0	\$0.0	\$853.7
Temporary Child Care for Children with Disabilities and Crisis Nursery Grants	\$0.0	\$0.0	\$0.0	\$0.0
100% State Funds	\$53,270.2	\$0.0	\$0.0	\$0.0
100% County Funds	\$55,198.5	\$0.0	\$0.0	\$0.0
Private Donations	\$0.0	\$0.0	\$1,983.7	\$0.0
TOTALS	\$110,332.1	\$54,791.6	\$8,115.4	\$11,383.2

(1) The FY2013 Title IVB subpart 2 match requirement (25%) totaled \$3,571,046. This requirement was met through State Ward foster care expenditures, which are not included in this report.

(2) The FY2013 Title IVB subpart 1 match requirement (25%) totaled \$2,943,880. The majority of this requirement was met through State Ward foster care expenditures, but also included State spending for prevention, preservation and support services.

(3) The reduction in state funds expended does not represent supplantation of state general fund by Title IVB P2 funding. TANF was used to fund Title IVB P2 eligible programs. TANF does not have a non supplantation clause and States are encouraged to use TANF for these types of programs.

(4) Federal and State funding sources, in addition to those specifically identified above, include:

- Federal Community Based Family Services CAPTA grant
- State Children's Trust Fund
- State funded Adult Medical and Assistance programs
- State Children's Benefit Fund
- Skillman Foundation Grant

State of Michigan								
Comparison of FFY 2016 and FFY 2005 Title IV-B, Subpart 1 Expenditures								
Date: 6-26-15								
Summary of Michigan Financial Status Report, forms 269 and 269-101, for Title IV-B Child Welfare Program, period ended September 30, 2005 (FFY 2005):								
		2005 Federal Funds (1)	2005 Non-Federal Funds	2005 Total Federal & Non-Federal			2005 Non-Federal Funds Used as 25% Match (2)	2005 Amount State Exceeded Match Requirement
(3)	Administration & Other Services	\$7,567,068	\$10,993,304	\$18,560,372			\$0	\$10,993,304
	Foster Care Board & Care (Maintenance)	\$2,169,185	\$62,810,809	\$64,979,994			\$3,245,418	\$59,565,391
	Child Care	\$0	\$0	\$0			\$0	\$0
	Adoption Assistance Payments	\$0	\$0	\$0			\$0	\$0
	Totals	\$9,736,253	\$73,804,113	\$83,540,366			\$3,245,418	\$70,558,695
Michigan estimated expenditures for Title IV-B Child Welfare Program, period ended September 30, 2016 (FFY 2016):								
		2016 Estimated Federal Funds (1)	2016 Estimated Non-Federal Funds	2016 Estimated Total Federal & Non- Federal			2016 Estimated Non-Federal Funds Used as 25% Match (2)	2016 Est. Amount State Exceeded Match Requirement
(3)	Administration	\$118,261	\$39,420	\$157,681			\$0	\$39,420
	Foster Care Board & Care (Maintenance)	\$2,169,185	\$34,227,160	\$36,396,345			\$2,977,206	\$31,249,954
	Prevention & Family Support Services	\$4,413,981	\$2,450,908	\$6,864,889			\$0	\$2,450,908
	Protective Services	\$612,225	\$0	\$612,225			\$0	\$0
	Family Preservation-Crisis Intervention	\$1,058,983	\$0	\$1,058,983			\$0	\$0
	Time-Limited Family Reunification	\$558,983	\$0	\$558,983			\$0	\$0
	Child Care	\$0	\$0	\$0			\$0	\$0
	Adoption Assistance Payments	\$0	\$0	\$0			\$0	\$0
	Totals	\$8,931,618	\$36,717,488	\$45,649,106			\$2,977,206	\$33,740,282
(1) Total Title IV-B, Subpart 1 funds spent for foster care maintenance = \$2,169,185, child care = \$0, adoption assistance payments = \$0.								
(2) Estimated FFY 2015 match amount from State spending on foster care maintenance payments (\$2,977,206) does not exceed the FFY 2005 match amount (\$3,245,418).								
(3) Prior to FFY 2008, ACF required distinctive tracking and reporting of foster care maintenance expenditures only. All other expenditures, services and administrative, were reported in a second category. Beginning FFY 2008, expenditures are broken-down between administration and service areas. Estimated FFY 2015 administrative costs do not exceed 10% of grant.								

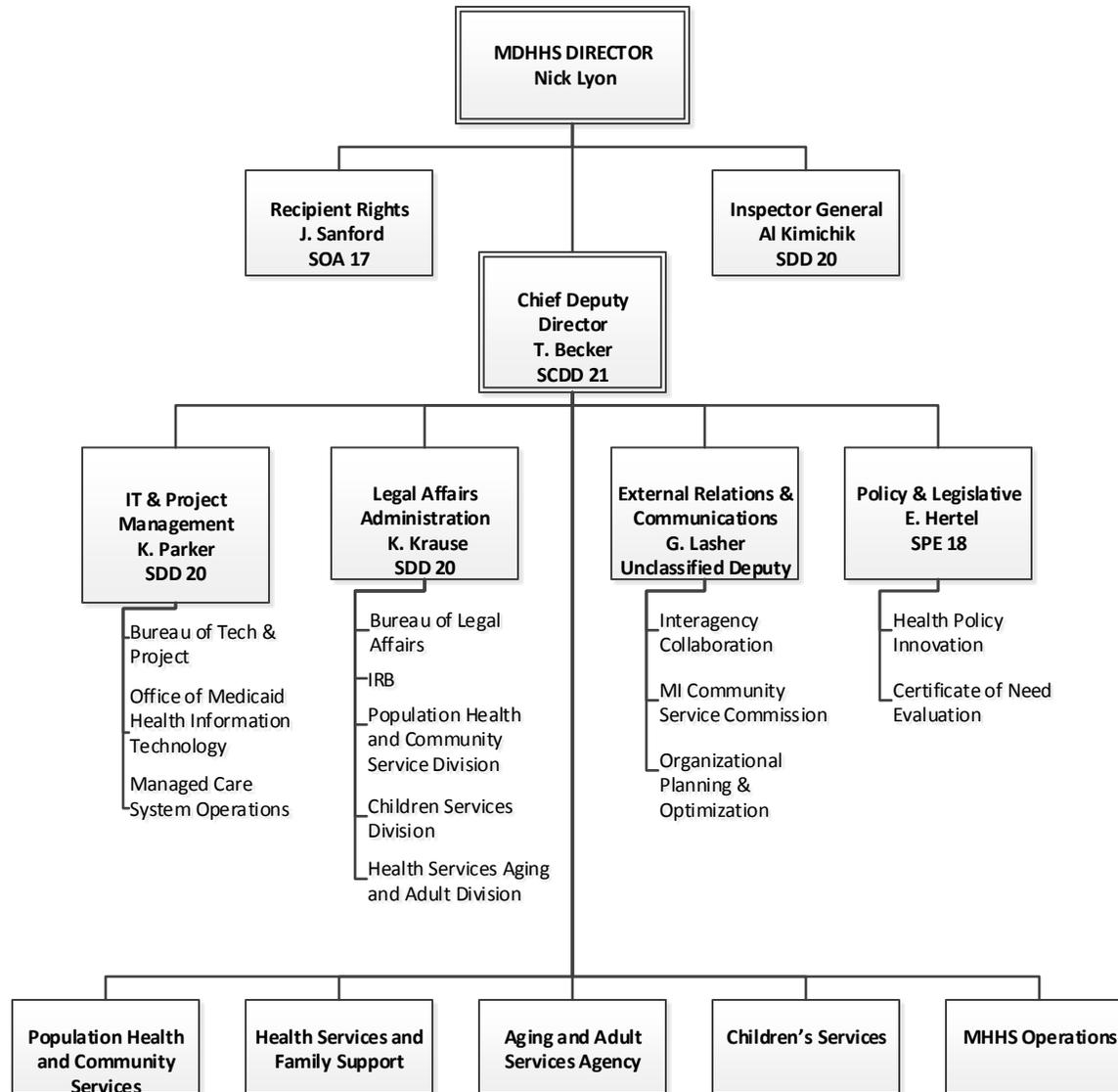
Payment Limitations - Title IVB, Subpart 2

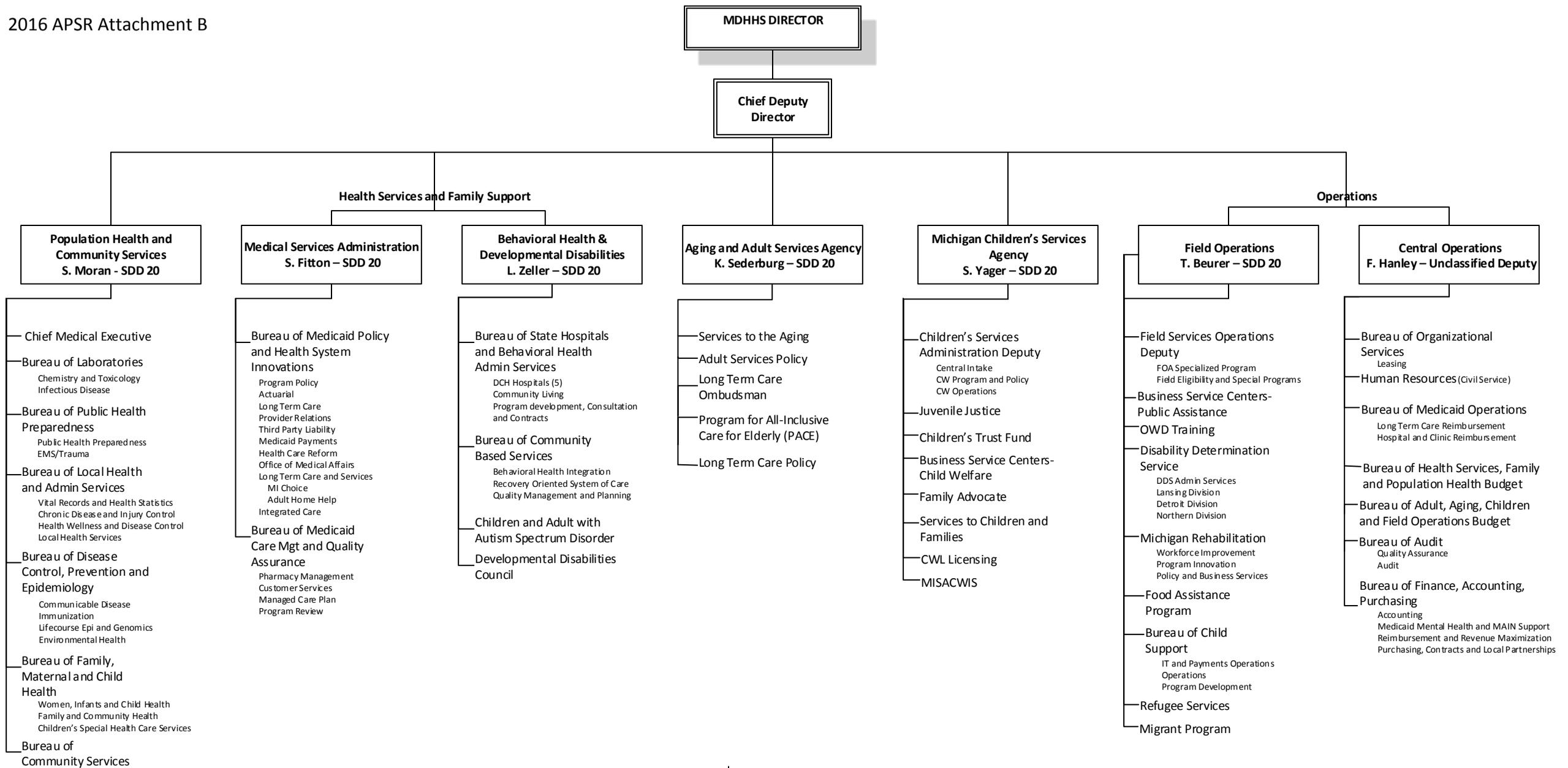
Date: 9-23-15

The State of Michigan provides the following chart as verification of compliance with the non-supplantation requirements in section 432(a)(7)(A) of the Act. FY2013 expenditures reflect amounts expended for the purposes of Title IV-B, subpart 2 (family preservation & family support services) funded by State, Local and Federal sources other than Title IV-B, Subpart 2.

	1992 Base Year Expenditures	FY2013 Expenditures ⁽¹⁾
Federal	\$ 19,096,000	\$ 66,174,800
State / Local	\$ 25,089,700	\$ 118,447,500
Total	\$ 44,185,700	\$ 184,622,300

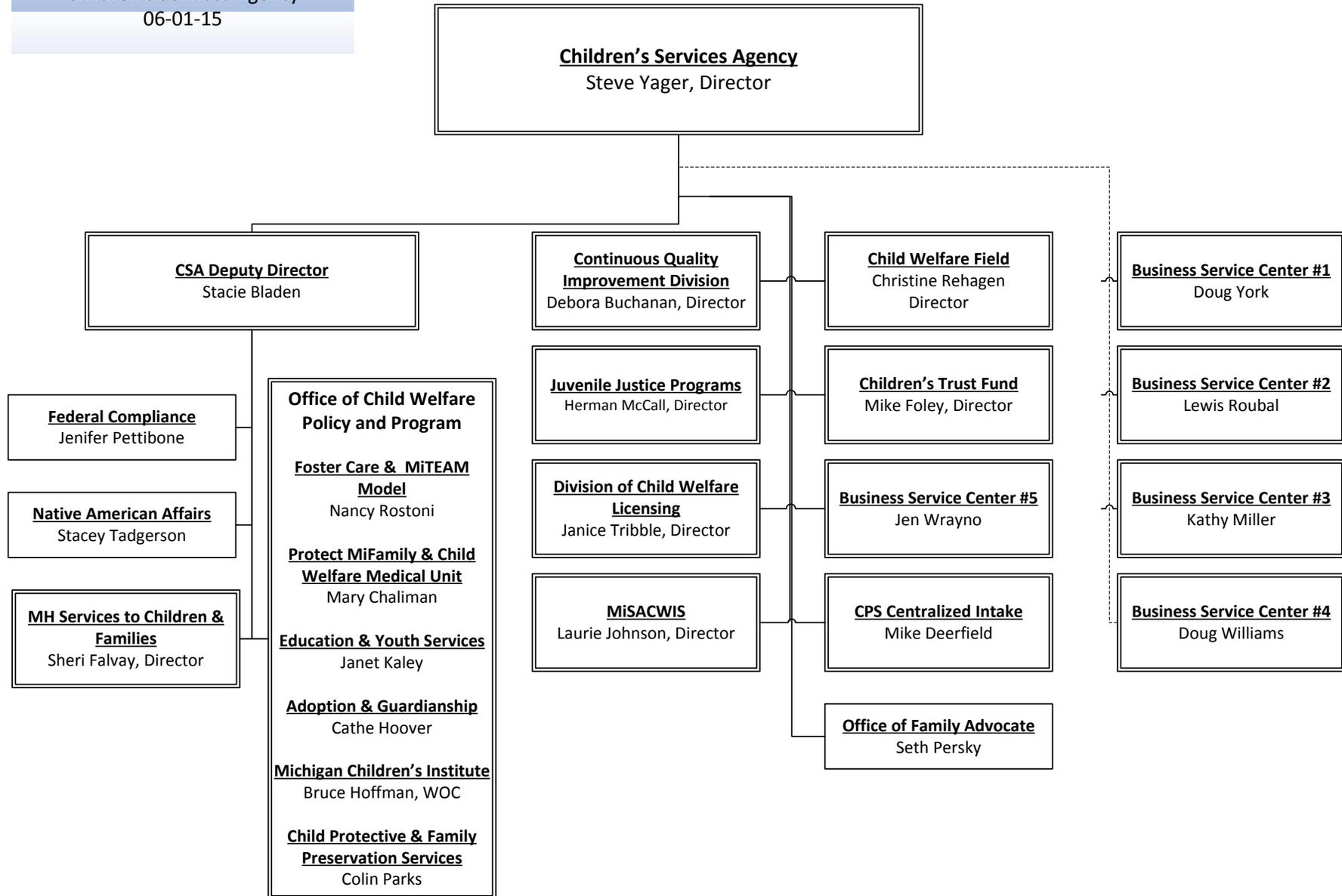
(1) FY2013 Title IVB, subpart 2 federal grant (\$10,713,138) and required State matching funds (\$3,571,046) are not included in reported expenditure amounts.



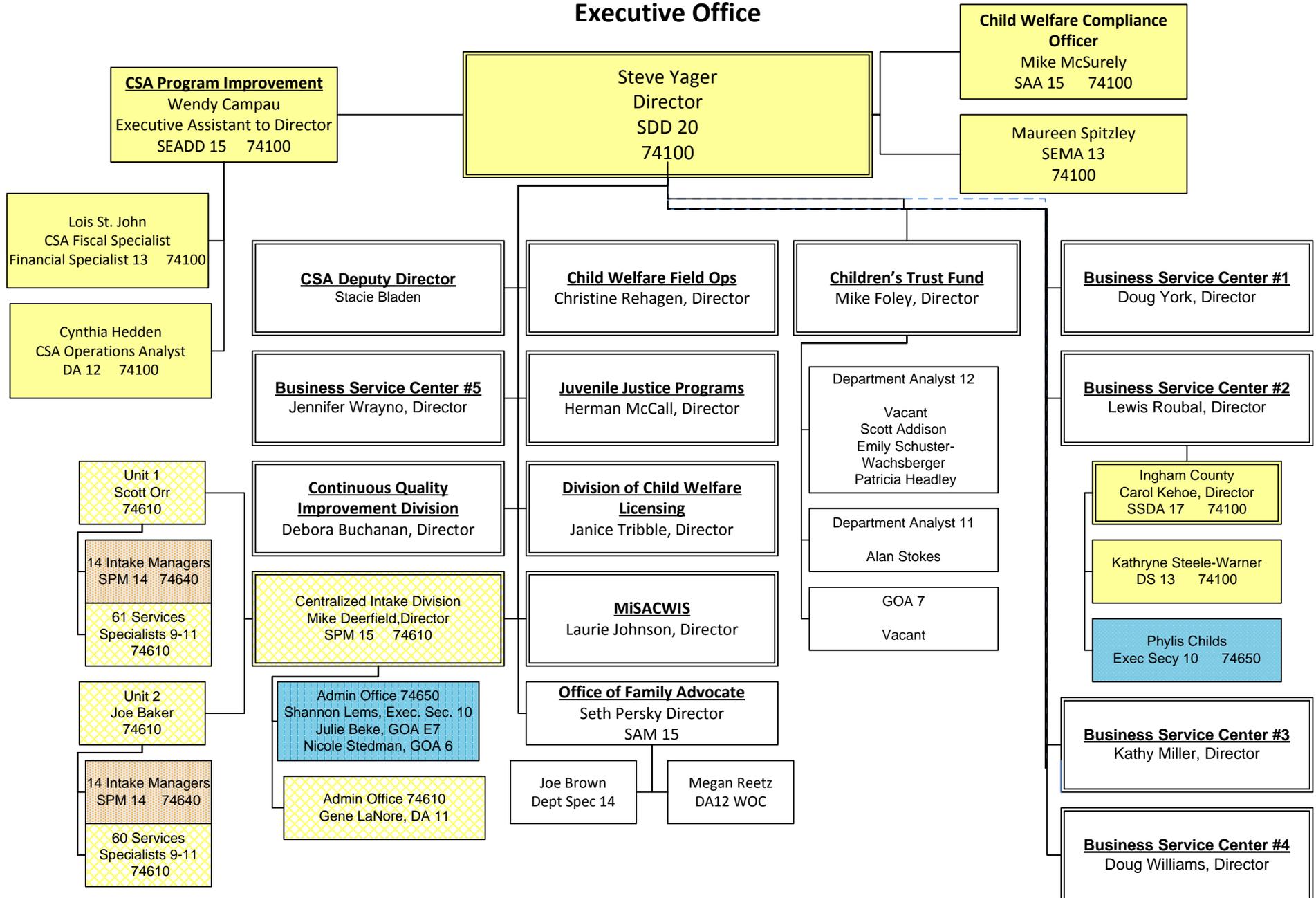


2016 APSR

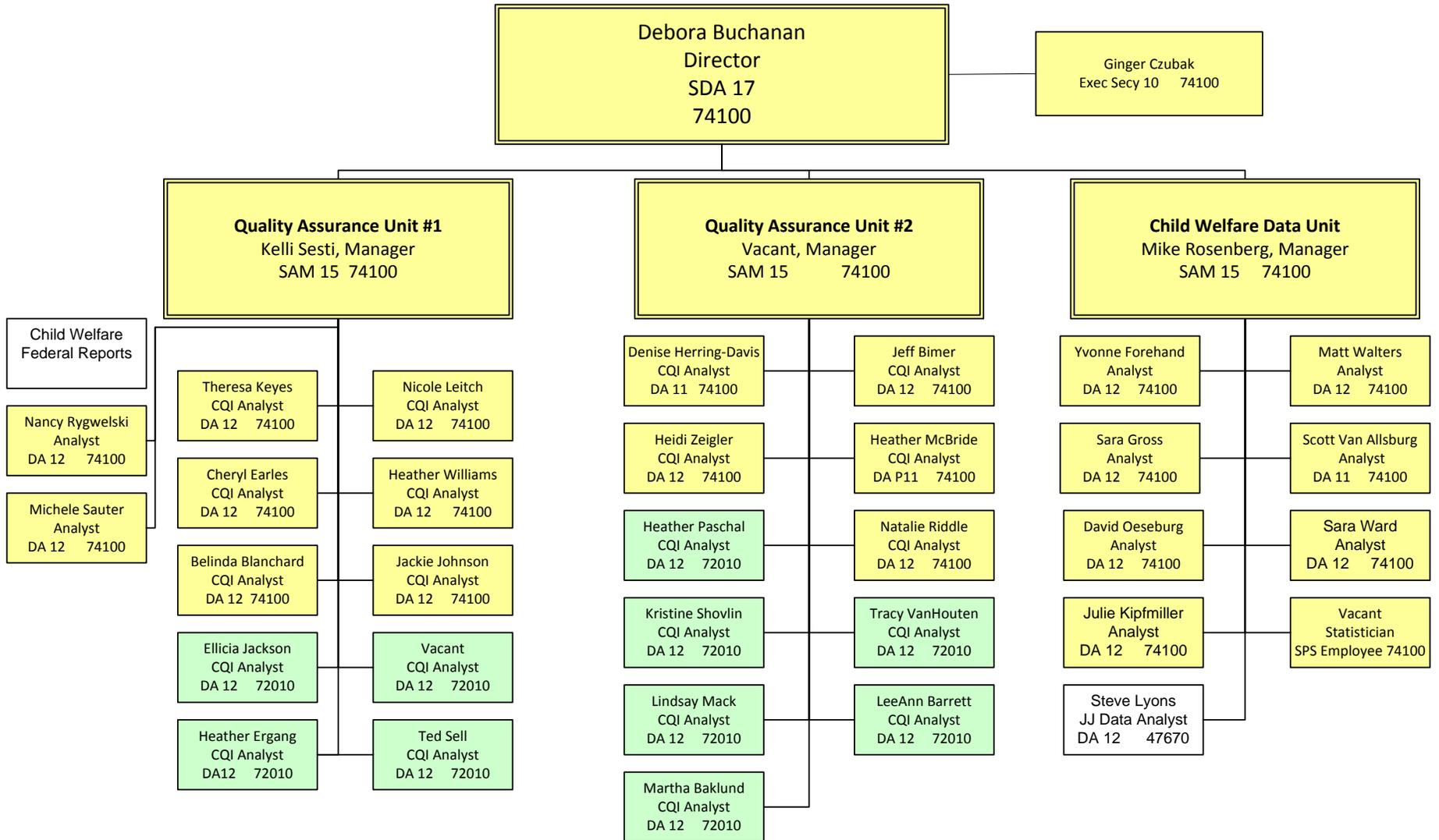
Michigan Department of Health
and Human Services
Children's Services Agency
06-01-15



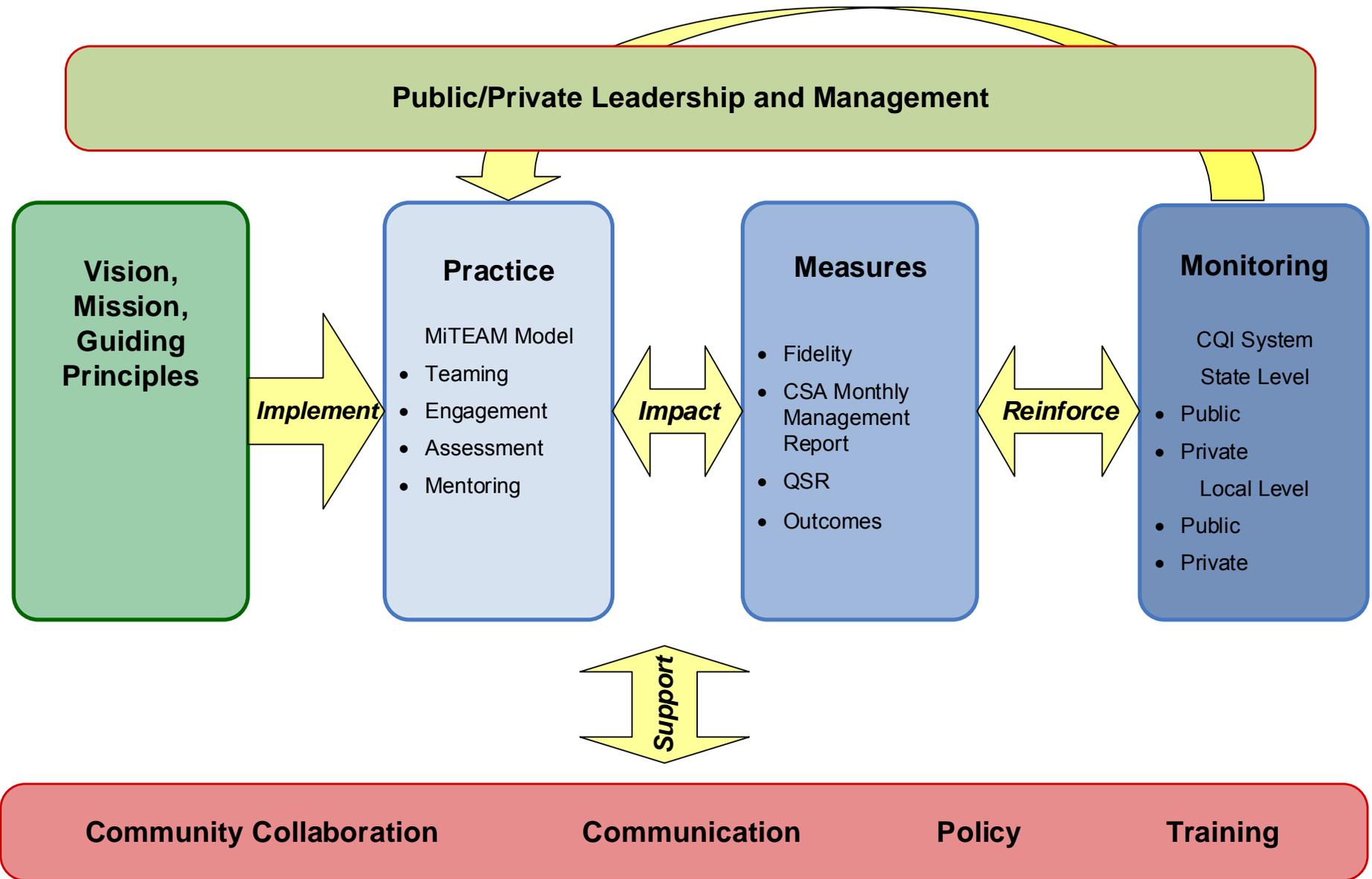
Children's Services Agency Executive Office



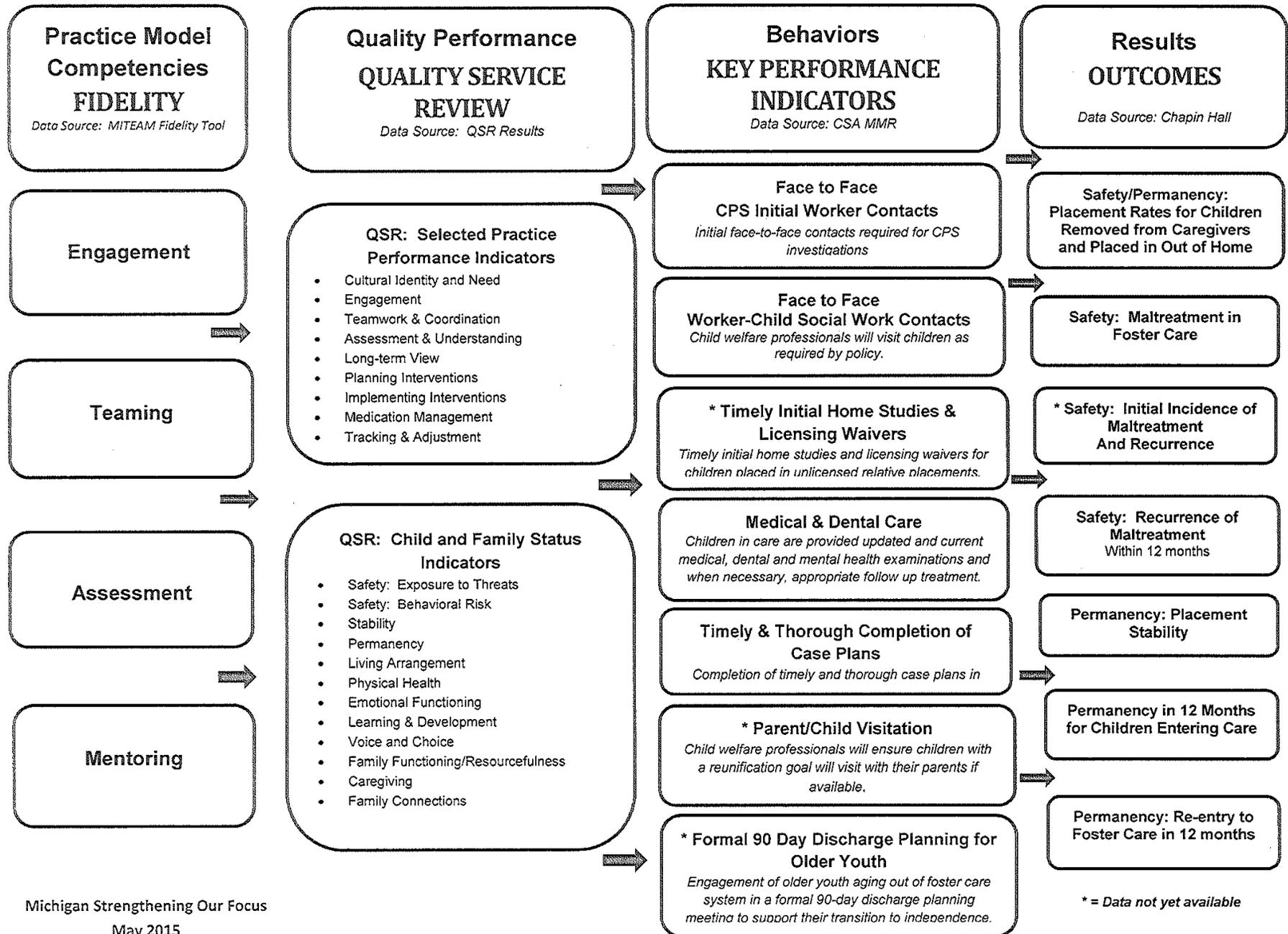
Children's Services Agency Continuous Quality Improvement Division



Child Welfare Continuous Quality Improvement



Measuring and Monitoring Progress



**Michigan 2016 Annual Progress and Services Report
Goals and Objectives Matrix**

Safety		Safety Sub-Team		
Outcome S.1:		Children are, first and foremost, protected from abuse and neglect.		
Goal:	MDHHS will reduce maltreatment of children in foster care.	Year	Data Measure/Time Period	APSR Reference
S.1.1 Objective: MDHHS will increase the rate of absence of maltreatment in care.		2015-2019	National Child Abuse and Neglect Data System (NCANDS) Data Profile	Page 17
Benchmarks:		Baseline	99.31/FY 13ab	
2015	Achieve a rate of 99.68 or higher.	2015	99.35 /FY 13b14a	
2016-2019	Achieve a rate of 99.68 or higher.	2016		
S.1.2 Objective: MDHHS will decrease maltreatment of children in foster care.		2015-2019	NCANDS Data Profile	Page 17
Benchmarks:		Baseline	13.56/FY 2013	
2015	Demonstrate improvement each year.	2015	Not available	
2016-2019	Demonstrate improvement each year.	2016		
S.1.3 Objective: MDHHS will reduce the number of victims having recurrence of maltreatment.		2015-2019	NCANDS Data Profile	Page 17
Benchmarks:		Baseline	12.4%/FY 2012	
2015	Demonstrate improvement each year.	2015	Not available	
2016-2019	Demonstrate improvement each year.	2016		
Outcome S2:		Children are safely maintained in their homes whenever possible and appropriate.		
Goal:	MDHHS will reduce the rate of repeat maltreatment of children.	Year	Data Measure/Time Period	APSR Reference Section
S.2.1 Objective: MDHHS will increase the rate of absence of repeat maltreatment.		2015-2019	NCANDS Data Profile	Page 18
Benchmarks:		Baseline	93.3/FY 13ab	
2015	Achieve a rate of 94.6 or higher.	2015	93.2/FY 13b14a	
2016-2019	Achieve a rate of 94.6 or higher.	2016		
Permanency		Permanency Sub-Team		
Outcome P.1:		Children will have permanency and stability in their living situations.		
Goal:	MDHHS will increase permanency and stability for children in foster care.	Year	Data Measure/Time Period	APSR Reference Section
P.1.1 Objective: MDHHS will increase the percentage of children reunified with their family in less than 12 months.		2015-2019	Analysis Reporting System (AFCARS) Data Profile	Page 21
Benchmarks:		Baseline	59.2%	
2015	Increase by .5%	2015	59.5/FY 13b14a	

2016 Michigan Annual Progress and Services Report Goals and Objectives Matrix

2016-2019 Increase by .5%		2016	
P.1.2 Objective: MDHHS will decrease the median length of time to reunification.		2015-2019	AFCARS Data Profile Page 21
Benchmarks:		Baseline	10.0
2015	Decrease by .1	2015	10.1/FY 13b14a
2016-2019	Decrease by .1	2016	
P.1.3 Objective: MDHHS will maintain or continue to exceed the National Standard for timely adoptions.		2015-2019	AFCARS Data Profile Page 21
Benchmarks:		Baseline	141.7
2015	106.4 or higher	2015	146.4/FY 13a14b
2016-2019	106.4 or higher	2016	
P.1.4 Objective: MDHHS will increase the percentage of children discharged to permanency within 12 months of entering care.		2015-2019	AFCARS Data Profile Page 21
Benchmarks:		Baseline	32.6%
2015	Establish a baseline.	2015	Baseline established
2016 - 2019	Demonstrate improvement each year.		
P.1.5 Objective: MDHHS will increase the percentage of children who have been in care for 12 to 23 months that are discharged from foster care to permanency within 12 months.		2015-2019	AFCARS Data Profile Page 21
Benchmarks:		Baseline	Risk Standardized Performance (RSP) 50.6%
2015	Achieve the National Standard of 43.6% or more.	2015	Not available.
2016-2019	Achieve the National Standard of 43.6% or more.	2016	
P.1.6 Objective: MDHHS will increase the percentage of children who have been in care for 24 months or more that are discharged to permanency within 12 months.		2015-2019	AFCARS Data Profile Page 22
Benchmarks:		Baseline	37.7%
2015	Achieve the National Standard of 30.3% or more.	2015	Not available.
2016-2019	Achieve the National Standard of 30.3% or more.	2016	
P.1.7 Objective: Of all children who entered foster care and discharged within 12 months to permanency with a parent, relative or guardian, MMDHHS will decrease the percentage of children who re-enter foster care within 12 months.		2015-2019	AFCARS Data Profile Page 22
Benchmarks:		Baseline	RSP 3.4%
2015	Achieve the National Standard of 8.3% or less.	2015	
2016-2019	Achieve the National Standard of 8.3% or less.	2016	
P.1.8 Objective: Of all children who enter foster care in a 12-month period, MDHHS will decrease the rate of placement moves per day of foster care.		2015-2019	AFCARS Data Profile Page 22
Benchmarks:		Baseline	RSP 3.28
2015	Achieve the rate of 4.12 or less.	2015	Not available.

2016 Michigan Annual Progress and Services Report Goals and Objectives Matrix

2016-2019 Achieve the rate of 4.12 or less.		2016		
Outcome P.2:		The continuity of family relationships and connections will be preserved for children.		
Goal:	MDHHS will maintain and preserve family relationships and the child's connections.	Year	Data Measure/Time Period	APSR Reference
P.2.1 Objective: Children will have visits of sufficient frequency with their mother and father to promote parent-child relationships.		2015-2019	Quality Assurance (QA) Compliance Review	Page 25
Benchmarks:		Baseline	77%/2014	
2015	Establish a baseline.	2015	77%	
2016-2019 Demonstrate improvement each year.		2016		
P.2.2 Objective: MDHHS will track the number of children in foster care who are placed with relatives.		2015-2019	MDHHS Monthly Fact Sheet	Page 25
Benchmarks:		Baseline		
2015	Establish a baseline.	2015	Not available.	
2016-2019 Demonstrate improvement each year.		2016		
P.2.3 Objective: Children will have visits of sufficient frequency with siblings to maintain and promote sibling relationships.		2015-2019	QA Compliance Review	Page 25
Benchmarks:		Baseline	88%/2014	
2015	Establish a baseline.	2015	89.47	
2016-2019 Demonstrate improvement each year.		2016		
Well-being		W.1: Permanency sub-team. W2 and W3: Well-being sub-team		
Outcome W1:		Families have enhanced capacity to provide for their children's needs.		
Goal:	Families will have enhanced capacity to provide for their children's needs.	Year	Data Measure/Time Period	APSR Reference
W.1.1 Objective: Caseworkers will visit with parents at a frequency sufficient to address issues pertaining to the safety, permanency and well-being of the child and promote achievement of case goals.		2015-2019	QA Compliance Review	Page 34
Benchmarks:		Baseline	69%/2014	
2015	Establish a baseline.	2015	69%	
2016-2019 Demonstrate improvement each year.		2016		
W.1.2 Objective: Caseworkers will assess the needs of parents initially and on an ongoing basis to identify the services necessary to achieve case goals.		2015-2019	QA Compliance Review	Page 34
Benchmarks:		Baseline		
2015	Establish a baseline.	2015	80%/2014	

2016 Michigan Annual Progress and Services Report Goals and Objectives Matrix

2016-2019 Demonstrate improvement each year.		2016		
W.1.3 Objective: Caseworkers will involve the child and family in case planning.		2015-2019	QA Compliance Review and Quality Services Review	Page 34
Benchmarks:				
2015	Establish a baseline.	2015	25% parents 18% eligible youth; 62.5% QSR Voice & Choice	
2016-2019 Demonstrate improvement each year.				
W.1.4 Objective: Caseworkers will visit with children in foster care a minimum of once each calendar month.		2015-2019	MiSACWIS FY Federal Reporting	Page 34
Benchmarks:				
		Baseline	96.3%/FY 2014	
2015	Achieve 90 percent or more.		Baseline established	
2016-2019 Achieve 95 percent or more.				
Outcome W2:		Children will receive appropriate services to meet their educational needs.		
Goal:	Children will receive appropriate services to meet their educational needs.	Year	Data Measure/Time Period	APSR Reference
W.2.1 Objective: School-aged children will be registered and attending school within five days of initial placement or any placement change.		2015-2019	QA Compliance Review	Page 35
Benchmarks:		Baseline	97.3%/2014	
2015	Establish a baseline.	2015	Baseline established	
2016-2019 Demonstrate improvement each year.		2016		
W.2.2 Objective: Children entering foster care or experiencing a placement change will remain in their school of origin whenever possible and if it is in the child's best interest.		2015-2019	QA Compliance Review	Page 35
Benchmarks:		Baseline	93.96%/2014	
2015	Establish a baseline.	2015	Baseline established	
2016-2019 Demonstrate improvement each year.		2016		
W.2.3 Objective: MDHHS will ensure a children's educational needs are assessed and appropriate services are provided.		2015-2019	QA Compliance Review	Page 36
Benchmarks:		Baseline	93.94%/2014	
2015	Establish a baseline.	2015	Baseline established	
2016-2019 Demonstrate improvement each year.		2016		
Outcome W.3:		Children will receive adequate services to meet their physical and mental health needs.		
Goal:	Children will receive timely physical and mental health services that are documented in the case record.	Year	Data Measure/Time Period	APSR Reference

**2016 Michigan Annual Progress and Services Report
Goals and Objectives Matrix**

W.3.1 Objective: Children entering foster care will receive an initial physical examination within 30 days of entry.		2015-2019	QA Compliance Review	Page 37
Benchmarks:		Baseline	75.40%	
2015	95%		69.71%/2014	
2016-2019	95% or higher	2016		
W.3.2 Objective: Children entering foster care will receive a mental health screening within 30 days of entry.		2015-2019	QA Compliance Review	Page 37
Benchmarks:		Baseline	53.80%	
2015	95%		50.7%/2014	
2016-2019	95% or higher	2016		
W.3.3 Objective: Parents, caseworkers and children will engage in an informed consent process with physicians prescribing psychotropic medication.		2015-2019	Access Database	Page 38
Benchmarks:		Baseline	55%	
2015	Increase by 5%	2015	18%	
2016-2019	Increase by 5%	2016		

**MDHHS 2016 Annual Progress and Services Report
Goals and Objectives Matrix**

	A	B	C	D	E	F
1	A. Information System			MiSACWIS Sub-Team		
2	Goal:	MiSACWIS will be compliant with federal requirements for statewide automated child welfare information systems.		Year	Data Measure/Time Period	APSR Reference
3	A.1.1 Objective: MDHHS will submit the Adoption and Foster Care Analysis Reporting System (AFCARS) file to the Children’s Bureau semi-annually and ensure the file contains less than 10 percent errors for each data element.			2015-2019	File Error Rate <10%	Page 40
4	Benchmarks:			Baseline		
5	2015	Submit file with less than 10% error rate.		2015	File was submitted timely; exceeded error rate in 3 areas.	
6	2016-2019	Submit file with less than 10% error rate.		2016		
7	A.1.2 Objective: MDHHS will submit the National Child Abuse and Neglect Data System (NCANDS) file to the Children’s Bureau annually and ensure the file contains less than 10 percent errors for each data element.			2015-2019	MiSACWIS	Page 41
8	Benchmarks:			Baseline		
9	2015	Submit file.		2015	File was submitted timely; exceeded error rate in 1 area.	
10	2016-2019	Submit file.		2016		
11	B. Case Review System			MiTEAM and CQI Sub-Team		
12	Goal:	MDHHS’ child welfare case review system will ensure each child has a case plan that promotes permanency.		Year	Data Measure/Time Period	APSR Reference
13	B.1.1 Objective: A written case plan will be developed jointly with the child's parents for each child in			2015-2019	QA Compliance Review	Page 43
14	Benchmarks:			Baseline	27.2% - mother 22.3%/2014	
15	2015	Establish a baseline.		2015	Baseline established	
16	2016 - 2019	Demonstrate improvement each year.		2016		
17	B.1.2 Objective: For children in foster care, periodic court review hearings will occur in a timely manner.			2015-2019	QA Compliance Review	Page 44
18	Benchmarks:			Baseline	91.7%/2014	
19	2015	Establish a baseline.		2015	Baseline established	
20	2016 - 2019	Demonstrate improvement each year.		2016		
21	B.1.3 Objective: For children in foster care, a permanency hearing will occur no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter.			2015-2019	QA Compliance Review	Page 44
22	Benchmarks:			Baseline	49.5%/2014	
23	2015	Establish a baseline.		2015	Baseline established	

**MDHHS 2016 Annual Progress and Services Report
Goals and Objectives Matrix**

	A	B	C	D	E	F
24	2016 - 2019		Demonstrate improvement each year.	2016		
25	B.1.4 Objective: For each child that has been in foster care 15 of the last 22 months, termination of parental rights petitions will be filed or compelling reasons will be documented.			2015-2019	QA Compliance Review	Page 44
26	Benchmarks:			Baseline	38.2%/2014	
27	2015		Establish a baseline.	2015	Baseline established	
28	2016 - 2019		Demonstrate improvement each year.	2016		
29	B.1.5 Objective: Caregivers will be notified of court hearings and the notification will include how they may exercise their right to be heard.			2015-2019	QA Compliance Review	Page 44
30	Benchmarks:			Baseline	42.7%/2014	
31	2015		Establish a baseline.	2015	Baseline established	
32	2016 - 2019		Demonstrate improvement each year.	2016		
33	C. Quality Assurance System			MiTEAM and CQI Sub-Team		
34	Goal:	MDHHS will operate an identifiable quality assurance system.		Year	Data Measure/Time Period	APSR Reference
35	C.1.1 The quality assurance system will operate in jurisdictions where services in the Child and Family Services Plan are provided.			2015-2019	Quality Service Review (QSR) Child and Family Services Review	Page 48
36	Benchmarks:			Baseline	(CFSR)	
37	2015		Implement 8 Quality Service Reviews.	2015		
38	2016		Implement 8 Quality Service Reviews.			
39	2017		Complete the CFSR statewide assessment.			
40	2018		Complete the CFSR on-site review.			
41	2019		Implement the CFSR program improvement plan.			
42	C.1.2 The quality assurance system will Include standards to evaluate the quality of services, including standards to ensure children in foster care are provided services that protect their health and safety.			2015-2019	QSR and CFSR Protocols	Page 48
43	Benchmarks:			Baseline		
44	2015		Completed revisions of the Quality Service Review (QSR) protocol.	2015		
45	2016-2019		Review QSR protocol and revise as necessary.			
46	C.1.3 The quality assurance system will identify strengths and needs of the service delivery system.			2015-2019	QSR and CFSR	Page 49
47	Benchmarks:			Baseline		
48	2015		Roll-up of county reports and annual report of the QSR.	2015		
49	2016		Roll-up of county reports and annual report of the QSR.			
50	2017		Complete the CFSR statewide assessment.			
51	2018		Compile the CFSR results.			
52	2019		Develop the CFSR program improvement plan.			

**MDHHS 2016 Annual Progress and Services Report
Goals and Objectives Matrix**

	A	B	C	D	E	F	
53	C.1.4 The quality assurance system will provide relevant reports.			2015 - 2019	QSR and CFSR	Page 49	
54	Benchmarks:			Baseline			
55	2015	Roll-up of county reports and annual report of the QSR.			2015		
56	2016	Roll-up of county reports and annual report of the QSR.			2016		
57	2017	Complete the CFSR statewide assessment.			2017		
58	2018	Compile CFSR results.			2018		
59	2019	Provide CFSR program improvement plan progress reports.			2019		
60	C.1.5 The quality assurance system will evaluate implemented program improvement measures.			2015-2019	Development of a feedback process.	Page 49	
61	Benchmarks:			Baseline			
62	2015	Development and utilization of a comprehensive feedback process.			2015		
63	2016-2019	Demonstrate improvement each year.			2016		
64	D. Staff and Provider Training			Training Sub-Team			
65	Goal:	MDHHS will ensure training is provided to all staff who deliver services.			Year	Data Measure/Time Period	APSR Reference
66	D.1.1 Objective: MDHHS will ensure initial training is provided to all new staff who deliver services that includes the basic skills and knowledge required for their positions.			2015-2019	Learning Management System (LMS)	Page 51	
67	Benchmarks:			Baseline	Caseworkers: 97.5% Supervisors: 98.5%		
68	2015	Establish baseline.			FY 2014	Baseline established.	
69	2016-2019	A. 98% of new caseworkers will complete initial training within 16 weeks of hire. B. 98% of new supervisors will complete initial training within 12 weeks of hire.			FY 2016-2018		
70	D.1.2 Objective: MDHHS will ensure ongoing training is provided to all staff who deliver services that includes the basic skills and knowledge required for their position.			2015-2019	LMS	Page 52	
71	Benchmarks:			Baseline	Caseworkers: 99.4% Supervisors: no FY 2014 requirement		
72	2015	Establish baseline.			FY2014	Baseline established for supervisors	
73	2016	Caseworkers: 99% will complete 32 hours of in-service training per year. Supervisors: 90% will complete 16 hours of in-service training per year.			FY2015		
74	2017-2019	Caseworkers: 99% will complete 32 hours of in-service training per year. Supervisors: 95% will complete 16 hours of in-service training per year.			FY2016-2018		

**MDHHS 2016 Annual Progress and Services Report
Goals and Objectives Matrix**

	A	B	C	D	E	F
75	Goal:	MDHHS will expand training for foster and adoptive parents.		Year	Data Measure	APSR Reference
76	D.2.1 Objective: MDHHS will explore centralizing training for foster and adoptive parents.			2015-2019	LMS	Page 55
77	Benchmarks:			Baseline		
78	2015	Submit a proposal to SOFAC for consideration of centralizing foster and adoptive parent training options.		2015		
79	2016	Determine funding sources for implementing centralized foster and adoptive parent		2016		
80	2017	Assess progress and determine benchmarks.		2017		
81	2018-2019	Demonstrate improvement each year.		2018		
82	E. Service Array and Resource Development			Resource Development Sub-Team		
83	Goal:	MDHHS' service array and resource development system will function to ensure an array of services is accessible and individualized to meet the needs of children and families served by the agency.		Year	Data Measure/Time Period	APSR Reference
84	E.1.1 Objective: MDHHS will provide a service array and resource development system to ensure that accessible services are provided to:			2015-2019	Demonstrate improvement each year.	Page 57
85	Benchmarks:			Baseline		
		<ul style="list-style-type: none"> Assess the strengths and needs of children and families and determine other service needs. Address the needs of families in addition to children in order to create a safe home environment. Enable children to remain safely with their parents when reasonable. Help children in foster and adoptive placements achieve permanency. 				
86	2015	Identify available services and gaps in services statewide.		2015		
87	2016	Establish a plan to expand effective services and supports.		2016		
88	2017 - 2019	Develop or expand supports.				
89	E.1.2 Objective: MDHHS' service array and resource development system will ensure services can be individualized to meet the unique needs of children and families served.			2015-2019	To be determined.	Page 58
90	Benchmarks:			Baseline		
91	2015	Identify available services and gaps in services statewide.		2015		
92	2016	Establish a plan to expand effective services and supports.		2016		
93	2017 - 2019	Develop or expand supports.		2017		
94	F. Agency Responsiveness to the Community			Communications Sub-Team		
95	Goal:	MDHHS will be responsive to the community statewide through engagement with stakeholders.		Year	Data Measure/Time Period	APSR Reference

**MDHHS 2016 Annual Progress and Services Report
Goals and Objectives Matrix**

	A	B	C	D	E	F
96	F.1.1 Objective: MDHHS will engage in ongoing consultation with tribal representatives, consumers, services providers, the juvenile court and other public and private service agencies to ensure collaboration addresses the major concerns in implementing the CFSP and annual updates.			2015-2019	Annual SOFAC Report	Page 60
97	Benchmarks:			Baseline		
98	2015	Utilize the council and sub-teams for ongoing collaboration.		2015		
99	2016-2019	Utilize the council and sub-teams for ongoing collaboration.		2016		
100	F.1.2 Objective: MDHHS will utilize the Strengthening Our Focus Advisory Council (SOFAC) and sub-team structure to operationalize a continuous quality improvement plan that includes engaging internal and external stakeholders in assessment and development of effective strategies.			2015-2019	Annual SOFAC Report	Page 60
101	Benchmarks:			Baseline		
102	2015	Utilize the council and sub-teams for ongoing collaboration.		2015		
103	2016-2019	Utilize the council and sub-teams for ongoing collaboration.		2016		
104	F.1.3 Objective: MDHHS will ensure that the state's services are coordinated with services or benefits of other federal or federally assisted programs serving the same population.			2015-2019	Annual SOFAC Report	Page 60
105	Benchmarks:			Baseline		
106	2015	Utilize the council and sub-teams for ongoing service coordination.		2015		
107	2016-2019	Utilize the council and sub-teams for ongoing service coordination.		2016		
108	G. Foster and Adoptive Parent Licensing, Recruitment, and Retention			Placement Sub-Team		
109	Goal:	MDHHS will implement an annual adoptive/foster parent retention and recruitment plan that ensures there are foster and adoptive homes that meet the diverse needs of the children and youth that require out-of-home placement.		Year	Data Measure/Time Period	APSR Reference
110	G.1.1. Objective: MDHHS will ensure that state standards are applied to all licensed or approved foster family homes or child care institutions receiving Title IV-B or IV-E funds.			2015-2019	Child Welfare Licensing data and other sources.	Page 62
111	Benchmarks:			Baseline		
112	2015			2015		
113	2016-2019			2016		
114	G.1.2 Objective: MDHHS will ensure the state complies with federal requirements for criminal background clearances related to licensing or approving foster care and adoptive placements and has a			2015-2019	Criminal and central registry screening of all applicants.	Page 62
115	Benchmarks:			Baseline		
116	2015			2015		
117	2016-2019			2016		

**MDHHS 2016 Annual Progress and Services Report
Goals and Objectives Matrix**

	A	B	C	D	E	F
118	G.1.3 Objective: MDHHS will recruit and license an adequate and sufficient array of foster and adoptive homes that reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed.			2015-2019	Percentage of annual plans that meet 90% of their goals or better.	Page 63
119	Benchmarks:			Baseline		
120	2015	September: approved plans returned to counties for implementation.		2015		
121	2016-2019	September: approved plans returned to counties for implementation.		2016		
122	G.1.4 Objective: MDHHS will ensure the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placement for children is occurring statewide.			2015-2019	Interstate Compact Office	
123	Benchmarks:	Incoming home study requests will be completed within 45 days.		Baseline	62%/2013	Page 64
124	2015				68%/2014	
125	2016-2019	Demonstrate improvement each year.				
126	Goal:	The Office of Child Welfare Policy and Programs and the placement sub-team will ensure best practices for recruitment and retention are used and barriers addressed as needed.		Year	Data Measure/Time Period	APSR Reference
127	G.2.1 Objective: MDHHS will ensure procedures for timely search for prospective parents for a child needing an adoptive placement, including the use of exchanges and other interagency efforts, if such procedures ensure that placement of a child in an appropriate household is not delayed by the search for a same race or ethnic placement.			2015-2019	MI Adoption Resource Exchange and Adoption Resource Consultant referrals.	Page 64
128	Benchmarks:			Baseline	80% of county plans will be within 80% of their goals.	
129	2015	80% of the county plans will be within at least 90% of their targets/goals.		2015		
130	2016-2019	80% of the county plans will be within at least 90% of their targets/goals.		2016		

**2016 Annual Progress and Services Report
Goals and Objectives Matrix**

Indian Child Welfare Act Compliance		Native American Affairs		
Goal:	MDHHS will ensure compliance with the Indian Child Welfare Act statewide.	Year	Data Measure	APSR Reference
NAA.1.1 Objective: MDHHS will increase the number of cases statewide where children are identified as American Indian/Alaska Native at the onset. Benchmarks:		2015-2019	MiSACWIS	Page 66
2015	Establish a baseline.	2015		
2016 - 2019	Demonstrate improvement each year.	2016 - 2019		
NAA.1.2 Objective: MDHHS will ensure the notification of Indian parents and tribes of state proceedings involving Indian children and inform them of their right to intervene or transfer proceedings to the jurisdiction of the tribe. Benchmarks:		2015-2019	MiSACWIS	Page 66
		Baseline		
2015	Establish a baseline.	2015		
2016 - 2019	Demonstrate improvement each year.	2016 - 2019		
NAA.1.3 Objective: MDHHS will ensure that placement preferences for Indian children in foster care, pre-adoptive and adoptive homes are followed. Benchmarks:		2015-2019	MiSACWIS	Page 66
		Baseline		
2015	Establish a baseline.	2015		
2016 - 2019	Demonstrate improvement each year.	2016 - 2019		
NAA.1.4 Objective: MDHHS will ensure that active efforts are made to prevent the breakup of the Indian family when parties seek to place a child in foster care or for adoption. Benchmarks:		2015-2019	MiSACWIS	Page 66
		Baseline		
2015	Establish a baseline.	2015		
2016 - 2019	Demonstrate improvement each year.	2016 - 2019		
Goal:	MDHHS will increase cultural connections of Indian children in care statewide.	Year	Data Measure	APSR Reference
NAA.2.1 Objective: Children will be placed in the least restrictive culturally appropriate setting to meet their safety, permanency and well-being needs. Benchmarks:		2015-2019	MiSACWIS	Page 67
		Baseline		
2015	Establish a baseline.			
2016 - 2019	Demonstrate improvement each year.			
NAA.2.2 Objective: American Indian/native foster and adoptive homes will be prepared, supported and available for the placement of Native American children statewide. Benchmarks:		2015-2019	MiSACWIS	Page 67
		Baseline		
2015	Establish a baseline.	Baseline		
2016 - 2019	Demonstrate improvement each year.	2015		

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	B	C	D	E	F	G	H	I	J	K	L
1	Course/Module Title	Course Description	Title IV-E Administrative Function	FFP Rate	Hrs	Venue	Trainer	Duration	Target Audience	Allocation Methodology	Estimated Total Cost
2	General PSI										
3	MITEAM	MITEAM training teaches the following skills; Teaming, Engagement, Assessment, and Mentoring and the structure and processes of family team meetings and concurrent planning, relative and family engagement, and facilitation skills and documentation requirements for MITEAM.	Social work practice, cultural competency, communication skills required to work with children and families	75%	90 min	Classroom	Multiple trainers	Long-term	Child Welfare	Costs for this course are reduced by the title IV-E ratio to determine the IV-E eligible portion. The eligible portion is allocated between the Foster Care and Adoption Assistance programs by applying the FC/AA ratio. Each portion is claimed at 75% FFP, for the respective programs.	
4	Child Welfare Practice	Reviews the history of child welfare in the United States, explain the Modified Settlement Agreement, introduce the MiTEAM case practice model, present child welfare values and explore culture and diversity.	Social work practice and cultural competency skills required to work with children and families	75%	6	classroom	Multiple trainers	Long-term	Child Welfare		
5	Families at Risk	Takes a look at the effects of abuse and neglect on the family. Caseworkers discuss the impact of mental health, substance abuse, and domestic violence on families. Protective factors are introduced.	social work practice	75%	3	Classroom	Multiple trainers	Long-term	Child Welfare		
6	Communication Skills for Child Welfare Workers	Effective methods of communication including active listening, paraphrasing and checking for understanding are explored.	social work practice	75%	3		Multiple trainers	Long-term	Child Welfare		
7	Children at Risk	This class will explore the impact of the child welfare system on child development, brain development and child behaviors. The impact of separation on children and families, including bonding and attachment will be introduced. Training will learn the importance of supporting caregivers in building and maintaining attachment.	social work practice	75%	12	Classroom	Multiple trainers	Long-term	Child Welfare		
8	Trauma Informed Child Welfare Practice	Caseworkers look at the principals of trauma and learn about the impact of traumatic stress on the brain, development, child and family. The Trauma Toolkit for child welfare workers is introduced.	social work practice	75%	6	Classroom	Multiple trainers	Long-term	Child Welfare		
9	Family Engagement and Assessment and Intervention	Caseworkers explore personal attitudes and beliefs and the impact on family engagement. The following engagement and assessment techniques are presented: strengths based assessment skills, motivational interviewing, and problem solving approaches.	social work practice	75%	6	Classroom	Multiple trainers	Long-term	Child Welfare		
10	Report Writing Skills	Documenting utilizing behavioral reporting vs. interpretation is presented. Caseworkers have an opportunity to practice writing SMART goals and learn the guidelines for professional child welfare writing .	social work practice and communication skills necessary to work with families and other child welfare professionals	75%	3		Multiple trainers	Long-term	Child Welfare		
11	Working with the Courts	An introduction to the general legal process, exploring the role of the court in child welfare and the role of the child welfare worker in court.	court procedures, social work practice.	75%	3		Multiple trainers	Long-term	Child Welfare		
12	Managing Yourself as a Child Welfare Professional	Techniques to manage the many aspects of being a child welfare professional are presented. Caseworkers explore motivation in the workplace, resiliency factors, working as part of a team and techniques for managing the impact of stress and burnout through the use of supervision, coaching and mentoring.	social work practice, communication skills required to work with children and families.	75%	6		Multiple trainers	Long-term	Child Welfare		
13	Continuum of Care	Caseworkers gain a better understanding of all of the roles in the child welfare system and how their role interacts with others in the system. Due to a greater understanding of the whole child welfare system, workers will be better able to make decisions with an understanding of the impact on the long-term best interest of the child. An exploration of attachment, separation, grief and loss in the context of it's importance on a child's permanence. Workers will learn about the importance of concurrent planning, relative search, assessment and engagement. Identification of effective engagement techniques are taught; the role of visitation in permanency for	social work practice, communication and decision making skills.	75%	6	Classroom	Multiple Trainers	Long-term	Child Welfare		
14	Critical Thinking	The characteristics of critical thinkers are introduced; teach new workers about gathering, analyzing, and evaluating information in child welfare. New workers learn about the use of structured decision making tools and outcomes for children and families.	social work practice.	75%	3	Classroom	Multiple Trainers	Long-term	Child Welfare		

Michigan Child Welfare Training Institute Matrix FY 2012

	B	C	D	E	F	G	H	I	J	K	L
1	Course/Module Title	Course Description	Title IV-E Administrative Function	FFP Rate	Hrs	Venue	Trainer	Duration	Target Audience	Allocation Methodology	Estimated Total Cost
15	Domestic Violence	The cycle of domestic violence is introduced to workers. Techniques for working with the offender as well as aspects of safety planning are explored.	Candidates for care	75%	3	Classroom	Multiple Trainers	Long-term	Child Welfare		
16	Safety by Design	Thorough and inclusive safety assessment and planning increases immediate child safety, assists in better placement decisions and can enhance worker relationships with families, courts and other community partners. Enhance understanding of safety assessment and planning, as well as threatened harm policy and practice. Provide frontline staff the opportunity to identify obstacles to the application of these policies and practices.	social work practice, assessment skills necessary to work with children and families.	75%	3	Classroom	Multiple Trainers	Long-term	Child Welfare		
17	Medical	Medical identification of child abuse and neglect, medical needs of children in care, emergency and planned removal of children with medical needs and collecting documentation for adoption purposes are all explored.	Medical issues as related to child abuse to develop as plan (not treatment or providing a service)	75%	3	Classroom	Multiple Trainers	Long-term	Child Welfare		
18	ICWA	The application of the Indian Child Welfare Act (ICWA) and the Michigan Indian Family Preservation Act (MIFPA) is presented.	Preparation for judicial determinations	75%	90 min	Classroom	Multiple Trainers	Long-term	Child Welfare		
19	MiSACWIS	A general overview of MiSACWIS and opportunity to practice role based tasks within a safe training environment.	systems training	75%	6	Classroom	Multiple Trainers	Long-term	Child Welfare		
20	Testifying in Court	An opportunity to practice petition writing and explore effective testimony and court etiquette.	court procedures, social work practice, preparation for testifying, communication skills.	50%	3	Classroom	Multiple Attorney's from the Attorney General's Office	Long-term	Child Welfare		
21	Mock Trial	A role-play court experience for new caseworkers including a review of the adversarial process, court room etiquette, direct/cross examination, contempt of court and objections. Caseworkers participate in testimony for a mock case .	Preparation for and participation in judicial determinations	75%	6	classroom	Multiple Attorney's from the Attorney General's Office	Long-term	Child Welfare	Costs for this course are reduced by the title IV-E ratio to determine the IV-E eligible portion. The eligible portion is allocated between the Foster Care and Adoption Assistance programs by applying the FC/AA ratio. Each portion is claimed at 75% FFP, for the respective programs.	
22	Youth Panel and MAFAK	Delivered by adoptive, foster and kinship caregivers on caring for children in the child welfare system. Foster and adoptive youth present on their experiences in the system.	Social work practice, impact of child abuse and neglect on a child, cultural competency, communication skills required to work with children and families, placement of the child, family centered practice, issues confronting adolescents preparing for independent living job	75%	4.5	classroom	Multiple presenters include foster and adoptive youth and foster, adoptive and kinship caregivers	Long-term	Child Welfare	Costs for this course are reduced by the title IV-E ratio to determine the IV-E eligible portion. The eligible portion is allocated between the Foster Care and Adoption Assistance programs by applying the FC/AA ratio. Each portion is claimed at 75% FFP, for the respective programs.	
23	Structured Field Activities	These structured field activities will include reading assignments, shadowing experiences, policy exploration, documentation and systems practice, and completion of e-learning.	social work practice.		120	Work Experience Components		Long-term	Child Welfare		
24	General Web-based										
25	Working Safe Working Smart	Worker safety in the office and in the field. This class is required before a caseworker goes into the field.	Worker safety	50%		Web-based		Long-term	Child Welfare	Costs for this course are reduced by the title IV-E ratio to determine the IV-E eligible portion. The eligible portion is allocated between the Foster Care and Adoption Assistance programs by applying the FC/AA ratio. Each portion is claimed at 75% FFP, for the respective programs.	
26	Family Preservation	The historical background of Family Preservation Services in Michigan; goals and values of family preservation, referral requirements and the similarities and differences between Families First of Michigan, Family Reunification, and Families Together Building Solutions.	Social work practice, cultural competency, communication skills required to work with children and families, referral, family centered practice	75%		Web-based		Long-term	Child Welfare	Costs for this course are reduced by the title IV-E ratio to determine the IV-E eligible portion. The eligible portion is allocated between the Foster Care and Adoption Assistance programs by applying the FC/AA ratio. Each portion is claimed at 75% FFP, for the respective programs.	
27	Law Enforcement Information Network	The procedures and confidentiality requirements for using LEIN, appropriate use of LEIN and the proper use, dissemination and disposal of such information.	Policy and procedures, worker safety	75%		Web-based		Long-term	Child Welfare	Costs for this course are reduced by the title IV-E ratio to determine the IV-E eligible portion. The eligible portion is allocated between the Foster Care and Adoption Assistance programs by applying the FC/AA ratio. Each portion is claimed at 75% FFP, for the respective programs.	

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1	Course/Module Title	Course Description	Title IV-E Administrative Function	FFP Rate	Hrs	Venue	Trainer	Duration	Target Audience	Allocation Methodology	Estimated Total Cost
28	Working with LBGTQ youth	The class addresses the special needs that may occur surrounding issues of sexual orientation and sexual identification.	Social work practice, cultural competency, communication skills required to work with children in families, placement of the child, referral to services	75%		Web based	N/A	Long term	Child Welfare	Costs for this course are reduced by the title IV-E ratio to determine the IV-E eligible portion. The eligible portion is allocated between the Foster Care and Adoption Assistance programs by applying the FC/AA ratio. Each portion is claimed at 75% FFP, for the respective programs.	
29	CASA Court Appointed Special Advocates	An overview of Court Appointed Special Advocates; how and why they came into existence; and the role of a CASA volunteer, including their responsibility to the court. Describes how children benefit from working with a volunteer, and the process used to connect the child to the CASA volunteer.	Referral to services	75%		Web based	N/A	Long term	Child Welfare		
30	Confidentiality	Introduces caseworkers to confidentiality for child welfare, including: HIPPA, substance abuse treatment, mental health and HIV/AIDS. State and Federal Law and policy are discussed, and legal prohibitions and penalties are addressed.	Confidentiality, referral to services,	75%		Classroom	Multiple trainers	Long-term	Child Welfare	Costs for this course are reduced by the title IV-E ratio to determine the IV-E eligible portion. The eligible portion is allocated between the Foster Care and Adoption Assistance programs by applying the FC/AA ratio. Each portion is claimed at 75% FFP, for the respective programs.	
31	Engaging the Family	Designed to help child welfare professionals gain the knowledge necessary to engage their customers in actively developing and participating in service planning. Goal development as well as the resources that might help customers reach these goals are covered.	Social work practice, cultural competency, communication skills required to work with children and families	75%		Web based	N/A	Long term	Child Welfare	Costs for this course are reduced by the title IV-E ratio to determine the IV-E eligible portion. The eligible portion is allocated between the Foster Care and Adoption Assistance programs by applying the FC/AA ratio. Each portion is claimed at 75% FFP, for the respective programs.	
32	Foster Care Review Board	an overview of the Foster Care Review Board, which is administered by the Michigan Supreme Court. Includes how cases come to the attention of the Board, how cases are selected for review, and the procedures that are necessary if the board requests to review a foster care case. Discusses the relationship of the caseworker and the Foster Care Review Board.	Policy and procedures	75%		Web based	N/A	Long term	Child Welfare	Costs for this course are reduced by the title IV-E ratio to determine the IV-E eligible portion. The eligible portion is allocated between the Foster Care and Adoption Assistance programs by applying the FC/AA ratio. Each portion is claimed at 75% FFP, for the respective programs.	
33	Interstate Compact on the Placement of Children	Addresses the procedures necessary when receiving or requesting interstate assistance on a child welfare case.	Policy and procedures, placement of children	75%		Web based	N/A	Long term	Child Welfare		
34	Introduction to Substance Abuse	Provide an understanding of the role of caretaker substance abuse/dependency, as it relates to child abuse, neglect and the development of caretaker treatment plans.	Social work practice, communication skills required to work with children and families, child	75%		Web based	N/A	Long term	Child Welfare		
35	Introduction to Mental Health	Caseworkers develop a working knowledge of the signs, symptoms and behavioral manifestations of mental health disorders commonly encountered in the child welfare system. Will be able to identify specific protective processes and resources that serve to neutralize risks associated with mental health disorders.	Social work practice, cultural competency, communication skills required to work with children and families, referral.	75%		Web based	N/A	Long term	Child Welfare		
36	Poverty	Provides caseworkers with an understanding of the following: acknowledging the difference between poverty and neglect; recognizing how your beliefs impact outcomes; recognizing the importance of identifying services to assist families dealing with poverty issues	Social work practice, cultural competency, communication skills required to work with children and families, child	75%		Web based	N/A	Long term	Child Welfare		
37	MiSACWIS	Participants will be provided with a general overview of specific MiSACWIS modules.				Web based	N/A	Long term	child welfare		
38	Report Writing	Provides caseworkers with an understanding of the following: purpose of the Child and Family Services Review (CFRS); knowledge of behaviorally-based narrative statements; and knowledge of Specific, Measurable, Attainable, Relevant, Time-Sensitive (SMART) goals and policy.	Job performance enhancement skills	75%		Web based	N/A	Long term	Child Welfare		
39	Licensing	An overview of the role and responsibility of the licensing worker. Licensing rules that regulations are presented.	social work practice, rules and regulations	50%		Web based	N/A	Long term	child welfare		
40	Time Management	Tips and techniques for managing workload.	Job performance enhancement skills	75%		Web based	N/A	Long term	child welfare		

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1	Course/Module Title	Course Description	Title IV-E Administrative Function	FFP Rate	Hrs	Venue	Trainer	Duration	Target Audience	Allocation Methodology	Estimated Total Cost
42	Sexual Abuse	Outlines the steps necessary upon case assignment involving sexual abuse. Techniques for identification of child sexual abuse, characteristics of sexual offenders and introduction to policies regarding child sexual abuse and treatment.	Social work practice, communication skills required to work with children and families, impact of child abuse and	50%		Web based	N/A	Long term	Child Welfare	Costs for this course are reduced by the title IV-E ratio to determine the IV-E eligible portion. The eligible portion is allocated between the Foster Care and Adoption Assistance programs by applying the FC/AA ratio. Each portion is claimed at 75% FFP, for the respective programs.	
43	Adoption PSI/PSTT										
44	Program Specific Training	For new adoption caseworkers who will learn to apply knowledge and skills learned through classroom and structured field activities to the specific requirements, policies and practices of an adoption worker.	Please see the breakdown for each module		15	Classroom	Multiple trainers	Long-term	Child Welfare	Costs for this course are reduced by the title IV-E ratio to determine the IV-E eligible portion. The eligible portion is allocated between the Foster Care and Adoption Assistance programs by applying the FC/AA ratio. Each portion is claimed at 75% FFP, for the respective programs.	\$1,107,783.00
45	Forensic Interviewing	Through role play and practice interviews this class will provide workers with the knowledge to identifying the eight phases of the Michigan Forensic Interviewing Protocol. Trainees will practice using the Protocol during child interviews. The training will explore identifying developmental and basic linguistic abilities of children. The requirement for Hypothesis Testing/Child Centered Interviews will be presented.	social work practice, child interviewing	75%	12	classroom	Multiple Trainers	long-term	child welfare		
46	Adoption Program Specific Structured Field Activities	The on-the-job training is structured with activities for the trainee to coordinate with their supervisor and a mentor to model case practice. Each online and field module focuses on specific skills required to do the job successfully.			40	Web-based, work environment components		long-term	child welfare		
47	Adoption Legal	An interactive training providing caseworks with the knowledge of laws that directly impact the practice of adoption in Michigan and the skills to use laws to justify placement decisions.	Preparation for and participation in judicial terminations	75%	3	Classroom	Multiple trainers	Long-term	Child Welfare	Costs for this course are reduced by the title IV-E ratio to determine the IV-E eligible portion. The eligible portion is allocated between the Foster Care and Adoption Assistance programs by applying the FC/AA ratio. Each portion is claimed at 75% FFP, for the respective programs.	
48	FC PSI/PSTT										
49	Foster Care PSI	For new foster care workers who will learn to apply knowledge and skills learned through classroom and structured field activities to the specific requirements, policies and practices of a foster care worker.	Please see the breakdown for each module		15	Classroom,	Multiple trainers	Long-term	Child Welfare		\$1,334,361.00
50	Forensic Interviewing	Through role play and practice interviews this class will provide workers with the knowledge to identifying the eight phases of the Michigan Forensic Interviewing Protocol. Trainees will practice using the Protocol during child interviews. The training will explore identifying developmental and basic linguistic abilities of children. The requirement for Hypothesis Testing/Child Centered Interviews will be presented.	social work practice, child interviewing	75%	12	classroom	Multiple Trainers	long-term	child welfare		
51	Foster Care Legal	An interactive training that provides caseworkers with the knowledge of laws that directly impact the practice of foster care in Michigan and the skills to use laws to justify placement decisions.	Preparation for and participation in judicial terminations	75%	6	Classroom	Multiple trainers from the Assistant Attorney General's Office	Long-term	Child Welfare	Costs for this course are reduced by the title IV-E ratio to determine the IV-E eligible portion. The eligible portion is allocated between the Foster Care and Adoption Assistance programs by applying the FC/AA ratio. Each portion is claimed at 75% FFP, for the respective programs.	

Michigan Child Welfare Training Institute Matrix FY 2012

	B	C	D	E	F	G	H	I	J	K	L
1	Course/Module Title	Course Description	Title IV-E Administrative Function	FFP Rate	Hrs	Venue	Trainer	Duration	Target Audience	Allocation Methodology	Estimated Total Cost
52	Foster Care Program Specific Structured Field Activities	Structured with activities for caseworkers to coordinate with their supervisor and a mentor to model case practice. Each online and field module focuses on specific skills required to do the job successfully.			40	Web-based, work environment components					



Child Abuse Prevention and Treatment Act State Plan

2016 Annual Update

June 2015

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CHILD ABUSE PREVENTION AND TREATMENT ACT STATE PLAN 2014 UPDATE

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 the state’s Child and Family Services Review goals of improving the safety, permanency and well-being of children and families. Activities to address those outcomes are noted in this 2015 update. Information on ward transfers from the abuse/neglect system to the juvenile justice system can be found at the end of this report.

In 2014, the Department of Human Services (DHS)¹ continued significant child welfare reform efforts. These include the renegotiation and modification of the settlement agreement DHS entered into with Children’s Rights, Inc. Changes resulting from the modified settlement agreement are described in subsequent sections of this update.

Michigan uses the 2008 baseline and continues to coordinate Children’s Protective Services goals with the Child and Family Services Plan.

CPS Outcome Measures and Results

Measure	Baseline 2008	2011	2012	2013	2014
Number of complaints received	124,716	127,106	141,338	148,392	151,185
Percent of complaints accepted for investigation	60%	65%	65 %	59%	55%
Percent of investigations resulting in substantiation of abuse or neglect	23%	26%	27%	26%	25%
Absence of maltreatment within 6 months	92.9%	91.4%	91 %		
Absence of maltreatment within 12 months	88.93%	85.93%			
Absence of child abuse and/or neglect in foster care	99.62%	98.97%	99.19%		

Note: In 2014, the department modified the process used to determine the absence of maltreatment. As a result, these percentages have significantly changed for the years noted.

CHILD MALTREATMENT DEATHS

Michigan receives reports on child fatalities from a number of sources including law enforcement agencies, medical examiners/coroners and local child death review teams. Because fatality reports are obtained from these sources in their role as mandated reporters,

¹ The Michigan Departments of Human Services and Community Health merged into a single Department of Health and Human Services (MDHHS) in April 2015. References to the departments prior to the merger refer to the Department of Human Services (DHS) and Department of Community Health (DCH).

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, if the link between the death and maltreatment is confirmed, it is recorded in the Michigan Statewide Automated Child Welfare Information System (MiSACWIS). Michigan uses data from MiSACWIS to compile responses for child maltreatment deaths.

The MDHHS is the repository of public birth and death records. The determination of whether maltreatment occurred is dependent on completion of an investigation by CPS with abuse or neglect confirmed. Data on child fatalities is used by local review teams to provide recommendations, raise awareness and encourage initiatives to decrease child deaths.

Through its Child Protection Law, Michigan established a process to provide public disclosure of cases of child abuse that resulted in a child fatality. Near-fatalities have not been reported in the past because Michigan's proprietary Services Worker Support System did not have the capability to capture this data. The new system, MiSACWIS, will have the ability to collect records of confirmed abuse resulting in near-fatalities. MDHHS incorporates information obtained regarding child fatalities into the annual Michigan Child Death report for public disclosure.

The Michigan Child Death report is created in coordination with the local and state child fatality review panels. The report contains information about the manner of death, age and race of each child. Data provision follows the confidentiality requirements in Michigan's Child Protection Law and is used to make recommendations to the department and lawmakers about changes in policy to prevent child abuse and neglect deaths. The report is provided to Michigan's governor and state legislators within 60 days of issuance to the department and is posted on the department's web site. The 2012 report can be reviewed at this link: http://www.keepingkidsalive.org/data-publications/cdr_publications/Annual_Reports/CDR_Annual_Report_11.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 on child fatalities will be collected through MiSACWIS.

CHILDREN'S PROTECTIVE SERVICES ACTIVITIES

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 hotline for abuse and neglect. Full implementation of centralized intake was effective in March 2012.

Objectives:

- To operate/administer an effective centralized intake system to ensure child safety and consistency in CPS complaint assignments.
- To determine the required level of oversight for rejected complaints.
- To develop and maintain ongoing training and development for centralized intake staff.
- To communicate CPS intake policy changes to centralized intake staff.
- To maintain collaboration with the centralized intake director and the Business Service Center directors to evaluate centralized intake.
- To monitor the centralized intake process and provide for administrative support.
- To collaborate with the MDHHS Business Service Centers and Data Management Unit on continuous monitoring and quality assurance.

Measures:

- Data reports are obtained and analyzed.
- Regular communication takes place between centralized intake staff, MDHHS administration, Child Welfare Field Operations and CPS program office.
- Centralized intake policy was written and approved for statewide release.
- Centralized intake data is evaluated weekly to monitor quality.
- The centralized intake administrative staff reviews protocols to ensure case assignment reflects current policy.

Status: Centralized intake ensures assignment consistency among the 26 supervisors through the following activities:

- Bi-weekly staff meetings ensure clear communication about cases.
- Centralized intake supervisors have monthly meetings to ensure consistency.
- The centralized intake manual has been updated and distributed.
- Clarification of CPS policy takes place in Centralized Intake Quality Review Team meetings with managers from local offices.
- Centralized intake managers have discussions with CPS program office to ensure correct policy is communicated.
- Communication with MDHHS field staff is ongoing, as disputed complaints are discussed each day.

MDHHS Intake Policy

MDHHS modified CPS policy to address the centralized intake system. Changes include:

- Determining Native American heritage for all complaint calls.
- Revising and consolidating policy to address preliminary investigation requirements.
- Process for reviewing rejected complaints and assigning for investigation.

MDHHS Birth Match Process

The MDHHS birth match process matches childbirths to a list of parents whose parental rights have been terminated in Michigan because of neglect or abuse. It allows MDHHS 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.

Criminal Background Clearances

Michigan complies with federal requirements for background clearances for foster care licensing and 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.

MDHHS and private agency providers apply the good moral character process to conviction information received from the Michigan State Police and the FBI. If a conviction is for a “specified crime” as defined in R400.1151 and R400.1152, an Administrative Review Team summary and recommendation for licensing is required when the agency continues to recommend licensure or renewal. In the unlikely event that staff approves a license for a home with an offender as defined in the federal Adoption and Safe Families Act, the foster care program is notified so MiSACWIS 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 complete an annual on-site inspection of every child-caring institution. During annual reviews, personnel files are reviewed, 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.

The Michigan Child Protection Law was amended to allow MDHHS to verify 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 2014, the CPS program office reviewed and responded to over 3,277 central registry requests.

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 MDHHS Centralized Intake to receive central registry and criminal history background checks. Centralized Intake has 24 hour staffing, so thorough central registry and criminal background checks are completed as quickly as necessary.

Online Reporting for Mandated Reporters

During 2015, MDHHS initiated the process for creation of an online reporting portal for mandated reporters. This planning included seeking a legislative sponsor and developing a plan for changes within Michigan's SACWIS system. It is anticipated that the portal will begin as a regional pilot including local schools, hospitals and law enforcement agencies. Allowing mandated reporters the ability to report suspected child abuse and/or neglect online will provide an additional avenue for reporting and increase the likelihood that reports of abuse/neglect will be made in a timely manner, increasing the accuracy of the central registry.

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: MDHHS will develop policy and training on investigative protocols developed collaboratively with stakeholders.

Status: MDHHS 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, MDHHS utilizes the following:

- **A Model Child Abuse Protocol: A Coordinated Investigative Team Approach**

Goal. To coordinate handling of child abuse and neglect cases between MDHHS, law enforcement and prosecuting attorneys, the Governor's Task Force on Child Abuse and Neglect created "A Model Child Abuse Protocol: A Coordinated Investigative Team Approach" in 1993. (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," was released in 2013. The protocol continues to be available to child welfare staff and community partners. A link to all of

the protocols can be accessed on the Governor's Task Force website at:
http://www.michigan.gov/dhs/0,4562,7-124-7119_50648_66367-77800--,00.html

- **Forensic Interviewing Protocol**

Goal: MDHHS will assist investigative professionals to use best practices when interviewing children. MDHHS 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 in conjunction with the Model Child Abuse and Neglect Protocol and is trained in law enforcement and child welfare related disciplines.

Status: The Governor's Task Force on Child Abuse and Neglect regularly evaluates the protocol and updates it when necessary. This protocol continues to be utilized as the primary protocol for training new child abuse and neglect investigators on how to conduct quality interviews with children.

- **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 revised the investigative protocol "Munchausen Syndrome by Proxy: A Collaborative Approach to Investigation, Assessment and Treatment" and created the Medical Child Abuse Protocol that identifies medical child abuse and establishes guidelines for each discipline involved in an investigation. This update places the focus of the investigation on the abuse inflicted on the child, instead of the potential mental health concerns of the alleged perpetrator.

Status: The revised document was completed in 2013, and continues to be available to child welfare staff and community stakeholders (Children's Justice Act grant funded via the Governor's Task Force on Child Abuse and Neglect).

- **Absent Parent Protocol: Identifying, Locating and Notifying Absent Parents**

Goal: The State Court Administrative Office in conjunction with the Governor's Task Force on Child Abuse and Neglect in 2008 developed a protocol outlining a procedure for locating all parents of children involved in the child welfare system.

Status: This protocol is covered in MDHHS 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 for the protocols above, MDHHS will address barriers to the effective use of investigative protocols and provide training and technical assistance in the field as necessary.

Status: Ongoing.

Child Injury and Death Coordinated and Comprehensive Investigation Resource Protocol

Goal: MDHHS will ensure coordinated investigation in child maltreatment cases that result in a child death and minimize additional trauma to children during the investigation. The Governor's

Task Force on Child Abuse and Neglect has 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 provides the following:

- Information and guidelines for responders from law enforcement, CPS workers, prosecutors and others.
- Coordinated investigation methods of child maltreatment. (Children's Justice Act grant funded via the Governor's Task Force).

Status: The task force will evaluate the protocol on an ongoing basis and update it as necessary.

Administrative Law Hearings Protocol

Goal: MDHHS, in partnership with a number of child welfare collaborators, created an Administrative Hearings Protocol in 2014. This protocol assists child welfare staff in the effective handling of administrative hearings and requests for expunction from central registry. Providing this protocol and training will ensure that those individuals who present a safety risk to children do not have their name removed from the central registry due to incorrect handling of expunction requests.

Status: The CPS program office and Children's Services Legal Division will continue to provide technical assistance to staff regarding this protocol as well as training if necessary.

Methamphetamine Protocol

Goal: MDHHS 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 MDHHS workers, law enforcement and medical services. A multi-disciplinary work group developed the Methamphetamine Protocol.

Status: As the protocols are modified, MDHHS will provide training and technical assistance to staff. The protocols and additional CPS publications are located at:

http://www.michigan.gov/dhs/0,1607,7-124-5458_7699---,00.html.

Goal: MDHHS will continue to improve legal preparation and representation through training and the publication and distribution of resource materials.

Status: MDHHS collaborated with the Child Welfare Training Institute and MDHHS Children's Services Legal Division to train CPS supervisors on how to present the position of MDHHS at central registry expunction request hearings. MDHHS began training supervisors in 2011. The training is ongoing.

In collaboration with the Governor's Task Force, MDHHS provided an array of training and resources in 2014 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. Specialized trainings and web-casts that took place in 2014 include:

- “Understanding Medical Issues and the implications on Child Welfare Case Practice and Advocacy” to assist child welfare professionals and court staff in understanding medical issues in child abuse/neglect cases.
- “Secondary Trauma and Self-Care for Child Welfare Professionals” taught skills on how to identify and cope with secondary trauma.
- “Educational Issues in Child Welfare” was provided to increase understanding of the educational needs and issues of children in the child welfare system.
- “Engaging and Working With Incarcerated Parents” provided skills and tools to respond to the needs of children affected by parental incarceration.
- “Lawyer Guardian Ad-Litem Training” addressed how to advocate for best interest of children they represent.
- “Testifying in Court for Non-Lawyers” addressed preparation for court and how to improve courtroom performance.
- “Petition Drafting Seminar” taught child welfare professionals how to draft and submit a quality petition to courts.

All trainings above 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: MDHHS 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. MDHHS is using the following strategies:

- Michigan implemented the MiTEAM case practice model. This model integrates engagement, assessment, mentoring and family team meetings, all crucial components of a family-centered, strength-based and team-guided process.
- CPS program office revised policy to require additional supervisory oversight for all complaint investigations including cases involving children in out-of-home placement. CPS workers are required to consult with their supervisor prior to final case disposition.
- In 2014, CPS program office modified policy to require that each child identified as a victim must be seen in accordance with the risk level. The higher the risk level, the more face-to-face contacts are required per month (intensive risk level requires four face- to-face contacts per month). Regardless of the risk level, each child not identified as a victim and a caregiver for the child victim must be seen at least once a month.
- Differential response: MDHHS does not utilize a differential response protocol; however, CPS investigative staffs are trained in the utilization of tools and protocols that guide critical safety decisions. These research-based protocols address issues that emerge in child welfare case practice in Michigan. Based upon the circumstances of each case, a range of case responses may result, from referral for services to immediate removal.

Concurrent Permanency 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 work group and consultants from Casey Family Programs.
- A concurrent planning pilot in September 2009. Training, technical assistance and support were provided to the counties.

Status: Throughout 2014, MDHHS supported the use of the enhanced MiTEAM practice model in identified “champion counties.” These counties are provided additional guidance and support for the implementation of MiTEAM, ensuring model fidelity and supporting a robust rollout statewide.

The CPS program office updates policy each year to improve case management and enhance child safety. Significant policy changes in 2014 include:

- A nonparent adult who resides in any home where a child is receiving respite care is considered a person responsible. This includes nonparent adults residing with a child when the complaint involves sexual exploitation. This policy provides a basis for identifying those who may be soliciting children in human trafficking complaints.
- When obtaining the results of a medical examination a worker should contact the medical practitioner or other medical personal that would have knowledge of the exam and ask him/her to interpret the findings.
- If medical neglect is confirmed as the result of a CPS investigation based only on the parent or guardian not providing the recommended medical treatment due to religious beliefs, the parent's or guardian's name(s) must not be listed on the central registry as a perpetrator of child abuse or neglect.
- The department may remove an individual from placement on the central registry after 10 years without request for expunction. If placement on central registry was the result of abuse that include one or more of the circumstances listed in section 17(1) or 18 (1) in the Michigan Child Protection Law, the department shall maintain the information in central registry until it receives reliable information that the perpetrator of the child abuse or neglect is dead.
- Each child identified as a victim must be seen in accordance with the risk level. Regardless of the risk level, each child not identified as a victim and a caregiver for the child victim must be seen at least once a month.
- A second opinion should not be sought when a comprehensive examination and/or review has already been completed by a pediatric child abuse specialist.
- CPS investigators are not required to file a separate report of suspected abuse and/or neglect on their own active investigations. If the investigator learns of a new allegation, suspects new maltreatment or identifies additional household victims, the investigator

must investigate the allegations as part of the active investigation and document the findings in the disposition.

Goal: MDHHS 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 Business Service Centers determine the actions necessary to improve the performance of staff on Child and Family Services Review safety measures.

Status: MDHHS will modify CPS policy to match changes to the Child Protection Law to enhance outcomes of the modified settlement agreement and the Child and Family Services Review.

Section 106(a) 4. Enhancing the general child protective system by developing, improving and implementing risk and safety assessment tools and protocols.

MDHHS addressed safety through changes in CPS policy through the following activities:

- The department created the Strengthening our Focus Advisory Committee, which has a sub-committee that focuses on child safety initiatives. The sub-committee meets monthly. The following initiatives received committee support:
 - Providing mandatory statewide safety assessment and planning trainings (Safety by Design) and threatened harm training for all child welfare staff.
 - Safe sleep initiatives, including mandatory safe sleep training for all MDHHS and private agency staff.
 - Signs of Safety pilot projects in multiple counties.
 - OK2Say, an anti-bullying initiative focusing on safety concerns in public schools.
 - Suicide prevention initiatives, including a conference co-sponsored by MDHHS.
- Safety assessment and planning training will be provided:
 - To all staff and supervisors statewide through county peer coaches.
 - To private agency foster care staff, focusing on safety assessment and planning.
 - Through podcasts, focusing on cases when better safety assessment planning and training may have resulted in better outcomes for families.
- In 2014, MDHHS provided training on policy in multiple sessions offered by the State Court Administrative Office. Training is also provided during the New Supervisor Institute.
- In 2014, the Signs of Safety approach to assessing and addressing child and family safety was utilized in three counties.

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 MiSACWIS team to create reports for local managers to track outcomes.

Status: Development of enhanced reports is underway, as the MiSACWIS system allows for more detailed information to be extracted from the system. The reports will be published in the MDHHS Infoview data system and county managers will be trained on how to use them.

Goal: MDHHS 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. MDHHS will update the field guide to incorporate policy and practice 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: MDHHS will provide training statewide in collaboration with stakeholders.

Status: MDHHS will continue provide training 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.
- In partnership with the universities, the Child Welfare Training Institute will continue to provide in-service training to enhance caseworker 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.

There are 1,390 CPS workers allocated in 2015. MDHHS 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 internship programs.

MDHHS continues to implement the Child Welfare Certificate Program through a partnership with the Michigan schools of social work. Students participating in the program complete 60 social work credit hours in child welfare-related course work and a 400-hour internship in a CPS, foster care or adoption program at MDHHS, child-placing or tribal agency. When students with child welfare certification are hired into child welfare positions, they are able to attend a condensed version of the Pre-Service Institute. Twelve universities participated in Michigan’s Child Welfare Certificate Program in 2014.

Experienced managers continue to provide targeted training to reduce attrition. In addition, the department continues the recruitment efforts to fill existing services manager positions. Efforts include use of national posting services, college/university career offices and changes to the current civil service system to increase benefits for managers.

MDHHS updated the curriculum for the CPS Pre-Service Institute. MDHHS 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 enhanced.

Section 106(a) 8. Developing and facilitating training protocols for individuals mandated to report child abuse or neglect.

Goal: CPS program office will work with county offices and other local and state partners to provide statewide mandated reporter training. In 2015, CPS will take the following steps to enhance mandated reporter training:

- Coordination with the MDHHS Office of Communications to distribute an online video training developed in 2014 for mandated reporters.
- Finalization of a mandated reporter training curriculum that will be provided statewide.
- Distribution and updating of a list of staff in each county to provide mandated reporter training.
- Provision of an online training video to improve public understanding of reporting child abuse and neglect. This training describe the responsibilities of mandated reporters, guide for reporting abuse and neglect and resources available.
- Provision of online training for specific types of mandated reporters and exploring whether reporters may obtain continuing education credits for the training.

CPS program office provides staff 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, the following steps are taken:

- The reporter's 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 address the mandated reporter's concerns.

Other MDHHS activities regarding mandated reporters include:

- Distribution of the Mandated Reporter's Resource Guide and maintaining the website.
- Working with the Children's Trust Fund to provide prevention councils with training materials and mandated reporter education as part of Child Abuse Prevention and Awareness Month.
- Guidance regarding mandated reporting and training, as requested.
- In 2014, MDHHS provided training to hospitals, schools and health departments throughout the state.
- Mandated reporter trainings were provided at conferences for the Central Districts Dental Hygienist's Society, the Michigan Association of Code Enforcement Officers and the Maternal Infant Health Program of Michigan, the State Court Administrative Office and the Michigan Friend of the Court.

The MDHHS 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: MDHHS will provide the necessary medical services to infants at risk of disability or life-threatening conditions. MDHHS will continue chairing the Medical Advisory Committee and the Medical Resources Services contract. The Medical Advisory Committee reviews policies and make recommendations on how MDHHS 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 for medical professionals and facilitate discussion on issues related to abuse and neglect.

Status: In 2014, the Medical Advisory Committee worked with MDHHS to update the following:

- When obtaining the results of a medical examination, a worker should contact the medical practitioner or other medical personnel that with knowledge of the exam and ask him/her to interpret the findings to ensure a proper understanding.
- A second opinion should not be sought when a comprehensive examination and/or review has already been completed by a pediatric child abuse specialist.

Medical Resource Services

Goal: MDHHS will provide coordinated medical consultation to help staff address health issues effectively.

Status: MDHHS 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 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

CAPTA requires all child victims, ages birth to 36 months in substantiated cases of categories I or II, to be referred to a Part C-funded early intervention service. Michigan’s service, *Early On* assists families with infants and toddlers that display developmental delays or have a diagnosed disability.

Goals: MDHHS will improve the CPS referral process to facilitate the provision of specialized services to children birth to 36 months and focus on increasing awareness of *Early On* services to CPS workers and MDHHS clients.

Status: MDHHS continues to focus on enhancing developmental information provided by CPS workers about *Early On* to ensure appropriate services are provided. In 2014, MDHHS referred 5,101 children to *Early On*. Of these:

- The number of drug-exposed infants was 2,250 (50 percent).
- The number of infants less than one year old at referral was 2,336 (46 percent).

In 2015, MDHHS will focus on the following projects related to *Early On*:

- Maintain an internal website about *Early On* and CAPTA requirements.
- Work with *Early On* agencies to remain abreast of ongoing projects and policy changes.
- Update policy as needed on referral to *Early On*.
- Continue to work toward establishment of a website for interested families or clients.
- Continue to identify programs in MDHHS that will benefit from working with *Early On*.

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: MDHHS 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: MDHHS educates mandated reporters on their responsibility to report suspected abuse and neglect as required under Michigan’s Child Protection Law. CPS program office will provide technical assistance to the field, professional groups and the public on the role of CPS.

MDHHS activities to assist mandated reporters include training and education on how the public may report suspected child abuse and neglect. These activities include:

- Coordination with the MDHHS Office of Communication to distribute online video training developed in 2014 specifically for mandated reporters.
- Finalization of a mandated reporter training curriculum that will be provided statewide.
- Distribution and regular updating of a list of staff in each county to provide mandated reporter training.
- Provision of an online training video to assist the public understanding of reporting child abuse and neglect. This training provides a guide for how to report abuse and neglect, the resources available and the responsibilities of mandated reporters.
- Provision of online training for specific types of mandated reporters and exploring whether reporters may obtain continuing education credits for the training.

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: MDHHS will work collaboratively with state and local stakeholders to ensure community involvement with integrated prevention and treatment efforts.

Status: MDHHS works with the Citizen Review Panel on Children’s Protective Services, Foster Care and Adoption and the CPS Advisory Committee to improve CPS policy. MDHHS will implement policy revisions, 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. MDHHS’ response to the 2014 report is in the approval process and will be forwarded to the Children’s Bureau once it has been approved.

Goal: To determine a means by which MDHHS, 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 Children’s Ombudsman and based 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. MDHHS updates 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 comprised of MDHHS, law enforcement, medical examiners, hospitals, the courts, educational professionals and other children’s advocates. The panel examines child fatality cases in which the family had previous interaction with CPS. The Child Death State Advisory Team is managed through a contract with the Michigan Public Health Institute, which helps coordinate the Michigan Child Death Review Program. Please see the CAPTA State Plan attachment: 2014 Combined Citizen Review Panel Annual Report.

Child Maltreatment Deaths

MDHHS has a contract with the Michigan Public Health Institute to manage the Child Death Review Program. Institute staff coordinates local Child Death Review meetings and provides technical assistance and encourages prevention efforts. The institute provides ongoing and annual statewide training for team members on child death procedures. Meetings of local Child Death Review Teams are held throughout the state.

The state Child Death Review Program has relationships with numerous organizations throughout the state to promote child health and safety, including MDHHS. 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.

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 disseminates to stakeholders an annual compilation of all the reviews of child deaths in Michigan. 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: MDHHS will increase public awareness of the dangers of placing infants to sleep in an unsafe sleep environment. MDHHS will continue to attend meetings of the Statewide Safe Sleep Advisory Committee, a multi-agency collaborative group that advocates for education of the public. The Citizen Review Panel and the foster care fatality reviews completed by the Office of the Family Advocate resulted in recommendations for changes in MDHHS policy and procedures. MDHHS is improving the quality of CPS investigations through initiatives including:

- **CPS Child Death Alert and Report.** This software enhancement collects child death information and notifies key MDHHS 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.
- **Foster Care, Adoption and Juvenile Justice Child Death Alert and Report.** Programming helps MDHHS collect accurate death information for children under the care and supervision of MDHHS. The information is stored in a secure database.

Status: Ongoing.

Goal: MDHHS will work to prevent sudden unexpected infant death through public education.

Status: MDHHS continues to educate families on the risk of Sudden Unexpected Infant Death Syndrome through local MDHHS offices. MDHHS sponsored a safe child/safe sleep campaign for the prevention of child deaths. Risk factors in child deaths include:

- Lack of smoke detectors.
- Poor prenatal care.
- Drug or alcohol use during pregnancy.
- Unsafe sleep environments.
- Poor supervision.
- Inappropriate selection of babysitters.

The MDHHS prevention campaign educates customers on home safety, shaken baby syndrome and creating safe sleep environments. The local offices have brochures, videos and resources available to clients and providers. MDHHS distributed Safe Sleep Kits statewide that include posters, brochures, toy cribs and dolls, reminder door hangers, and an informational DVD. MDHHS also provides a website for ongoing education. The website includes 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.

CPS program office will continue its coordination with the Michigan Department of Education, 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.
- MDHHS county offices.

Change in State Law

In 2014, Michigan House Bill 4962, the Infant Safe Sleep Act, was signed by Governor Rick Snyder. The act requires hospitals and health professionals to provide readily understandable information and educational and instructional materials regarding infant safe sleep practices.

MDHHS 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 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 family members 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 MDHHS funds to assist the family in creating a safe sleep environment.

Each year, Michigan reports deaths attributed to unsafe sleep environments to the federal Centers for Disease Control. Obtaining accurate numbers of these deaths can be a lengthy process, and is dependent on assessments by medical examiners and reviews by local child death review teams. In 2013, the official count of infant deaths due to unsafe sleep environments Michigan reported to the Centers for Disease Control was 141.

Child Death Investigation Training

Training on child death investigations, uniform definitions, protocols and prevention is offered annually to CPS staff, medical examiners, law enforcement and other professionals. Participants are trained on the use of the reporting form and learn from real case examples and discuss all aspects of child death scene investigations. Trainings are provided by MDHHS as well as partner agencies on an ongoing basis.

Goal: MDHHS will contract with the Michigan Public Health Institute to refine the death review process and initiate policy and investigative protocol changes as needed.

Status: Ongoing.

Citizen Review Panel for Prevention

Since 1999, the Children's Trust Fund has administered the Citizen Review Panel for Prevention. The purpose the panel is to develop and improve prevention services. The Children's Trust Fund promotes the health, safety and well-being of 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: MDHHS will improve the collaborative delivery of service and treatment between the child protection and juvenile justice systems.

Status: MDHHS Juvenile Justice Programs formed a work group to create and modify dual ward policy and practice. Dual wards are youth who are both abuse/neglect and delinquent court wards. The group developed policies on service provision and coordination in 2012. In addition, the MDHHS Juvenile Justice Programs division 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 to address the issues these juveniles experience.

Juvenile Programs update

MDHHS published policy on case management of dual wards that requires early identification of "crossover" youth and coordination of services and planning with other programs including CPS and foster care. Wayne County published the policy to address these issues. MDHHS 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. MDHHS 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: MDHHS 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.

MDHHS Juvenile Justice Programs worked with the Data Management Unit to incorporate juvenile justice data into monthly reports on child welfare populations. Reports now include the state facility populations, a breakdown of the juvenile justice population by legal status and the population of dual wards. Efforts continue to improve data collection and analysis.

Goal: MDHHS will improve services to youth aging out of the juvenile justice system.
Status: The Education and Youth Services unit is collaborating with Juvenile Justice Programs to secure funds for youth aging out of the juvenile justice system. The bureau submitted a grant for funding for re-entry services to youth after residential treatment.

Status: MDHHS incorporated 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 MDHHS to process requests for funding.

Plan for 2016

Planning is ongoing for the enhancement of programs and services for young adults including:

- 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 MDHHS' 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 records.

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: The DHS Fatherhood Initiative collaborated with the Michigan Department of Corrections to implement programming for prisoners to 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. The Governor's Task Force on Child Abuse and Neglect promotes 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. 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-offending parent to supportive services. The worker is also required to develop a safety plan with the non-abusing parent.

MDHHS works with the Michigan Domestic and Sexual Violence Prevention and Treatment Board to enhance CPS investigations that include allegations of domestic violence or when a history of domestic violence is discovered. Domestic violence is present in over half of all CPS investigations, and in open CPS services cases, it increases to over 70 percent. In 2014, the department contracting with nationally recognized expert on domestic violence, David Mandel, and began implementation of the Safe and Together Model for the handling of cases involving domestic violence in Michigan. Implementation will begin as a pilot project and closely monitored to ensure effective use and consistency in practice.

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: MDHHS collaborates with Michigan State University to develop mandated reporting guides for school personnel, physicians and pediatricians. MDHHS continues to:

- Update the website for mandated reporters.
- Provide an annual report on all training and activities related to CPS staff.
- 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:
 - Contracting with the Prosecuting Attorneys Association of Michigan to provide mandated reporter trainings around the state (Temporary Assistance for Needy Families-funded).
 - Supporting local MDHHS offices to train school, medical, law enforcement and other personnel in their communities (CAPTA-funded).
 - Distributing the Mandated Reporter Guide, as needed (CAPTA-funded).
 - Providing training as requested. Each local MDHHS office has staff trained and available to provide mandated reporter presentations (CAPTA-funded).

- Working with the Children’s Trust Fund to incorporate mandated reporter awareness and education into Child Abuse Prevention and Awareness Month activities (CAPTA-funded), and by obtaining their assistance in training mandated reporters through the use of Children’s Trust Fund Prevention Councils.

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: MDHHS will improve access to pediatric medical services in the assessment of child abuse and neglect.

Status: MDHHS 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. CPS works 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 used for activities and contracts to reduce child abuse and neglect and improve practice. Currently these activities include:

- Providing “birth match” services to identify parents who have had their rights terminated, leading to an automatic complaint and investigation, as described earlier.
- Providing specialized supportive services, assessments and when needed, reviews of abuse and neglect cases through a medical services contract.
- An annual child abuse and neglect conference.
- A paternity testing contract for children in the child welfare system.
- Support for the CPS Advisory Committee and annual conference.
- Support for the statewide child death review contract.
- Support for the annual Medical Advisory Conference.
- CPS program office travel costs.

CAPTA ANNUAL STATE DATA REPORT

CPS Staffing Allocations and Ratios; Qualifications and Training Requirements

Goal: MDHHS will improve the skills, qualifications and availability of staff and supervisors that provide services to children and families.

Status: In 2015, there are 1,390 CPS workers allocated. In addition, there are 52 CPS maltreatment in care specialists (17 regional workers and 35 workers in designated counties).

The following CPS staffing ratios were defined by the modified settlement agreement:

- CPS cases per ongoing worker: 17:1, for categories I, II and III.

- CPS cases per investigation worker: 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.
- Human services.

CPS workers must successfully complete a nine-week pre-service training and a minimum of 270 hours of competency-based classroom and field training. The employee is required to pass a competency-based performance evaluation, including a written examination. The employee must also 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 for child welfare supervisors who have not previously had supervisory training. At the conclusion of the training, the supervisor must pass a competency-based evaluation. MDHHS 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 Attachment A: Services Specialist Job Specifications. For information on CPS worker allocations, please see Attachment B: Worker Allocations 2015.

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 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 and is incorporated with the information obtained from local child death review teams, law enforcement, local health departments and medical examiners/coroners to ensure accurate recording of manner and cause of all child deaths in Michigan. Each year, this information is compiled into the Annual Michigan

Child Death Report provided to the governor and Michigan state legislature. The link for this 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 2014, the population identified at greatest risk of maltreatment was children age three or younger living with their biological parents, constituting 37 percent of total child victims (11,774 of 31,011 total victims). This data is captured through the MiSACWIS data system. Other factors included in identifying this group of children include increased vulnerability due to their age and stressors on parents because of the children's dependent status. Four areas of policy and practice that focus on this population are Michigan's:

- Multiple Complaint policy.
- Safe Sleep policy.
- Birth Match policy.
- Early On policy and service provision.
- Title IV-E Waiver Project, Protect MiFamily

JUVENILE JUSTICE TRANSFERS

In Michigan, 203 youth in Michigan's foster care system were adjudicated as delinquents in 2014, making them dual wards. The juvenile justice system in Michigan is decentralized, with each county responsible for its juvenile delinquent population. Counties may, under the Probate Code, 1939 PA 288, refer a youth to MDHHS for care and supervision or commit the youth under the Youth Rehabilitation Services Act, 1974 PA 150.

Juvenile Supervision in Michigan

Most youth remain the responsibility of their local court. Some youth who have had open foster care cases enter the juvenile justice system and remain under county supervision. The state does not have access to the case management systems used by county programs; therefore, determining the number of dual wards or 'crossover youth' is challenging.

Goal: MDHHS will work collaboratively with the county courts to improve data collection.

Status: Juvenile Justice Programs continues participation in a statewide work group formed by county family courts called Juvenile Justice Vision 20/20. MDHHS finalized requirements for a new juvenile justice management system that will replace its current system. MDHHS is also contracting with Georgetown University to continue spreading the Crossover Youth Practice Model that increases collaboration between courts and MDHHS for dual wards.

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. Some youth are in foster homes licensed through the court. These youth are often younger than those the state supervises, have committed less severe offenses, and generally do not require specialized services. The Child Care Fund is the primary funding mechanism for juvenile justice in Michigan, and in 2014 totaled about \$360 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.

Services to State-Supervised Youth

Youth referred or committed to MDHHS for juvenile justice services are provided with case management services by MDHHS juvenile justice specialists. A youth may remain in the community and be provided with local services or placed in public or private residential treatment placements that include private contracted facilities or one of three state facilities.

MICHIGAN CIVIL SERVICE COMMISSION
JOB SPECIFICATION

SERVICES SPECIALIST

JOB DESCRIPTION

Employees in this job complete and oversee a variety of professional assignments to provide services to socially and economically disadvantaged individuals in programs administered by the Department of Human Services such as protective services, foster care, adoption, juvenile justice, foster home licensing, and adult services.

There are four classifications in this job.

Position Code Title - Services Specialist-E

Services Specialist 9

This is the entry level. As a trainee, the employee carries out a range of professional services specialist assignments while learning the methods of the work.

Services Specialist 10

This is the intermediate level. The employee performs an expanding range of professional services specialist assignments in a developing capacity.

Services Specialist P11

This is the experienced level. The employee performs a full range of professional services specialist assignments in a full-functioning capacity. Considerable independent judgment is required to carry out assignments that have significant impact on services or programs. Guidelines may be available, but require adaptation or interpretation to determine appropriate courses of action.

Position Code Title - Services Specialist-A

Services Specialist 12

This is the advanced level. At this level, employees may function as a lead worker overseeing the work of lower level Services Specialists or have regular assignments which have been recognized by Civil Service as having significantly greater complexity than those assigned at the experienced level. The recognized senior-level assignments for this level are MiTEAM Peer Coach and Maltreatment in Care (MIC) Children's Protective Services worker.

NOTE: Employees generally progress through this series to the experienced level based on satisfactory performance and possession of the required experience.

JOB DUTIES

NOTE: The job duties listed are typical examples of the work performed by positions in this job classification. Not all duties assigned to every position are included, nor is it expected that all positions will be assigned every duty.

Engages in face-to-face contact with alleged victims of abuse and/or neglect and visits their homes or residential placements.

Provides casework services to dependent, neglected, abused, and delinquent children and youths; children with disabilities; socially and economically disadvantaged and dependent adult clients; and other individuals and families.

Observes individuals, families, and living conditions.

Determines the appropriate method and course of action and implements service, treatment, and learning plans.

Develops plans and finds resources to address clients' and families' problems in housing, counseling, and other areas, using specific service methods; monitors services provided.

Writes and maintains social case histories, case summaries, case records, and related reports and correspondence.

Provides or secures protective services for endangered children and adults qualifying for such services.

Provides direct counseling services to clients.

Screens individuals newly committed to the department and develops plans for care, service, treatment, and learning.

Conducts family assessment and placement studies.

Presents assessment and service plans at pre-dispositional and dispositional hearings.

Interprets behavioral problems for parents and other caregivers and otherwise assists them in providing appropriate care to children.

Serves as liaison between the department and community groups in developing programs, interpreting rules and regulations, and coordinating programs and services.

Provides 24-hour crisis intervention assistance.

Provides on-call services.

Evaluates applications for family and group, day care, home registration and licensing purposes; regulates child care in approved homes through periodic reviews.

Recruits and trains new foster parents.

Investigates, assesses, and follows up on complaints of abuse or neglect.

Visits abused or neglected wards in their homes, foster homes, or residential placements.

Prepares legal documents, forms, and petitions.

Testifies in court on progress and services rendered to children and families.

Transports clients to court hearings, clinic appointments, and placement homes.

Responds to general inquiries and conducts searches for adoptive placements for special needs children; provides post-adoptive services for the children and families.

Attends and completes annual, in-service training as required.

Performs related work as assigned.

Additional Job Duties

Services Specialist 12 (Lead Worker)

Oversees the work of professional staff by making and reviewing work assignments, establishing priorities, coordinating activities, and resolving related work problems.

Services Specialist 12 (Senior Worker)

The CPS-MIC investigator takes the lead on coordinating the investigation involving multiple child welfare programs and/or law enforcement and facilitates the dispositional case conference with all parties to review and ensure consistency with the investigative findings.

Redacts confidential information from Investigative Reports that are provided to the interested parties of the investigation; assures that policies and legal requirements are met and assure that each party only receives information they are legally entitled to.

Coordinates with multiple child placement agencies, court systems, and counties in relation to investigations; maintains an understanding of the court systems, and adapts work methods, processes, and approach to meet requirements and needs of the involved parties to assure successful intervention.

Conducts investigations of child abuse and neglect in licensed and unlicensed foster homes, residential facilities, juvenile justice facilities, day care centers, and day care homes.

Maltreatment in Care (MIC) Children's Protective Services Worker:

Provides expertise to the team members regarding child welfare legal requirements, policies, and procedures.

Serves as team leader during the team meetings by facilitating case planning and problem resolution and encouraging participation of all team members.

Coordinates team meetings by determining who the participants will be.

MiTEAM Peer Coach:

Performs on a regular basis professional services specialist assignments which are recognized by Civil Service as more complex than those assigned at the experienced level.

JOB QUALIFICATIONS

Knowledge, Skills, and Abilities

NOTE: Some knowledge in the area listed is required at the entry level, developing knowledge is required at the intermediate level, considerable knowledge is required at the experienced level, and thorough knowledge is required at the advanced level.

Knowledge of state and federal social welfare laws, rules and regulations.

Knowledge of social work theory and casework, group work and community-organization methods.

Knowledge of interviewing techniques.

Knowledge of human behavior and the behavioral sciences, including human growth and development, dynamics of interpersonal relationships, and family dynamics.

Knowledge of cultural and subcultural values and patterns of behavior.

Knowledge of the basic principles of casework involving analysis of the physical, psychological, and social factors contributing to maladjustment.

Knowledge of the problems of child welfare work with reference to dependent children, children with behavior problems and other children in need of special care.

Knowledge of casework methods and problems involved in the adoption and boarding of children.

Knowledge of juvenile court procedures.

Knowledge of social problems and their causes, effects, and means of remediation.

Knowledge of the types of discrimination and mistreatment to which clients may be subjected.

Knowledge of family and marital problems, and their characteristics and solutions.

Knowledge of community resources providing assistance to families and individuals.
Knowledge of departmental assistance payments programs.
Ability to observe client conditions and environments.
Ability to operate a motor vehicle.
Ability to maneuver through homes safely.
Ability to apply rehabilitation principles and concepts to social casework.
Ability to develop, monitor, and modify client service plans.
Ability to communicate with individuals who have emotional or mental problems and with members of different cultural or subcultural groups.
Ability to persuade or influence people in favor of specific actions, changes in attitude, or insights.
Ability to interpret laws, regulations, and policies.
Ability to maintain records and prepare reports and correspondence related to the work.
Ability to communicate effectively with others.
Ability to maintain favorable public relations.

Additional Knowledge, Skills, and Abilities

Services Specialist 12 (Lead Worker)

Ability to set priorities and assign work to other professionals.
Ability to organize and coordinate the work of others.

Services Specialist 12 (Senior Worker)

Ability to organize and facilitate meetings.
Knowledge of child welfare statutes, policies, and procedures.
Knowledge of group dynamics and processes.
Knowledge of risk assessment.
Ability to maintain confidentiality in accordance with laws, regulations, policies, and procedures.
Knowledge of federal and state mandated confidentiality laws; ability to accurately apply these laws and redact documents accordingly.

Working Conditions

Some jobs require considerable travel.
Some jobs require an employee to work in adversarial situations.
Some jobs require an employee to work in a hostile environment.

Physical Requirements

Some jobs require the ability to lift 25 lbs. in order to complete the duties of the position. This can include children and equipment.

Education

Possession of a bachelor's or master's degree with a major in one of the following human services areas: social work, sociology, psychology, family ecology, consumer/community services, family studies, family and/or child development, guidance/school counseling, counseling psychology, criminal justice, or human services.

Experience

Services Specialist 9

No specific type or amount is required.

Services Specialist 10

One year of professional experience providing casework services to socially and economically disadvantaged individuals equivalent to a Services Specialist 9.

Services Specialist P11

Two years of professional experience providing casework services to socially and economically disadvantaged individuals equivalent to a Services Specialist, including one year equivalent to a Services Specialist 10.

Services Specialist 12

Three years of professional experience providing social casework services to socially and economically disadvantaged individuals equivalent to a Services Specialist, including one year equivalent to a Services Specialist P11.

Special Requirements, Licenses, and Certifications

Any candidate hired as a Services Specialist in a protective services, foster care services, or adoption services position must successfully complete an eight week pre-service training program that includes a total of 270 hours of competency-based classroom and field training. The employee will also be required to pass a competency-based performance evaluation which shall include a written examination. Additionally, the employee must successfully complete a minimum number of hours of in-service training on an annual basis.

Possession of a valid driver's license.

NOTE: Equivalent combinations of education and experience that provide the required knowledge, skills, and abilities will be evaluated on an individual basis.

JOB CODE, POSITION TITLES AND CODES, AND COMPENSATION INFORMATION

Job Code

SOCSESRPL

Job Code Description

SERVICES SPECIALIST

Position Title

Services Specialist-E

Services Specialist-A

Position Code

SOCSSPLE

SOCSSPLA

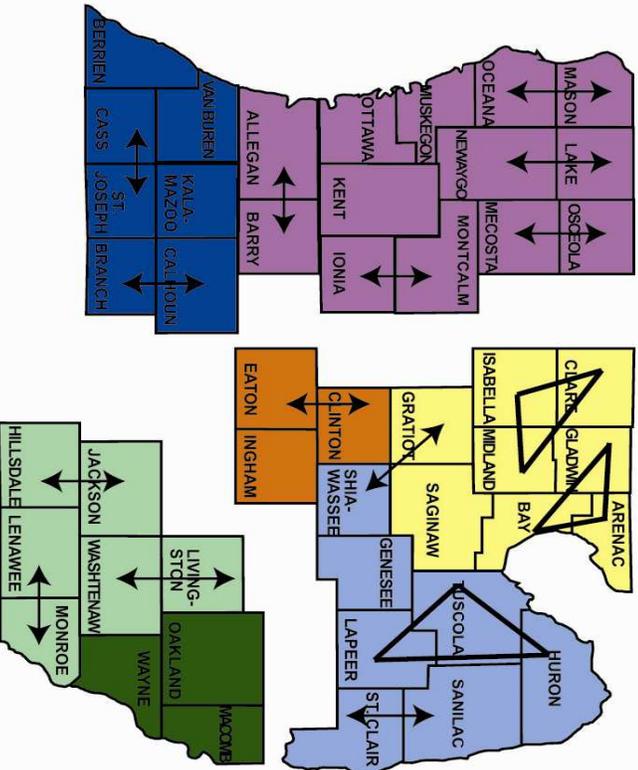
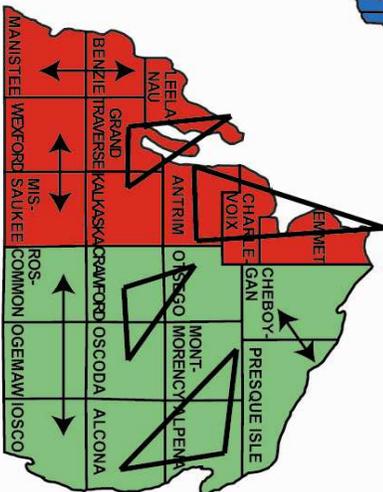
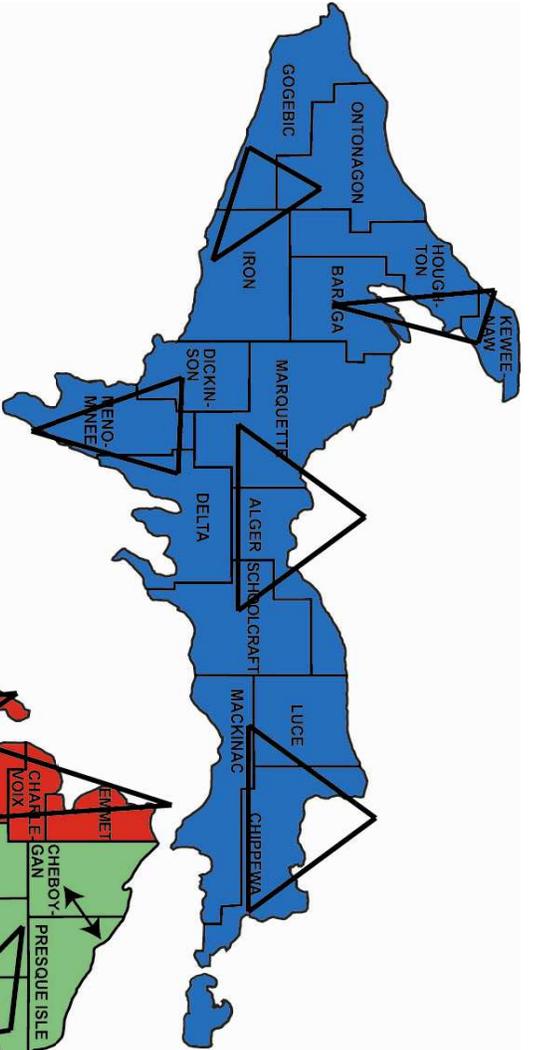
Pay Schedule

W22-079

W22-080

SA

04/13/2014



Fiscal Year 2015

Field Staffing

Allocation Package

Effective Date: 10.1.14

Print Date: 8.18.14

State of Michigan

Department of Human Services

FY2015 STAFFING ALLOCATION

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FY2015 STAFFING ALLOCATION

Executive Summary

FY2015 STAFFING ALLOCATION

Executive Summary

Overview

The FY2015 Field Staffing Allocation is for BSC use and county-specific information is intended to be advisory in nature. Positions are specifically set aside for BSC redistribution/utilization in the Child Welfare (CW) portion of this package and positions in other staffing categories may be adjusted or realigned in accordance with the Hiring Guidelines and Union Provisions.

The FY2015 staffing allocation for Outstate and Wayne County Operations totals 8980.1 positions, which is a *net decrease of 392.0* from FY2014.

Allocations by staffing category are reflected in the following chart. This allocation represents the allocation of *all* positions with no distinction between permanent, limited-term and seasonal employees.

	FY2014 <u>Allocation</u>	FY2015 <u>Allocation</u>	<u>Difference</u>
Eligibility Specialists/JET	3176.0	3028.0	(148.0)
Family Independence Specialists	362.0	296.0	(66.0)
Adult Services/Juvenile Justice Workers	496.5	497.0	0.5
Family & Children Services (FCS) Workers	2657.0	2607.0	(50.0)
Other Workers	227.6	221.6	(6.0)
Administrative Support Workers	1147.5	1059.0	(88.5)
1st Line Supervisors	994.0	957.0	(37.0)
2nd Line Supr. & Program Technical	183.0	189.0	6.0
Sub-Total	9243.6	8854.6	(391.0)
Field Management and Administration	81.0	78.0	(3.0)
Migrant Services Workers	47.5	47.5	0.0
Total Positions Allocated	9372.1	8980.1	(392.0)

Highlight of Changes from the FY2014 Allocation

- 1) The FY2015 allocation is an advisory allocation for BSC Directors.
- 2) The overall FIS/ES allocation was reduced by 214.0, Administrative Support by 75.0 and 1st-Line Supervisors by 20.0. All positions have been redirected from the SSPC's.
- 3) Adult Services Workers and Juvenile Justice Workers are both stand-alone allocations; combined only for comparisons to FY2014
- 4) All positions are rounded to whole positions; there is no partial position redistribution for FY2015

Single and Dual Counties

The allocation charts are organized by Business Service Centers. Within each area, the single counties are listed in alphabetical order, followed by the dual and tri-counties.

Positions Allocated Outside of a Formula

A total of 604.0 positions are allocated to counties and Field Operations Administration (FOA) and Children's Services Administration (CSA), outside of allocation formulas, to meet unique staffing needs. These positions are taken from the total positions available prior to the application of any formulas.

49.0	(46.0 ES, 3.0 1 st Line) Recoupment Positions
56.0	(52.0 Maltreatment In Care (MIC) Workers and 4.0 1 st Line Supervisors)
149.0	(121.0 Centralized CPS Intake Workers and Administrative Staff, 28.0 1 st Line Supervisors)
81.0	(CW) Child Welfare Funding Specialists (formerly Title IV-E Positions)
53.0	(CW) Peer Coaches (formerly PCC's)
4.0	(CW) Court Liaisons
25.0	(DC) Health Liaisons
31.0	(DC) MYOI Positions
15.0	(FCS) Education Planners
1.0	(Administrative Support) Foster Care Credit Check
3.0	(JJ) Wayne Juvenile Justice Positions
<u>137.0</u>	(62.0 Administrative Support, 8.0 1 st Line Supervisors, 67.0 2 nd Line/PT) Business/Accounting Service Centers (BSC/ASC)
604.0	TOTAL

FY2015 STAFFING ALLOCATION

Allocation Summary and Comparison Charts:

- 1. Detailed Comparison of Allocation Increases and Decreases, Statewide Totals**
- 2. FY2015 Allocation Summary by Staffing Category, by County**
- 3. FY2015 Allocation Total Compared to FY2014 Total, by County**
- 4. FY2015 Compared to FY2014, by Staffing Category, by County**

**FY2015 Staffing Allocation
Detailed Comparison By Staffing Category**

August 18, 2014						
Staffing Category	FY2014 Allocation	Subtotals	FY2015 Allocation	Subtotals	Difference	Subtotals
Eligibility Specialists	2,870.00		2,936.00		66.00	
- ES Lead Workers	-		-		-	
ES Sub-total		2,870.00		2,936.00		66.00
ES Off-the-tops						
- Recruitment Specialists	46.00		46.00		-	
- Central Operations (SSPC's)	214.00		-		(214.00)	
- MICAP Workers (moved to Central Ops)					-	
- Healthy Kids Program (moved to Central Ops)					-	
- Family Planning Waiver - ES (moved to Central Ops)					-	
ES Off-the-tops		260.00		46.00		(214.00)
JET Coordinators	46.00	46.00	46.00	46.00	-	0.00
Family Independence Specialists	362.00	362.00	296.00	296.00		(66.00)
ES/FIS/JET Coordinator Sub-total		3,538.00		3,324.00		(214.00)
Adult CP & LS Workers	335.38		335.05		(0.33)	
Adult Protective Services Workers	121.77		126.30		4.53	
Juvenile Justice Workers	37.54		34.00		(3.54)	
Rounding	1.81	496.50	1.65	497.00	(0.16)	0.50
Direct Care & Foster Home Licensing Wkrs.	856.00		835.00		(21.00)	
CPS Workers	1,421.00		1,390.00		(31.00)	
FCS Off-the-tops						
- Peer Coaches (formerly PPOC's)	55.00		53.00		(2.00)	
- MIC	52.00		52.00		-	
- Health Liaisons (Direct Care)	25.00		25.00		-	
- Centralized Intake Wkrs. & Admin Staff	121.00		121.00		-	
- Educational Planners	15.00		15.00		-	
- MYOI Workers	31.00		31.00		-	
- Court Liaisons			4.00		4.00	
- Child Welfare Funding Specialists (V-E)	81.00		81.00		-	
		2,657.00		2,607.00		(50.00)
Administrative Support Workers	987.50		996.00		8.50	
Administrative Support Off-the-top						
- BSC Staff (Accounting Assistants/Secretaries)	84.00		62.00		(22.00)	
- CSA (Direct Care Credit Check)	1.00		1.00		-	
- SSPC's/Central Ops	75.00				(75.00)	
		1,147.50		1,059.00		(88.50)
First-Line Supervisors (Cash Assistance)	401.00		355.00		(46.00)	
First-Line Supervisors (Adult Services)			38.00		38.00	
First-Line Supervisors (Child Welfare)	522.00		511.00		(11.00)	
First-Line Supervisors (CW Ad Support)	8.00		10.00		2.00	
First-Line Supervisors Off-the-tops						
- Central Ops	20.00				(20.00)	
- Recruitment	3.00		3.00		-	
- BSC Staff (Fiscal Supervision)	8.00		8.00		-	
- Child Welfare (MIC and Centralized Intake)	32.00		32.00		-	
- Healthy Kids/Plan First (moved to Central Ops)		994.00		957.00		(37.00)
2nd-Line Supervisors/ProgTechs (charged to Cash)	73.00		67.00		(6.00)	
2nd-Line Supervisors (charged to CW)	49.00		49.00		-	
2nd-Line Supervisors (Adult)	-		4.00		4.00	
- BSC Staff (Program Tech/2nd Line)	61.00	183.00	67.00	189.00		4.00
Community Resource Coordinators	55.00		54.00		(1.00)	
Indian Outreach Workers	12.00		12.00		-	
Field Management & Administration	81.00		78.00		(3.00)	
Migrant Services Program	47.50	195.50	47.50	191.50		(4.00)
Total Cash Assistance (62610 Appropriation)		5,951.50		5,625.50		(326.00)
Total Child Welfare (Multiple Appropriations)		3,260.00		3,199.00		(61.00)
Wayne County Skillman Grant Positions	5.00		-		(5.00)	
Donated Funds	146.60		146.60		-	
SSI Advocacy	9.00		9.00		-	
Total (Non-Field Staff S & W)		160.60		155.60		(5.00)
TOTALS		9,372.10		8,980.10		(392.00)

FY2015 COUNTY STAFF COMPARISON
(Excludes Migrant Services and CPQP)

Run Date: 8.18.14	FY2014	FY2015	Change	% of Change
	Total County Staff	Total County Staff	Total County Change	
STATEWIDE	9,324.60	8,932.60	(392.00)	-4.20%
BSC 1	23.00	30.00	7.00	30.43%
ALCONA/	-	-	-	0.00%
ALPENA/	47.00	47.00	-	0.00%
MONTMORENCY	11.50	12.00	0.50	4.35%
ALGER/	8.50	9.00	0.50	5.88%
MARQUETTE/	52.00	56.00	4.00	7.69%
SCHOOLCRAFT	10.00	10.00	-	0.00%
ANTRIM/	22.00	20.00	(2.00)	-9.09%
CHARLEVOIX/	-	-	-	-
EMMET	57.00	59.00	2.00	3.51%
BARAGA/	11.50	11.00	(0.50)	-4.35%
HOUGHTON/	29.50	31.00	1.50	5.08%
KEWEENAW	1.50	2.00	0.50	33.33%
BENZIE/	14.00	13.00	(1.00)	-7.14%
MAISTEE	29.90	31.00	1.10	3.68%
CHEBOYGAN/	39.00	38.00	(1.00)	-2.56%
PRESQUE ISLE	10.50	11.00	0.50	4.76%
CHIPPewa/	45.50	47.00	1.50	3.30%
LUCE/	11.00	10.00	(1.00)	-9.09%
MACKINAC/	12.50	11.00	(1.50)	-12.00%
CRAWFORD/	21.00	19.00	(2.00)	-9.52%
OSCODA/	11.00	12.00	1.00	9.09%
OTSEGO	39.00	39.00	-	0.00%
DELTA/	42.50	46.00	3.50	8.24%
DICKINSON/	24.00	22.00	(2.00)	-8.33%
MEMORINEE	18.00	18.00	-	0.00%
GOEBEL/	27.50	28.00	0.50	1.82%
IRON/	12.00	14.00	2.00	16.67%
ONTONAGON	9.50	8.00	(1.50)	-15.79%
GR. TRAVERSE/	82.00	83.00	1.00	1.22%
KALKASKA/	18.00	18.00	-	0.00%
LEELANAU	-	-	-	-
IOSCO/	31.00	29.00	(2.00)	-6.45%
OGERAW/	39.00	41.00	2.00	5.13%
ROSCOMMON	24.00	22.00	(2.00)	-8.33%
MISSAUKEE/	-	-	-	-
WEXFORD	61.50	63.00	1.50	2.44%
TOTAL	895.50	909.00	13.50	1.51%
BSC 2	47.00	34.00	(13.00)	-27.66%
GENESEE	295.00	301.00	6.00	2.03%
INGHAM CASH	156.00	153.00	(3.00)	-1.92%
INGHAM CSA	123.00	118.00	(5.00)	-4.07%
SAGINAW	209.00	206.00	(3.00)	-1.44%
ARENAC/	20.00	19.00	(1.00)	-5.00%
BAY/	111.00	112.00	1.00	0.90%
GLADWIN	26.00	26.00	-	0.00%
CLARE/	29.50	28.00	(1.50)	-5.08%
ISABELLA/	53.00	60.00	7.00	13.21%
MIDLAND	73.50	69.00	(4.50)	-6.12%
CLINTON/	34.00	30.00	(4.00)	-11.76%
EATON	83.50	83.00	(0.50)	-0.60%
GRATIOT	31.50	30.00	(1.50)	-4.76%
SHIAWASSEE	75.50	76.00	0.50	0.66%
HURON/	20.50	20.00	(0.50)	-2.44%
LAPER/	47.50	45.50	(2.00)	-4.21%
TUSCOLA	68.50	71.00	2.50	3.65%
ST. CLAIR/	162.50	161.00	(1.50)	-0.92%
SANILAC	36.00	31.00	(5.00)	-13.89%
TOTAL	-1,702.50	1,673.50	(29.00)	-1.70%

FY2015 COUNTY STAFF COMPARISON
(Excludes Migrant Services and CPCP)

Run Date: 8/18/14	FY2014	FY2015	Change	% of Change
	Total County Staff	Total County Staff		
BSC 3	52.00	44.00	(8.00)	-15.38%
BERRIEN	165.50	161.00	(4.50)	-2.72%
KALAMAZOO	263.00	271.00	8.00	3.04%
KENT CASH	285.00	283.00	(2.00)	-0.88%
MUSKEGON/	245.00	242.00	(3.00)	-1.22%
OTTAWA	119.00	120.00	1.00	0.84%
VAN BUREN	91.00	92.00	1.00	1.10%
ALLEGAN/	100.50	101.00	0.50	0.50%
BARRY	35.50	31.00	(4.50)	-12.68%
BRANCH/	40.00	37.00	(3.00)	-7.50%
CALHOUN	172.00	170.00	(2.00)	-1.16%
CASS/	46.00	42.00	(4.00)	-8.70%
ST. JOSEPH	78.50	78.00	(0.50)	-0.64%
IONIA/	62.50	55.00	(7.50)	-12.00%
MONTCALM	54.50	54.00	(0.50)	-0.92%
LAKE/	18.00	18.00	-	0.00%
NEWAYGO	65.10	67.60	2.50	3.84%
MASON/	33.50	33.00	(0.50)	-1.49%
OCEAMA	25.00	24.00	(1.00)	-4.00%
MECOSTA/	72.00	70.00	(2.00)	-2.78%
OSCEOLA	-	-	-	-
TOTAL	2024.10	1933.60	(30.50)	-1.51%
BSC 4	31.00	27.00	(4.00)	-12.90%
MACOMB	332.00	331.00	(1.00)	-0.30%
OAKLAND	386.00	396.00	10.00	2.58%
WAYNE	1,416.00	1,397.00	(19.00)	-1.34%
HILLSDALE/	42.50	38.00	(4.50)	-10.59%
JACKSON	182.50	185.50	3.00	1.64%
LENAWEE/	61.50	58.00	(3.50)	-5.69%
MONROE	109.00	110.00	1.00	0.92%
LIVINGSTON/	60.00	58.00	(2.00)	-3.33%
WASHTEENAW	177.50	182.00	4.50	2.54%
TOTAL	2,800.00	2,784.50	(15.50)	-0.55%
BSC 5	64.00	71.00	7.00	10.94%
GENESEE CSA	192.00	177.00	(15.00)	-7.81%
KENT CSA	170.00	170.00	-	0.00%
MACOMB CSA	166.00	168.00	2.00	1.20%
OAKLAND CSA	199.50	203.00	3.50	1.75%
WAYNE CSA	515.00	523.00	8.00	1.55%
TOTAL	1,306.50	1,312.00	5.50	0.42%
FOA & CSA Central	538.00	229.00	(309.00)	-57.43%
BSC 6 Staff	58.00	31.00	(27.00)	-46.55%
STATEWIDE	9,324.60	8,932.60	(392.00)	-4.20%

FY2015 COUNTY ALLOCATION COMPARISON BY STAFFING CATEGORY
(Excludes Migrant Services and CPSP)

Run Date: 8/18/14	FY2014 ES/FIS/ JET	FY2015 ES/FIS/ JET	change	FY2014 Adult JJ	FY2015 Adult JJ	change	FY2014 Child Welfare	FY2015 Child Welfare	change	FY2014 Other Wks	FY2015 Other Wks	change	FY2014 Admin Support Wks	FY2015 Admin Support Wks	change	FY2014 1st Line Supv	FY2015 1st Line Supv	change	FY2014 2nd Line/ PT	FY2015 2nd Line/ PT	change	FY2014 Mgmt/ Admin	FY2015 Mgmt/ Admin	change	
STATEWIDE	3,538.00	3,324.00	(214.00)	498.50	497.00	0.50	2,657.00	2,607.00	(50.00)	227.50	221.60	(6.00)	1,147.50	1,059.00	(88.50)	920.00	957.00	(37.00)	180.00	189.00	9.00	81.00	78.00	(3.00)	
BSC 1	1.00	1.00	0.00	1.00	1.00	0.00	9.00	10.00	1.00	-	-	-	6.00	6.00	-	1.00	-	(1.00)	6.00	12.00	6.00	1.00	1.00	1.00	-
ALCONA/	16.00	16.00	-	2.00	2.00	-	14.00	15.00	1.00	1.00	1.00	-	5.00	5.00	-	7.00	6.00	(1.00)	1.00	1.00	-	1.00	1.00	-	
ALPENA/	4.50	4.00	(0.50)	1.00	1.00	-	3.00	4.00	1.00	-	-	-	3.00	3.00	-	-	-	-	-	-	-	-	-	-	
MONTMORENCY/	3.00	3.00	-	0.50	-	(0.50)	2.00	3.00	1.00	-	-	-	3.00	3.00	-	-	-	-	-	-	-	-	-	-	
ALGER/	17.00	17.00	-	1.50	2.00	0.50	16.00	18.00	2.00	2.00	2.00	-	5.50	6.00	0.50	8.00	9.00	1.00	1.00	1.00	-	1.00	1.00	-	
MARQUETTE	3.50	4.00	0.50	0.50	-	(0.50)	3.00	3.00	-	-	-	-	3.00	3.00	-	-	-	-	-	-	-	-	-	-	
SCHOOL CRAFT	7.50	7.00	(0.50)	1.50	-	(1.50)	9.00	9.00	-	1.00	1.00	-	3.00	3.00	-	-	-	-	-	-	-	-	-	-	
ANTRIM/	16.50	17.00	0.50	2.50	4.00	1.50	20.00	20.00	-	1.00	1.00	-	6.00	6.00	-	9.00	9.00	-	1.00	1.00	-	1.00	1.00	-	
CHARLEVOIX/	4.00	4.00	-	0.50	-	(0.50)	3.00	3.00	-	1.00	1.00	-	3.00	3.00	-	4.00	4.00	-	1.00	1.00	-	1.00	1.00	-	
EMMET/	10.50	11.00	0.50	1.50	2.00	0.50	7.00	7.00	-	1.00	1.00	-	3.50	4.00	0.50	-	-	-	1.00	1.00	-	1.00	1.00	-	
BARAGA	0.50	1.00	0.50	1.50	2.00	0.50	4.00	4.00	-	-	-	-	1.00	1.00	-	-	-	-	-	-	-	-	-	-	
HOUGHTON/	6.00	6.00	-	2.00	-	(1.00)	4.00	8.00	4.00	2.00	2.00	-	3.00	3.00	-	5.00	5.00	-	1.00	1.00	-	1.00	1.00	-	
KEWENAUAW	8.30	8.00	(0.30)	2.00	3.00	1.00	7.00	8.00	1.00	-	-	-	3.00	3.00	-	8.00	8.00	-	1.00	1.00	-	1.00	1.00	-	
BENZIE/	11.00	11.00	-	2.00	2.00	-	12.00	11.00	(1.00)	2.00	2.00	-	4.00	4.00	-	6.00	6.00	-	1.00	1.00	-	1.00	1.00	-	
CHEBOYGAN/	4.00	4.00	-	0.50	-	(0.50)	3.00	4.00	1.00	-	-	-	3.00	3.00	-	-	-	-	-	-	-	-	-	-	
PRESQUE ISLE	11.50	11.00	(0.50)	1.50	3.00	1.50	15.00	15.00	-	1.00	1.00	-	4.50	5.00	0.50	8.00	8.00	-	1.00	1.00	-	1.00	1.00	-	
CHIPPewa/	3.50	3.00	(0.50)	0.50	-	(0.50)	3.00	3.00	-	1.00	1.00	-	3.00	3.00	-	-	-	-	-	-	-	-	-	-	
LUCE	3.50	3.00	(0.50)	1.00	-	(1.00)	4.00	4.00	-	1.00	1.00	-	3.00	3.00	-	-	-	-	-	-	-	-	-	-	
MACKINAC	6.00	6.00	-	1.00	-	(1.00)	11.00	10.00	(1.00)	-	-	-	3.00	3.00	-	-	-	-	-	-	-	-	-	-	
CRAWFORD/	4.50	5.00	0.50	0.50	-	(0.50)	3.00	3.00	-	2.00	2.00	-	3.00	3.00	-	8.00	8.00	-	1.00	1.00	-	1.00	1.00	-	
OSCODA	10.00	10.00	-	3.00	4.00	1.00	10.00	9.00	(1.00)	2.00	2.00	-	4.00	4.00	-	10.00	10.00	-	1.00	1.00	-	1.00	1.00	-	
OTSEGO	13.50	13.00	(0.50)	1.50	3.00	1.50	10.00	11.00	1.00	1.00	1.00	-	4.50	5.00	0.50	-	-	-	-	-	-	-	-	-	
DELTA/	9.00	8.00	(1.00)	1.00	-	(1.00)	10.00	10.00	-	1.00	1.00	-	3.00	3.00	-	-	-	-	-	-	-	-	-	-	
DICKINSON/	6.50	7.00	0.50	1.50	1.00	(0.50)	5.00	5.00	-	2.00	2.00	-	3.00	3.00	-	-	-	-	-	-	-	-	-	-	
MENOMINEE	7.00	7.00	-	1.50	1.00	(0.50)	7.00	8.00	1.00	2.00	2.00	-	3.00	3.00	-	5.00	5.00	-	1.00	1.00	-	1.00	1.00	-	
GOGBERG/	5.00	5.00	-	1.00	2.00	1.00	3.00	4.00	1.00	-	-	-	3.00	3.00	-	-	-	-	-	-	-	-	-	-	
IRON	3.00	3.00	-	0.50	-	(0.50)	3.00	2.00	(1.00)	-	-	-	3.00	3.00	-	-	-	-	-	-	-	-	-	-	
ONTONAGON	29.50	29.00	(0.50)	4.50	4.00	(0.50)	23.00	24.00	1.00	3.00	3.00	-	9.00	9.00	-	11.00	11.00	-	1.00	2.00	1.00	1.00	1.00	-	
GR. TRAVERSE/	8.00	8.00	-	1.00	-	(1.00)	6.00	6.00	-	-	-	-	3.00	3.00	-	-	-	-	-	-	-	-	-	-	
KALKASKA	12.00	12.00	-	2.00	-	(2.00)	12.00	12.00	-	1.00	1.00	-	4.00	4.00	-	-	-	-	-	-	-	-	-	-	
LEELANAU	10.00	10.00	-	2.50	5.00	2.50	9.00	9.00	-	1.00	1.00	-	3.50	4.00	0.50	11.00	10.00	(1.00)	1.00	1.00	-	1.00	1.00	-	
ROSCOMMON	0.00	11.00	11.00	1.50	-	(1.50)	8.00	8.00	-	-	-	-	3.50	3.00	(0.50)	-	-	-	-	-	-	-	-	-	
MISSAUIKEE/	20.50	21.00	0.50	3.50	4.00	0.50	21.00	21.00	-	-	1.00	1.00	6.50	7.00	0.50	8.00	7.00	(1.00)	1.00	1.00	-	1.00	1.00	-	
WEXFORD	286.50	286.00	(0.50)	46.50	43.00	(3.50)	275.00	283.00	8.00	29.00	30.00	1.00	124.50	127.00	2.50	101.00	100.00	(1.00)	19.00	26.00	7.00	14.00	14.00	-	
TOTAL	197.00	204.00	7.00	17.50	18.00	0.50	-	-	(10.00)	9.00	9.00	-	42.50	5.00	(7.00)	1.00	1.00	-	6.00	18.00	4.00	1.00	1.00	-	
GENESEE	99.00	100.00	1.00	1.00	2.00	1.00	90.00	84.00	(6.00)	4.00	4.00	-	22.00	20.00	(2.00)	22.00	23.00	1.00	3.00	3.00	-	4.00	4.00	-	
INGHAM CASH	89.50	89.00	(0.50)	1.00	2.00	1.00	50.00	46.00	(4.00)	5.00	5.00	-	9.00	11.00	2.00	12.00	12.00	-	2.00	2.00	-	1.00	1.00	-	
SAGINAW/	7.50	8.00	0.50	1.50	-	(1.50)	8.00	8.00	-	4.00	4.00	-	3.00	3.00	-	22.00	21.00	(1.00)	3.00	3.00	-	1.00	1.00	-	
ARENAC/	36.00	36.00	-	6.50	9.00	2.50	32.00	36.00	(4.00)	4.00	4.00	-	11.50	12.00	0.50	18.00	17.00	(1.00)	2.00	3.00	1.00	1.00	1.00	-	
BAY	11.50	12.00	0.50	2.00	1.00	(1.00)	9.00	9.00	-	-	-	-	4.50	4.00	(0.50)	-	-	-	-	-	-	-	-	-	
GLADWIN	14.50	14.00	(0.50)	1.00	-	(1.00)	9.00	10.00	1.00	1.00	1.00	-	3.50	4.00	0.50	-	-	-	-	-	-	-	-	-	
CLARE/	17.50	17.00	(0.50)	3.50	9.00	5.50	22.00	22.00	-	4.00	4.00	-	6.00	7.00	1.00	18.00	17.00	(1.00)	2.00	2.00	-	1.00	1.00	-	
ISABELLA	20.50	21.00	0.50	4.00	-	(4.00)	18.00	18.00	-	1.00	1.00	-	4.00	4.00	-	-	-	-	-	-	-	-	-	-	
MIDLAND	11.50	11.00	(0.50)	1.50	-	(1.50)	16.00	14.00	(2.00)	1.00	1.00	-	4.00	4.00	-	14.00	13.00	(1.00)	2.00	2.00	-	1.00	1.00	-	
CLINTON/	24.00	24.00	-	3.00	4.00	1.00	30.00	29.00	(1.00)	2.00	2.00	-	8.50	9.00	0.50	-	-	-	-	-	-	-	-	-	
EATON	13.50	13.00	(0.50)	1.00	5.00	4.00	11.00	11.00	-	3.00	2.00	(1.00)	7.50	8.00	0.50	-	-	-	2.00	2.00	-	1.00	1.00	-	
GRATIOT/	22.50	22.00	(0.50)	3.00	1.00	(2.00)	23.00	24.00	1.00	1.50	1.50	-	6.00	6.00	-	13.00	12.00	(1.00)	2.00	2.00	-	1.00	1.00	-	
SHIAWASSEE	8.50	9.00	0.50	2.00	1.00	(1.00)	6.00	7.00	1.00	1.00	1.00	-	3.00	3.00	-	-	-	-	-	-	-	-	-	-	
HURON	21.00	21.00	-	2.00	5.00	3.00	16.00	16.00	-	1.50	1.50	-	6.00	6.00	-	16.00	15.00	(1.00)	2.00	2.00	-	1.00	1.00	-	
LAPEER/	17.50	18.00	0.50	2.50	9.00	6.50	23.00	23.00	-	1.00	1.00	-	6.50	7.00	0.50	23.00	23.00	-	3.00	3.00	-	1.00	1.00	-	
TUSCOLA	54.00	52.00	(2.00)	6.50	9.00	2.50	53.00	51.00	(2.00)	5.00	5.00	-	17.00	17.00	-	-	-	-	-	-	-	-	-	-	
ST. CLAIR	14.50	14.00	(0.50)	3.00	-	(3.00)	13.00	12.00	(1.00)	1.00	1.00	-													

FY2015 COUNTY ALLOCATION COMPARISON BY STAFFING CATEGORY
(Excludes Migrant Services and CPCP)

Run Date: 8/18/14	FY2014 ES/HS/ JET Wkrs	FY2015 ES/HS/ JET Wkrs	change	FY2014 Adult/ JJ Wkrs	FY2015 Adult/ JJ Wkrs	change	FY2014 Child Welfare Wkrs	FY2015 Child Welfare Wkrs	change	FY2014 Other Wkrs	FY2015 Other Wkrs	change	FY2014 Admin Support Wkrs	FY2015 Admin Support Wkrs	change	FY2014 1st Line Supv 1.00	FY2015 1st Line Supv 1.00	change	FY2014 2nd Line/ PT	FY2015 2nd Line/ PT	change	FY2014 Mgmt/ Admin	FY2015 Mgmt/ Admin	change
BSC 3							30.00	23.00	(7.00)										9.00	11.00	2.00	1.00	1.00	-
BERRIEN	61.00	59.00	(2.00)	12.50	10.00	(2.50)	51.00	52.00	1.00	1.00	1.00	-	18.00	18.00	-	19.00	18.00	(1.00)	2.00	2.00	-	1.00	1.00	-
KALAMAZOO	85.00	86.00	1.00	9.50	10.00	0.50	101.00	105.00	4.00	3.00	3.00	-	27.50	29.00	1.50	32.00	33.00	1.00	4.00	4.00	-	1.00	1.00	-
KENT CASH	182.00	182.00	0.00	15.50	16.00	0.50	-	-	-	22.00	22.00	-	40.00	36.00	(4.00)	21.00	22.00	1.00	3.00	3.00	1.00	2.00	1.00	(1.00)
MUSKEGON	90.00	88.00	(2.00)	7.50	7.00	(0.50)	81.00	80.00	(1.00)	7.00	7.00	-	26.50	27.00	0.50	28.00	28.00	-	4.00	4.00	-	1.00	1.00	-
OTTAWA	43.50	41.00	(2.50)	4.50	4.00	(0.50)	37.00	40.00	3.00	5.00	5.00	-	13.00	13.00	-	13.00	14.00	1.00	2.00	2.00	-	1.00	1.00	-
VAN BUREN	28.50	29.00	0.50	5.00	5.00	-	32.00	33.00	1.00	3.00	3.00	-	9.50	10.00	0.50	11.00	10.00	(1.00)	1.00	1.00	-	1.00	1.00	-
ALLEGAN	27.50	27.00	(0.50)	3.00	5.00	2.00	38.00	37.00	(1.00)	2.00	2.00	-	4.50	4.00	(0.50)	17.00	17.00	-	2.00	2.00	-	1.00	1.00	-
BARRY/	13.50	13.00	(0.50)	2.50	2.00	(0.50)	15.00	14.00	(1.00)	-	-	-	5.00	5.00	-	25.00	24.00	(1.00)	-	-	-	1.00	1.00	-
BRANCH/	15.00	15.00	-	1.00	6.00	5.00	18.00	16.00	(2.00)	1.00	1.00	-	5.00	5.00	-	-	-	-	-	-	-	1.00	1.00	-
CA/HOUN	60.50	59.00	(1.50)	5.50	6.00	0.50	55.00	55.00	-	4.00	4.00	-	18.00	18.00	-	-	-	-	-	-	-	1.00	1.00	-
CASS/	17.00	16.00	(1.00)	2.50	-	(2.50)	21.00	21.00	-	-	-	-	5.50	5.00	(0.50)	-	-	-	-	-	-	1.00	1.00	-
ST. JOSEPH	21.50	20.00	(1.50)	3.50	6.00	2.50	24.00	23.00	(1.00)	4.00	4.00	-	7.50	8.00	0.50	15.00	14.00	(1.00)	2.00	2.00	-	1.00	1.00	-
IONIA/	18.00	17.00	(1.00)	2.00	-	(2.00)	19.00	17.00	(2.00)	1.00	1.00	-	6.50	6.00	(0.50)	14.00	12.00	(2.00)	2.00	2.00	-	1.00	1.00	-
MONTCALM	21.00	21.00	-	2.00	4.00	2.00	23.00	20.00	(3.00)	1.00	1.00	-	6.50	7.00	0.50	-	-	-	-	-	-	1.00	1.00	-
LAKE/	7.00	7.00	-	1.00	-	(1.00)	7.00	8.00	1.00	-	-	-	3.00	3.00	-	10.00	10.00	-	-	-	-	1.00	1.00	-
NEWAYGO	20.50	20.00	(0.50)	2.00	3.00	1.00	22.00	24.00	2.00	1.60	1.60	-	7.00	7.00	-	7.00	7.00	-	1.00	1.00	-	1.00	1.00	-
MASON	10.50	10.00	(0.50)	1.50	-	(1.50)	9.00	10.00	1.00	1.00	2.00	1.00	3.50	4.00	0.50	7.00	6.00	(1.00)	1.00	1.00	-	1.00	1.00	-
OCEANA	11.00	10.00	(1.00)	1.50	3.00	1.50	8.00	7.00	(1.00)	-	-	-	3.50	3.00	(0.50)	-	-	-	-	-	-	1.00	1.00	-
MECOSTA/ OSCEOLA	22.00	21.00	(1.00)	3.50	3.00	(0.50)	27.00	27.00	-	1.00	1.00	-	7.50	8.00	0.50	9.00	8.00	(1.00)	1.00	1.00	-	1.00	1.00	-
TOTAL	755.00	741.00	(14.00)	86.00	82.00	(4.00)	618.00	612.00	(6.00)	57.60	58.60	1.00	233.50	229.00	(4.50)	222.00	217.00	(5.00)	37.00	40.00	3.00	15.00	14.00	(1.00)
BSC 4							7.00	9.00	2.00				13.00	7.00	(6.00)	1.00	1.00	-	9.00	9.00	-	1.00	1.00	-
MACOMB	218.50	221.00	2.50	26.50	29.00	2.50				5.00	5.00	-	48.00	44.00	(4.00)	25.00	24.00	(1.00)	4.00	4.00	-	5.00	4.00	(1.00)
OAKLAND	231.00	235.00	4.00	53.00	62.00	9.00				12.00	12.00	-	53.00	51.00	(2.00)	29.00	29.00	-	5.00	5.00	-	5.00	5.00	-
WAYNE	879.00	888.00	9.00	154.50	151.00	(3.50)				46.00	41.00	(5.00)	198.50	183.00	(15.50)	104.00	101.00	(3.00)	17.00	16.00	(1.00)	17.00	17.00	-
HILLSDALE	15.00	14.00	(1.00)	1.50	-	(1.50)	18.00	17.00	(1.00)	3.00	2.00	(1.00)	5.00	5.00	-	26.00	27.00	1.00	-	-	-	1.00	1.00	-
JACKSON	58.50	56.00	(2.50)	7.00	7.00	-	59.00	63.00	4.00	9.50	9.50	-	18.50	19.00	0.50	26.00	27.00	1.00	-	-	-	1.00	1.00	-
LENAWEE	28.00	28.00	-	2.50	-	(2.50)	21.00	20.00	(1.00)	2.00	2.00	-	8.00	8.00	-	20.00	19.00	(1.00)	-	-	-	1.00	1.00	-
MONROE	37.50	36.00	(1.50)	3.00	5.00	2.00	32.00	34.00	2.00	1.00	1.00	-	11.50	12.00	0.50	20.00	19.00	(1.00)	3.00	2.00	(1.00)	1.00	1.00	-
LIVINGSTON/	23.50	23.00	(0.50)	3.50	1.00	(2.50)	24.00	25.00	1.00	2.00	2.00	-	7.00	7.00	-	26.00	27.00	1.00	-	-	-	3.00	3.00	-
WASHENAW	65.50	65.00	(0.50)	8.00	11.00	3.00	49.00	49.00	-	6.00	6.00	-	19.00	20.00	1.00	-	-	-	3.00	3.00	-	1.00	1.00	-
TOTAL	1,556.50	1,566.00	9.50	259.50	266.00	6.50	210.00	217.00	7.00	86.50	80.50	(6.00)	381.50	356.00	(25.50)	231.00	228.00	(3.00)	44.00	42.00	(2.00)	31.00	29.00	(2.00)
BSC 5							43.00	34.00	(9.00)				9.00	11.00	2.00	1.00	2.00	1.00	10.00	23.00	13.00	1.00	1.00	-
GENESEE CSA				2.00	2.00	-	141.00	127.00	(14.00)				13.00	16.00	3.00	31.00	28.00	(3.00)	4.00	3.00	(1.00)	1.00	1.00	-
KENT CSA				2.00	2.00	-	125.00	123.00	(2.00)				11.00	15.00	4.00	28.00	27.00	(1.00)	3.00	3.00	-	1.00	1.00	-
MACOMB CSA				2.50	3.00	0.50	147.00	144.00	(3.00)				13.00	18.00	5.00	32.00	33.00	1.00	4.00	4.00	-	1.00	1.00	-
OAKLAND CSA				3.00	3.00	-	382.00	378.00	(4.00)				35.00	47.00	12.00	83.00	83.00	-	9.00	9.00	-	3.00	3.00	-
WAYNE CSA				0.00	12.00	12.00	960.00	926.00	(34.00)				93.00	122.00	29.00	202.00	200.00	(2.00)	33.00	45.00	12.00	7.00	7.00	-
FOA & CSA	260.00	46.00	(214.00)	11.50	12.00	0.50	138.00	138.00	-	9.00	9.00	-	76.00	1.00	(75.00)	55.00	35.00	(20.00)	21.00	2.00	(19.00)	1.00	1.00	-
BSC 6 Staff													33.00	25.00	(8.00)	3.00	3.00	-	183.00	189.00	6.00	81.00	78.00	(3.00)
STATEWIDE	3,538.00	3,324.00	(214.00)	496.50	497.00	0.50	2,667.00	2,607.00	(60.00)	227.60	221.60	(6.00)	1,147.50	1,059.00	(88.50)	994.00	957.00	(37.00)	183.00	189.00	6.00	81.00	78.00	(3.00)

FY 2015 STAFFING ALLOCATION SUMMARY

	ES/FIS/ JET Wkrs	Adult/ JJ Wkrs	Child Welfare Wkrs	Other Wkrs	Admin Support Wkrs	1st Line Supv	2nd Line/ PT	Mgmt & Admin	Total County Staff Excludes Migrant
STATEWIDE	3,324.00	497.00	2,607.00	221.60	1,059.00	957.00	189.00	78.00	8,932.60
BSC 1	1.00	-	10.00	-	6.00	-	12.00	1.00	30.00
ALCONA/ ALPENA/ MONTMORENCY	16.00 4.00	2.00 1.00	15.00 4.00	1.00 -	5.00 3.00	6.00 -	1.00 -	1.00 -	47.00 12.00
ALGER/ MARQUETTE/ SCHOOLCRAFT	3.00 17.00 4.00	- 2.00 -	3.00 18.00 3.00	- 2.00 -	3.00 6.00 3.00	- 9.00 -	- 1.00 -	- 1.00 -	9.00 56.00 10.00
ANTRIM/ CHARLEVOIX/ EMMET	7.00 17.00 4.00	- 4.00 -	9.00 20.00 3.00	1.00 1.00	3.00 3.00	- 9.00 -	- 1.00 -	- 1.00 -	20.00 59.00 11.00
BARAGAN/ HOUGHTON/ KEWENAUA	4.00 11.00 1.00	- 2.00 -	3.00 7.00 -	1.00 1.00	4.00 4.00	- 4.00 -	- 1.00 -	- 1.00 -	31.00 31.00 2.00
BENZIE/ MANISTEE	6.00 8.00	- 3.00	4.00 8.00	- 2.00	3.00 3.00	5.00 -	- 1.00	- 1.00	13.00 31.00
CHEBOYGAN/ PRESQUE ISLE	11.00 4.00	2.00 -	11.00 4.00	2.00 -	4.00 3.00	6.00 -	1.00 -	1.00 -	38.00 11.00
CHIPPEWA/ LUCE/ MACKINAC	11.00 3.00 3.00	3.00 -	15.00 3.00 4.00	3.00 1.00 1.00	5.00 3.00 3.00	8.00 -	1.00 -	1.00 -	47.00 10.00 11.00
CRAWFORD/ OSCODA/ OTSEGO	6.00 5.00 10.00	- -	10.00 3.00 9.00	- 2.00	3.00 3.00 4.00	- 1.00 8.00	- -	- -	19.00 12.00 39.00
DELTA/ DICKINSON/ MENOMINEE	13.00 8.00 7.00	3.00 -	11.00 10.00 5.00	1.00 1.00 2.00	5.00 3.00 3.00	10.00 -	1.00 -	1.00 -	45.00 22.00 18.00
GOGEBIC/ IRON/ ONTONAGON	7.00 5.00 3.00	1.00 2.00 -	8.00 4.00 2.00	2.00 -	3.00 3.00 3.00	5.00 -	1.00 -	1.00 -	28.00 14.00 8.00
GR. TRAVERSE/ KALKASKA/ LEELANAU	29.00 8.00	4.00 -	24.00 6.00	3.00 -	9.00 3.00	11.00 1.00	2.00 -	1.00 -	83.00 18.00
IOSCO/ OGEMAW/ ROSCOMMON	12.00 10.00 11.00	- 5.00 -	12.00 9.00 8.00	1.00 1.00	4.00 4.00	- 10.00	- 1.00	- 1.00	29.00 41.00 22.00
MISSAUKEE/ WEXFORD	21.00	4.00	21.00	1.00	7.00	7.00	1.00	1.00	63.00
TOTAL	286.00	43.00	283.00	30.00	127.00	100.00	26.00	14.00	909.00
BSC 2	204.00	18.00	-	9.00	5.00	1.00	10.00	1.00	34.00
GENESEE	204.00	18.00	-	9.00	5.00	1.00	10.00	1.00	34.00
INGHAM CASH	100.00	14.00	-	4.00	20.00	12.00	2.00	1.00	153.00
INGHAM CSA	-	2.00	84.00	-	11.00	19.00	2.00	1.00	118.00
SAGINAW	89.00	17.00	46.00	5.00	24.00	21.00	3.00	1.00	206.00
ARENAC/ BAY/ GLADWIN	8.00 36.00 12.00	- 9.00 1.00	8.00 30.00 9.00	- 4.00	3.00 12.00 4.00	- 17.00	- 3.00	- 1.00	19.00 112.00 26.00
CLARE/ ISABELLA/ MIDLAND	14.00 17.00 21.00	- 9.00 -	10.00 22.00 18.00	4.00 3.00	4.00 7.00	- 1.00 17.00	- -	- -	28.00 60.00 69.00
CLINTON/ EATON	11.00 24.00	- 4.00	14.00 29.00	1.00 1.00	4.00 9.00	- 13.00	- 2.00	- 1.00	30.00 83.00
GRATIOT	13.00	-	11.00	2.00	4.00	-	-	-	30.00
SHIawassee	22.00	5.00	24.00	2.00	8.00	12.00	2.00	1.00	76.00
HURON/ LAPEER/ TUSCOLA	9.00 21.00 18.00	1.00 -	7.00 16.00 23.00	- 1.50	3.00 6.00	- -	- -	- 1.00	20.00 45.50 71.00
ST. CLAIR/ SANILAC	52.00 14.00	9.00 -	51.00 12.00	5.00 1.00	17.00 4.00	23.00 -	3.00 -	1.00	161.00 31.00
TOTAL	685.00	94.00	431.00	43.50	199.00	174.00	34.00	13.00	1,673.50

FY 2015 STAFFING ALLOCATION SUMMARY

	ES/FIS/ JET Wkrs	Adult/ Wkrs	Child Welfare Wkrs	Other Wkrs	Admin Support Wkrs	1st Line Supv	2nd Line/ PT	Mgmt & Admin	Total County Staff Excludes Migrant
BSC 3	-	-	23.00	-	8.00	1.00	11.00	1.00	44.00
BERRIEN	59.00	10.00	52.00	1.00	18.00	18.00	2.00	1.00	161.00
KALAMAZOO	86.00	10.00	105.00	3.00	29.00	33.00	4.00	1.00	271.00
KENT CASH	182.00	16.00	-	22.00	36.00	22.00	4.00	1.00	283.00
MUSKEGON	88.00	7.00	80.00	7.00	27.00	28.00	4.00	1.00	242.00
OTTAWA	41.00	4.00	40.00	5.00	13.00	14.00	2.00	1.00	120.00
VAN BUREN	29.00	5.00	33.00	3.00	10.00	10.00	1.00	1.00	92.00
ALLEGAN	27.00	5.00	37.00	2.00	10.00	17.00	2.00	1.00	101.00
BARRY/ BRANCH/ CALHOUN	13.00	-	14.00	-	4.00	-	-	-	31.00
CALHOUN	15.00	-	16.00	1.00	5.00	-	-	-	37.00
CASS/ CASS/ ST. JOSEPH	59.00	6.00	55.00	4.00	18.00	24.00	3.00	1.00	170.00
CASS/ ST. JOSEPH	16.00	-	21.00	-	5.00	-	-	-	42.00
IONIA/ MONTCALM	20.00	6.00	23.00	4.00	8.00	14.00	2.00	1.00	78.00
IONIA/ MONTCALM	17.00	-	17.00	1.00	6.00	12.00	2.00	-	55.00
LAKE/ NEWAYGO	21.00	4.00	20.00	1.00	7.00	-	-	1.00	54.00
LAKE/ NEWAYGO	7.00	-	8.00	-	3.00	-	-	-	18.00
MASON	20.00	3.00	24.00	1.60	7.00	10.00	1.00	1.00	67.60
OCEANA	10.00	-	10.00	2.00	4.00	6.00	1.00	-	33.00
MECOSTA/ OSCEOLA	10.00	3.00	7.00	-	3.00	-	-	1.00	24.00
MECOSTA/ OSCEOLA	21.00	3.00	27.00	1.00	8.00	8.00	1.00	1.00	70.00
TOTAL	741.00	82.00	612.00	58.60	229.00	217.00	40.00	14.00	1,993.60
BSC 4	-	-	9.00	-	7.00	1.00	9.00	1.00	27.00
MACOMB	221.00	29.00	-	5.00	44.00	24.00	4.00	4.00	331.00
OAKLAND	235.00	62.00	-	12.00	51.00	29.00	5.00	4.00	398.00
WAYNE	888.00	151.00	-	41.00	183.00	101.00	16.00	17.00	1,397.00
HILLSDALE	14.00	-	17.00	2.00	5.00	-	-	-	38.00
JACKSON	56.00	7.00	63.00	9.50	19.00	27.00	3.00	1.00	185.50
LENAWEE	28.00	-	20.00	2.00	8.00	-	-	-	58.00
MONROE	36.00	5.00	34.00	1.00	12.00	19.00	2.00	1.00	110.00
LIVINGSTON/ WASHTENAW	23.00	1.00	25.00	2.00	7.00	-	-	-	58.00
WASHTENAW	65.00	11.00	49.00	6.00	20.00	27.00	3.00	1.00	182.00
TOTAL	1,586.00	266.00	217.00	80.50	356.00	228.00	42.00	29.00	2,784.50
BSC 5	-	-	34.00	-	11.00	2.00	23.00	1.00	71.00
GENESEE CSA	-	2.00	127.00	-	16.00	28.00	3.00	1.00	177.00
KENT CSA	-	2.00	123.00	-	15.00	27.00	3.00	1.00	170.00
MACOMB CSA	-	2.00	120.00	-	15.00	27.00	3.00	1.00	168.00
OAKLAND CSA	-	3.00	144.00	-	18.00	33.00	4.00	1.00	203.00
WAYNE CSA	-	3.00	378.00	-	47.00	83.00	9.00	3.00	523.00
TOTAL	-	12.00	926.00	-	122.00	200.00	45.00	7.00	1,312.00
FOA & CSA	46.00	-	138.00	9.00	1.00	35.00	-	-	229.00
BSC 6 Staff	-	-	-	-	25.00	3.00	2.00	1.00	31.00
STATEWIDE	3,324.00	497.00	2,607.00	221.60	1,059.00	957.00	189.00	78.00	8,932.60

FY2015 STAFFING ALLOCATION

Section I: Family Independence Specialists, Eligibility Specialists and JET Coordinators

Allocation Summary:

296.0	Family Independence Specialists (FIS)
2936.0	Eligibility Specialists
46.0	PATH Coordinators
46.0	ES <i>Off-the-top</i> positions 46.0 Recoupment Specialists _____
3324.0	Total FIS and ES Allocation

FY20015 FAMILY INDEPENDENCE SPECIALIST AND ELIGIBILITY SPECIALIST ALLOCATION AND PATH COORDINATOR ASSIGNMENT

General Overview:

In FY2015, the formula methodology for both Family Independence Specialists (FIS) and Eligibility Specialists (ES) essentially remained as it was in FY2014. Due to decreasing FIP caseloads, a total of 66.0 positions are shifted from FIS to ES positions in the field. There is an overall reduction of 214.0 positions due to the redirection of the SSPC's, Healthy Kids and Plan First staff.

A listing of the 46.0 PATH Coordinator assignments is included on the "FY2015 TOTAL FIS, ES AND JET COORDINATOR ROLL-UP" page that follows. This distribution remains as it was in FY2014.

FAMILY INDEPENDENCE SPECIALISTS (FIS)

For FY2015, a total of 296.0 rounded FIS worker positions are allocated by formula and there are no *off-the-top* assignments for this staffing category. The total number of FIS workers allocated in FY2015 was reduced by 66.0 from the FY2014 level due to declining FIP caseload averages. The 66.0 positions attributable to declining caseloads were moved to the field ES staffing category.

FIS Formula:

For each county, the number of FIS positions is determined by applying a 150:1 ratio to the 12-month average FIP caseload (as reported in the DHS Green Book Report of Key Program Statistics) for the period ending May, 2014. With the exception of Keweenaw, each county, including those in a single-site arrangement, received a minimum of 1.00 position during the rounding process.

FIS Rounding Formula:

For FY2015, all FIS positions are rounded to a whole number. Less than .5 rounds down and .5 or greater rounds up.

Every county (except Keweenaw) received a minimum of 1.0 FIS position.

ELIGIBILITY SPECIALISTS (ES)

For FY2015, there are a total of 2,982.0 positions available for ES which represents an overall decrease of 214.0 positions from FY2014. Of the 2,982.0 Total ES positions, 2,936 are allocated by formula and 46.0 are allocated *off-the-top* for assignment in the following areas

- 46.0 Recoupment Specialists remain assigned to Central Office. Note: First-Line Supervisors for Recoupment Specialists are shown in the First-Line Supervisor portion of the allocation package.

ES Formula:

The FY2015 ES formula includes the same components used in the FY2014 allocation. As in the past, a ratio is applied to each county's caseload and for each of the formula components, the most recent 12-month caseload average is used (June 2013 through May 2014) with the exception of HMP which represents caseload data from April and May, 2014.

The caseload ratios for each of the staffing components were developed from work measurement time studies during the time period of May 2013 through April 2014.

<u>Formula Component</u>	<u>Data Source</u>	<u>Ratio</u>
CDC Payments	Green Book	476:1
Registrations	MH-332	105:1
MA Adult	Green Book	1047:1
MA Family	Green Book	2653:1
NPA FAP	Green Book	973:1
SDA	Green Book	485:1
SSI	Green Book	8833:1
HMP	DCH/HMP Counts	3826:1

The calculated number of ES workers had to be restated at 93.53% in order to allocate within the number of positions supportable.

ES Rounding Formula:

For FY2015, all ES positions are rounded to a whole number. Less than .5 rounds down and .5 or greater rounds up.

PATH COORDINATORS

These 46.0 positions have been assigned, as they were in FY2014, by Field Operations Administration and many cover multiple counties.

FY2015 TOTAL FIS, ES AND PATH COORDINATOR ROLL-UP

Run Date: 7/29/14	Total Adjusted FIS @ 150	FIS Change from FY2014	Total Rounded ES Workers	ES Change from FY2014	Off-the-Top Recomp-ment ES	Total FY'15 FIS and ES Worker Allocation	Total FY'14 FIS and ES Worker Allocation	FIS and ES Worker Change	Total PATH Coord. Assign.
STATE TOTAL	296,000	-66,000	293,600	66,000	46,000	327,600	349,200	-214,000	46,000
BSC 1									
ALCONA/ ALPENA/ MONTMORENCY	2,000		14,000	-0.50		16,000	16,000	-0.50	
ALGER/ MARQUETTE/ SCHOOLCRAFT	1,000		2,000			3,000	3,000		
ANTRIM/ CHARLEVOIX/ EMMET	2,000		15,000	0.50		17,000	16,500	0.50	
BARAGA/ HOUGHTON/ KEWEENAW	2,000		9,000	0.50		11,000	10,500	0.50	
BENZIE/ MANISTEE	1,000		5,000	0.50		6,000	6,000		
CHEBOYGAN/ PRESQUE ISLE	1,000		7,000	-0.50		8,000	8,500	-0.50	1,000
CHIPPEWA/ LUCE/ MACKINAC	1,000		10,000	-0.50		11,000	11,500	-0.50	
CRAWFORD/ OSCODA/ OTSEGO	1,000		2,000	-0.50		3,000	3,500	-0.50	
DELTA/ DICKINSON/ MENOMINEE	1,000		5,000	0.50		6,000	6,000		
GOGEBIC/ IRON/ ONTONAGON	1,000		4,000	0.50		5,000	5,000		
GR TRAVERSE/ KALKASKA/ LEELANAU	2,000		2,000	-0.50		3,000	3,000		1,000
IOSCO/ OGEMAW/ ROSCOMMON	1,000		11,000	0.50		12,000	12,000		
MISSAUKEE/ WEXFORD	1,000		10,000			11	11,000		
TOTAL	36,000		247,000	-0.50		283,000	283,500	-0.50	3,000
BSC 2									
GENESEE	27,000	-7,000	175,000	14,000		202,000	195,000	7,000	2,000
INGHAM	6,000	-1,000	92,000	2,000		98,000	97,000	1,000	2,000
SAGINAW	9,000	-1,500	78,000	1,000		87,000	87,500	-0.50	2,000
ARENAC/ BAY/ GLADWIN	2,000	-1,000	7,000	0.50		8,000	7,500	0.50	1,000
CLARE/ ISABELLA	1,000		13,000	-0.50		14,000	14,500	-0.50	1,000
MIDLAND	1,000		16,000	-0.50		17,000	17,500	-0.50	
CLINTON/ EATON	1,000		20,000	0.50		21,000	20,500	0.50	
GRATIOT/ SHIAWASSEE	2,000	-0.50	12,000	-0.50		13,000	13,500	-0.50	
HURON/ LAPER/ TUSCOLA	1,000	-0.50	20,000	0.50		22,000	22,500	-0.50	
ST. CLAIR/ SANILAC	3,000	-1,000	17,000	1,000		20,000	20,000		1,000
TOTAL	61,000	-12,500	614,000	17,500		675,000	670,000	5,000	10,000

FY2015 TOTAL FIS, ES AND PATH COORDINATOR ROLL-UP

Run Date: 7/29/14	Total Adjusted FIS @ 150	FIS Change from FY2014	Total Rounded ES Workers	ES Change from FY2014	Off-the-Top Recoupment ES	Total FY'15 FIS and ES Worker Allocation	Total FY'14 FIS and ES Worker Allocation	FIS and ES Worker Change	Total PATH Coord. Assign.
BSC 3									
BERRIEN	4.00	-2.00	54.00			58.00	60.00	-2.00	1.00
KALAMAZOO	7.00	-2.00	78.00	3.00		85.00	84.00	1.00	1.00
KENT	14.00	-4.00	166.00	4.00		180.00	180.00		2.00
MUSKEGON	9.00	-3.00	78.00	1.00		87.00	89.00	-2.00	1.00
OTTAWA	2.00		38.00	-2.50		40.00	42.50	-2.50	1.00
VAN BUREN	2.00		26.00	0.50		28.00	27.50	0.50	1.00
ALLEGAN/	2.00	-1.00	25.00	-0.50		27.00	27.50	-0.50	
BARRY	1.00		12.00	-0.50		13.00	13.50	-0.50	
BRANCH/	1.00		14.00			15.00	15.00		2.00
CALHOUN	4.00	-1.00	53.00	-0.50		57.00	58.50	-1.50	
CASS/	1.00		15.00	-1.00		16.00	17.00	-1.00	
ST. JOSEPH	1.00		19.00	-1.50		20.00	21.50	-1.50	
IONIA/	1.00		16.00	-1.00		17.00	18.00	-1.00	
MONTCALM	1.00		19.00			20.00	20.00		1.00
LAKE/	1.00		6.00			7.00	7.00		
NEWAYGO	1.00	-0.50	18.00			19.00	19.50	-0.50	1.00
MASON/	1.00		9.00	-0.50		10.00	10.50	-0.50	
OCEANA	1.00		9.00	-1.00		10.00	11.00	-1.00	
MECOSTA/	1.00	-0.50	20.00	-0.50		21.00	22.00	-1.00	
OSCEOLA									
TOTAL	55.00	-13.00	675.00	-1.00		730.00	744.00	-14.00	11.00
BSC 4									
MACOMB	17.00	-3.00	201.00	5.50		218.00	215.50	2.50	3.00
OAKLAND	15.00	-3.50	217.00	7.50		232.00	228.00	4.00	3.00
WAYNE	97.00	-29.50	778.00	38.50		875.00	866.00	9.00	13.00
HILLSDALE/	1.00	-0.50	13.00	-0.50		14.00	15.00	-1.00	
JACKSON	5.00	-1.50	50.00	-1.00		55.00	57.50	-2.50	1.00
LENAWEE/	2.00	-0.50	26.00	0.50		28.00	28.00		
MONROE	2.00	-1.00	33.00	-0.50		35.00	36.50	-1.50	1.00
LIVINGSTON/	1.00		22.00	-0.50		23.00	23.50	-0.50	
WASHTENAW	4.00	-1.00	60.00	0.50		64.00	64.50	-0.50	1.00
TOTAL	144.00	-40.50	1400.00	50.00		1544.00	1534.50	9.50	22.00
FOA					46.00	46.00	260.00	-214.00	
STATEWIDE	296.00	-66.00	2936.00	66.00	46.00	3278.00	3492.00	-214.00	46.00

FY2015 FIS AND ES WORKER ALLOCATION

Run Date 7/29/14	FIS				12 Month				100%				Eligibility Specialists				2 Month				Total		ES		Rounded ES Workers	FY15 FIS/ES Allocation with no Off-the-tops			
	12 Month FIP Average	@ 150.00	FIS @ 100.0%	298.00	12 Month CDC Pym't Average	@ 476	12 Month Regs 105	1639.357	12 Month Adult MA Average	@ 209712	100% @ 1047	200.296	12 Month Family MA Average	@ 2633	100% @ 279.630	12 Month NPA FAP Average	@ 973	100% @ 869.962	12 Month SDA Average	@ 7012	100% @ 14.459	279315	31.624	224531			58.583	3138.81	2935.73
STATE TOTAL	39515	263.44	298.00	21290	44.729	122.132	1639.357	209712	200.296	1047	200.296	241863	279.630	846.475	973	869.962	7012	14.459	279315	31.624	224531	58.583	3138.81	2935.73	2835.00	3232.00			
BSC 1																													
ALCONA/	143	0.96	2.00		0.171	815	7.763	1386	1.324	239	1.161	2976	1.122	3720	3.823	68	0.140	1490	0.069	1043	0.272	14.78	13.82	14.78	14.00	16.00			
ALPENA/	20	0.14	1.00		0.014	208	1.979	390	0.372	593	0.223	693	0.261	913	0.938	12	0.025	340	0.038	307	0.080	3.71	3.47	3.71	3.00	4.00			
MONTROSE/	18	0.12	1.00		0.021	138	1.313	262	0.250	458	0.207	549	0.207	585	0.601	195	0.022	195	0.022	197	0.051	2.47	2.31	2.47	2.00	3.00			
ALGER/	115	0.76	1.00		0.241	964	9.181	1446	1.381	1013	0.967	4288	1.616	4182	4.298	48	0.099	1206	0.137	1440	0.376	17.33	16.21	17.33	16.00	17.00			
MARQUETTE/	26	0.17	1.00		0.017	159	1.515	259	0.248	649	0.245	649	0.245	671	0.690	2	0.004	277	0.031	221	0.058	2.81	2.63	2.81	3.00	4.00			
SCHOOLCRAFT	20	0.14	1.00		0.084	371	3.534	579	0.553	1884	0.710	1884	0.710	1524	1.566	10	0.021	508	0.058	507	0.132	6.66	6.23	6.66	6.00	7.00			
CHARLEVON/	36	0.24	2.00		0.201	900	8.574	1215	1.161	4370	1.647	3339	1.647	3339	3.431	45	0.092	1052	0.119	1337	0.349	15.57	14.56	15.57	15.00	17.00			
EMMET	24	0.16	1.00		0.027	211	2.006	239	0.229	593	0.223	685	0.704	685	0.704	197	0.022	329	0.060	229	0.060	3.08	3.08	3.08	3.00	4.00			
BARAGA/	37	0.25	2.00		0.077	527	5.019	1013	0.967	2173	0.819	2173	0.819	2317	2.382	44	0.090	645	0.073	708	0.185	9.61	8.99	9.61	9.00	11.00			
HOUGHTON/	3	0.02	1.00		0.002	52	0.498	55	0.052	112	0.042	112	0.042	139	0.143	2	0.003	39	0.004	45	0.012	0.76	0.71	0.76	1.00	1.00			
KEWEENAW	19	0.12	1.00		0.032	334	3.177	453	0.432	1329	0.501	1065	1.094	1065	1.094	3	0.005	325	0.037	322	0.084	5.36	5.01	5.36	5.00	6.00			
BENZIE/	51	0.34	1.00		0.057	440	4.187	733	0.700	2266	0.854	1750	0.659	2054	2.111	19	0.039	695	0.079	608	0.159	7.99	7.47	7.99	7.00	8.00			
MANISTEE	54	0.36	1.00		0.091	43	0.025	12	0.025	190	1.813	402	0.384	402	0.384	15	0.032	374	0.042	339	0.088	3.68	3.44	3.68	3.00	4.00			
CHEBOYGAN/	23	0.15	1.00		0.124	604	5.735	823	0.786	2639	0.995	2639	0.995	2581	2.653	31	0.064	927	0.105	756	0.200	10.68	9.99	10.68	10.00	11.00			
PRESCOTT/	30	0.20	1.00		0.066	152	1.446	221	0.211	472	0.178	472	0.178	486	0.500	0	0.001	221	0.025	139	0.036	2.40	2.24	2.40	2.00	3.00			
LUCE/	48	0.32	1.00		0.158	789	7.328	1030	0.984	2778	1.077	2778	1.077	3093	3.179	22	0.046	1057	0.120	817	0.214	13.08	12.23	13.08	12.00	13.00			
DELTA/	29	0.19	1.00		0.116	380	3.623	751	0.718	1901	0.717	1901	0.717	1484	1.525	19	0.039	587	0.066	557	0.146	6.95	6.50	6.95	7.00	8.00			
DICKINSON/	34	0.23	1.00		0.065	315	3.003	712	0.680	1477	0.557	1571	1.614	1571	1.614	22	0.045	478	0.125	478	0.125	6.15	5.75	6.15	6.00	7.00			
MEMONINNE	60	0.40	1.00		0.052	376	3.584	657	0.627	1194	0.450	1524	1.566	1524	1.566	15	0.031	450	0.051	415	0.108	6.47	6.05	6.47	6.00	7.00			
GOOBBIC/	35	0.24	1.00		0.026	242	2.303	528	0.505	862	0.325	965	0.992	965	0.992	5	0.014	305	0.035	263	0.069	4.27	3.99	4.27	4.00	5.00			
RON/	11	0.07	1.00		0.008	127	1.206	259	0.247	370	0.139	370	0.139	549	0.564	5	0.010	161	0.018	158	0.041	2.23	2.09	2.23	2.00	3.00			
ONTONAGON	103	0.69	2.00		0.380	1592	15.160	2204	2.105	7234	2.727	6108	6.277	6108	6.277	57	0.118	1714	0.194	1682	0.434	27.40	25.63	27.40	26.00	28.00			
GR TRAVERSE/	22	0.15	1.00		0.083	398	3.791	588	0.562	1768	0.666	1768	0.666	1650	1.695	10	0.021	427	0.048	445	0.116	6.98	6.53	6.98	7.00	8.00			
KALKASKA/																													
LEELANAU	106	0.71	1.00		0.115	652	6.213	1012	0.966	2205	0.831	2911	2.991	2911	2.991	31	0.063	840	0.095	754	0.197	11.47	10.73	11.47	11.00	12.00			
IOSCO/	111	0.74	1.00		0.102	501	4.771	862	0.824	1912	0.743	2591	2.663	2591	2.663	25	0.052	856	0.097	734	0.192	9.44	8.83	9.44	9.00	10.00			
OGEMAW/	87	0.58	1.00		0.078	558	5.310	961	0.918	1953	0.736	2841	2.920	2841	2.920	30	0.062	928	0.105	844	0.220	10.35	9.68	10.35	10.00	11.00			
MISSAUVEE/	151	1.00	2.00		0.254	1175	11.186	1432	1.368	4760	1.794	4813	4.946	4813	4.946	27	0.056	1530	0.173	1392	0.348	20.13	18.83	20.13	19.00	21.00			
WENFORD																													
TOTAL	1687	11.25	36.00	1374	2.889	14834	142.224	23067	22.032	60965	22.978	62932	64.677	651	1.342	20056	2.271	18989	4.955	26337	246.33	247.00	283.00	283.00	283.00	283.00			
BSC 2																													
GENESEE	4001	26.67	27.00	1897	3.986	10719	102.088	9515	9.087	39707	14.987	49502	50.875	50.875	339	0.699	17129	1.939	15269	3.991	187.63	175.49	175.00	202.00	202.00				
INGHAM	902	6.02	6.00	596	1.252	5516	55.396	5140	4.909	20487	7.722	25304	26.211	26.211	236	0.487	7849	0.889	6581	1.720	98.38	92.20	92.00	98.00	98.00				
SARENAM	1362	9.08	9.00	879	1.846	4838	46.074	4617	4.410	16239	6.121	21352	21.945	21.945	106	0.219	8734	0.989	5382	1.407	83.01	77.64	78.00	87.00	87.00				
ARENAMC/	49	0.33	1.00	35	0.073	428	4.079	597	0.570	1317	0.497	1643	1.688	1643	1.688	20	0.042	563	0.064	509	0.133	7.15	6.69	7.15	7.00	8.00			
BAY/	359	2.39	2.00	371	0.780	1876	17.871	2851	2.723	7544	2.844	9342	9.601	9.601	102	0.210	3308	0.375	2532	0.662	35.07	32.80	33.00	35.00	35.00				
GLADWIN	83	0.56	1.00	58	0.121	590	5.620	841	0.803	2030	0.765	2529	2.599	2.599	21	0.043	901	0.102	784	0.205	10.26	9.60	10.00	11.00	11.00				
CLARE/	150	1.00	1.00	47	0.098	805	6.677	1151	1.099	2890	1.542	3819	3.925	3.925	28	0.048	1312	0.148	1051	0.275	14.35	13.42	13.00	14.00	14.00				
ISABELL/	105	0.70	1.00	103	0.217	947	9.021	1183	1.111	4090	1.542	4871	4.888	4.888	24	0.058	1397	0.158	1292	0.336	17.14	16.03	16.00	17.00	17.00				
MIDLAND	126	0.84	1.00	152	0.320	1130	10.763	1681	1.586	5176	1.951	6447	6.477	6.477	58	0.119	1682	0.190	1692	0.442	20.97	19.61	20.00	21.00	21.00				
CLINTON/	69	0.46	1.00	77	0.161	606	5.769	793	0.757	3341	1.297	2725	2.800	2.800	44	0.034	787	0.089	770	0.201	11.11	10.39	10.00	11.00	11.00				
EATON	128	0.85	1.00	190	0.398	1455	13.855	1933	1.5																				

FY2015 FIS AND ES WORKER ALLOCATION

Run date 7/29/14	FIS										Eligibility Specialists										Total Calculated ES	ES @ 93.53%	Rounded ES Workers	FY15 FIS/ES Allocation with no Off-the-tops
	12 Month FIP Average	@ 150.00	FIS @ 100.0%	12 Month CDC Pym't Average	@ 476	12 Month Rgs Average	100% @ 105	12 Month Adult MA Average	100% @ 1047	12 Month Family MA Average	100% @ 2653	12 Month NPA FAP Average	100% @ 973	12 Month SDA Average	@ 485	12 Month SSI Average	@ 883	2 Month AMP Average	@ 3826					
BSC 3	659	4.39	4.00	425	0.893	3294	31,369	3883	3,708	12705	4,789	14278	14,674	138	0.285	5083	0.575	3450	0.902	57.20	53.50	54.00	58.00	
KALAMAZOO	989	6.59	7.00	673	1,414	4886	46,533	4809	4,689	17,889	6,705	20,557	21,127	173	0.733	6478	0.733	4968	1.298	82.96	77.50	76.00	85.00	
KENT	2112	14.08	14.00	1316	2,765	9834	93,669	12202	11,662	44,643	17,513	45,550	46,608	606	1.350	15437	1,758	105,659	2,760	177.97	166.46	166.00	180.00	
MUSKEGON	1307	8.71	9.00	728	1,528	4948	47,121	5106	4,876	16,866	6,387	20,522	21,092	154	0.316	6550	0.742	5508	1,440	83.47	78.07	78.00	87.00	
OTTAWA	243	1.62	2.00	317	0,666	2181	20,676	3171	3,028	13,909	5,243	9,915	9,779	78	0.161	2208	0.307	2414	0,631	40.58	37.95	36.00	40.00	
VAN BUREN	238	1.59	2.00	145	0,305	1359	14,654	1995	1,906	7,315	2,757	6,999	7,193	58	0.120	2239	0.253	1787	0,467	27.66	25.87	26.00	28.00	
ALLEGAN/	231	1.54	2.00	163	0,343	1507	14,331	2149	2,052	7709	2,906	6,265	6,439	61	0.126	1815	0.206	1595	0,417	26.84	25.10	25.00	27.00	
BARRY	91	0.61	1.00	79	0,166	704	6,702	1001	0,956	3647	1,374	3,253	3,343	29	0.059	847	0,096	1020	0,266	12.96	12.12	12.00	13.00	
BRANCH/	102	0.68	1.00	73	0,154	863	8,218	1072	1,024	3707	1,387	3,180	3,268	31	0.064	987	0.112	957	0,250	14.49	13.55	14.00	15.00	
CALHOUN	582	3.88	4.00	364	0,766	3335	31,783	3698	3,532	12,026	4,533	14,344	14,742	128	0.264	5054	0,572	3497	0,914	57.09	53.40	53.00	57.00	
CASS/	130	0.87	1.00	102	0,214	893	8,508	1077	1,029	4036	1,522	3,799	3,905	22	0.046	1111	0.126	989	0,298	15.61	14.60	15.00	16.00	
ST. JOSEPH	132	0.88	1.00	125	0,262	1134	10,804	1568	1,498	5701	2,149	4,882	5,018	41	0.084	1347	0.153	1313	0,343	20.31	19.00	18.00	20.00	
IONIA/	104	0.69	1.00	99	0,208	943	8,984	1113	1,063	4589	1,730	4,477	4,601	42	0.086	1353	0.153	1234	0,322	17.15	16.04	16.00	17.00	
MONTCALM	86	0.57	1.00	80	0,167	1078	10,282	1395	1,332	5398	2,035	5,286	5,432	49	0.101	1812	0.205	1461	0,382	19.92	18.63	19.00	20.00	
LAKE/	51	0.34	1.00	22	0,047	407	3,880	528	0,504	975	0,388	1,580	1,683	15	0.030	580	0,066	430	0,112	6.63	6.20	6.00	7.00	
NEWAYGO	171	1.14	1.00	106	0,223	1061	10,107	1469	1,403	4404	1,660	4,750	4,882	14	0.029	1504	0.170	1315	0,344	18.89	17.67	18.00	19.00	
MASON/	89	0.60	1.00	101	0,213	538	5,124	768	0,733	2432	0,917	2,416	2,483	14	0.029	777	0,088	682	0,178	9.77	9.14	9.00	10.00	
OCEANA/	98	0.65	1.00	47	0,099	598	5,690	682	0,652	2661	1,003	2,315	2,379	22	0.045	749	0,085	643	0,168	10.12	9.47	9.00	10.00	
MECOSTA/	181	1.21	1.00	128	0,269	1141	10,862	1544	1,475	5453	2,055	5,455	5,606	63	0.130	2016	0,228	1502	0,393	21.02	19.66	20.00	21.00	
TOTAL	7596	50.64	55.00	5094	10,702	40883	389,358	49329	47,114	177,785	67,013	179,221	184,194	1773	3,556	58548	6,629	45319	11,845	720.54	673.92	675.00	730.00	
BSC 4																								
MACOMB	2494	16.63	17.00	1256	2,640	11468	109,221	15014	14,340	57092	21,520	58786	60,417	362	0.747	19499	2,207	15987	4,178	215.27	201.34	201.00	218.00	
OAKLAND	2215	14.77	15.00	1366	2,869	12562	119,638	17810	17,011	57171	21,549	62085	63,808	326	0.672	22025	2,494	15816	4,134	232.18	217.16	217.00	232.00	
WAYNE	14512	96.75	97.00	6342	11,222	43025	409,763	46907	44,801	186536	69,972	258,486	265,659	2003	4.130	85875	9,722	64622	16,890	832.16	778.32	778.00	875.00	
HILLSDALE/	197	1.31	1.00	60	0,126	827	7,873	1142	1,091	3566	1,344	3,218	3,307	39	0.078	1200	0.136	857	0,224	14.18	13.26	13.00	14.00	
JACKSON	712	4.75	5.00	346	0,726	3079	29,323	4089	3,906	12344	4,653	13006	13,367	104	0.215	4589	0,520	3361	0,878	53.59	50.12	50.00	55.00	
LENAWEE/	318	2.12	2.00	235	0,495	1908	14,366	2076	1,982	7166	2,701	6881	7,072	97	0.199	2040	0,231	1794	0,469	27.52	25.74	26.00	28.00	
MONROE	369	2.46	2.00	229	0,481	1892	18,021	2593	2,477	9243	3,484	8935	9,183	134	0.276	2683	0,304	2324	0,607	34.83	32.58	33.00	35.00	
LIVINGSTON/	132	0.88	1.00	137	0,288	1341	12,767	1530	1,461	7274	2,742	5529	5,682	54	0.111	1319	0.149	1798	0,470	22.67	22.14	22.00	23.00	
WASHTENAW	569	3.79	4.00	489	1,028	3395	32,329	4711	4,499	15951	6,012	17,807	18,301	118	0.244	5607	0,635	5509	1,440	64.49	60.32	60.00	64.00	
TOTAL	21516	143.44	144.00	9461	19,875	79097	753,301	95871	91,566	355441	133,977	434,732	446,796	3236	6,673	144,638	16,398	112,066	29,290	1497.89	1400.98	1400.00	1544.00	
FOA																								
STATEWIDE	39515	263.44	296.00	21290	44,729	172132	1639,357	209712	200,296	741863	279,630	846,475	869,962	7012	14,459	279,315	31,624	224531	58,583	3138.81	2935.73	2936.00	3232.00	

FY2015 STAFFING ALLOCATION

Section II: Adult Services

Allocation Summary:

126.30	Adult Protective Services workers
10.04	Adult Community Placement workers
325.01	Independent Living Services workers
1.65	Rounding Positions
<hr/>	
463.00	Total Adult Services workers

FY2015 ADULT SERVICES WORKER ALLOCATION

General Overview:

A total of 463.0 positions are allocated for Adult Services workers for FY2015 which is the same level of staff allocated in FY2014. The allocation differs from FY2014 in that it is no longer combined with Juvenile Justice for purposes of rounding. For FY2015, the Adult Services Worker and the Juvenile Justice Worker allocations are calculated independently of each other. However, they are combined on some charts within the package to allow for an overall comparison to FY2014 staffing levels.

ADULT SERVICES

For FY2015, all ratios for Adult Services Workers remain as established in FY2005 when they were developed based on recommendations from the Adult Services Program Office. These ratios, listed below, are used for each of the three formula components: Adult Protective Services (APS), Adult Community Placement (ACP) and Independent Living Services (ILS).

APS

The total number of APS positions is calculated by applying a 25:1 caseload ratio to the monthly average of active APS cases. For FY2015, a total of 126.30 APS workers are allocated to each county based on its relative percentage of the average number of active APS Cases (12 month average from the period of 6/13 through 5/14).

ACP and ILS

The ratios indicated below are applied to the average active cases for both ACP and ILS to allocate staff in these areas. The calculated number of ACP and ILS workers is restated at 52.3% in order to allocate within the number of supportable positions.

The recommended caseload ratios are applied to a 12-month caseload average (6/13 through 5/14).

<u>Formula Component</u>	<u>Ratio</u>	<u>Data Source</u>
Adult Protective Services	25:1	Adult Services Management Report (ASCAP)
Adult Community Placement	125:1	Adult Services Management Report (ASCAP)
Independent Living Services	100:1	Adult Services Management Report (ASCAP)

Rounding

For FY2015, all Adult Services Worker positions are rounded to a whole number. Less than .5 rounds down and .5 or greater rounds up.

FY2015 ADULT SERVICES WORKER ALLOCATION

Run Date: 7/14/14	ACP and ILS				Adult Protective Service				FY2015 Total Adult Worker Allocation			
	6/13-5/14 Average ACP @ 125 Cases	ACP @ 125	6/13-5/14 Average ILS @ 100 Cases	ILS @ 100	Total ACP & ILS Calculated Workers @ 52.30%	Total ACP & ILS @ 335.05	Average Active During Month	Relative %		Rel % X 126,299	Total Calculated APS Workers	Total Calculated Adult Workers
STATE TOTAL	2399.76	19,198	62143.33	621,433	640,631	335,05	3157.48	100.000%	126,299	126,30	461,35	463,00
BSC 1												
ALCONA/	19.92	0.159	149.75	1,498	1,657	0.87	13.42	0.425%	0.537	0.54	2.01	2.00
ALPENA/	1.00	0.008	57.83	0.578	0.586	0.31	7.58	0.240%	0.303	0.30	1.61	2.00
MONTMORENCY	9.83	0.079	31.92	0.319	0.398	0.21	2.89	0.091%	0.116	0.12	2.13	2.00
MARQUETTE/	6.00	0.048	223.58	2,236	2,284	1.19	5.58	0.177%	0.223	0.22	0.06	2.00
SCHOOLCRAFT	5.92	0.047	58.50	0.585	0.632	0.33	1.55	0.049%	0.062	0.06	0.25	2.00
ANTRIM/	5.42	0.043	98.42	0.984	1,028	0.54	6.17	0.195%	0.247	0.25	0.06	2.00
CHARLEVOIX/												
EMMET	12.92	0.103	203.92	2,039	2,143	1.12	29.67	0.940%	1.187	1.19	3.09	3.00
BARAGA/	6.00	0.048	47.08	0.471	0.519	0.27	3.25	0.103%	0.130	0.13	0.38	2.00
HOUGHTON/	6.67	0.053	136.25	1,363	1,416	0.74	9.42	0.289%	0.377	0.38	1.61	2.00
KEWENA/	0.00	0.000	9.83	0.098	0.098	0.05	1.13	0.036%	0.045	0.05	0.05	2.00
BENZIE/	8.58	0.069	69.33	0.693	0.762	0.40	10.83	0.343%	0.433	0.43	2.55	3.00
MANISTEE/	4.92	0.039	201.42	2,014	2,054	1.07	16.00	0.507%	0.640	0.64	1.62	2.00
CHEBOYGAN	9.75	0.078	174.58	1,746	1,824	0.95	6.92	0.219%	0.277	0.28	1.62	2.00
PRESQUE ISLE	5.42	0.043	47.50	0.475	0.518	0.27	3.08	0.098%	0.123	0.12	0.12	2.00
CHIPEWA/	17.75	0.142	126.67	1,267	1,409	0.74	5.25	0.166%	0.210	0.21	1.73	2.00
LUCE/	16.67	0.133	32.75	0.328	0.307	0.24	4.36	0.138%	0.175	0.17	0.21	2.00
MACMINAC	4.00	0.032	27.50	0.275	0.307	0.16	5.17	0.164%	0.207	0.21	0.21	2.00
CRAWFORD/	2.58	0.021	94.33	0.943	0.964	0.50	10.58	0.335%	0.423	0.42	0.26	2.00
OSCODA/	5.08	0.041	55.67	0.557	0.597	0.31	6.50	0.206%	0.260	0.26	0.26	2.00
OTSEGO	6.25	0.050	236.08	2,361	2,411	1.26	29.58	0.937%	1.183	1.18	3.94	4.00
DELTA/	28.25	0.226	173.00	1,730	1,956	1.02	5.17	0.164%	0.207	0.21	2.96	3.00
DICKINSON/	5.25	0.042	113.17	1,132	1,174	0.61	2.75	0.087%	0.110	0.11	0.11	2.00
MENOMINEE	20.92	0.167	131.17	1,312	1,479	0.77	5.75	0.182%	0.230	0.23	0.23	2.00
GOGEBIC/	6.08	0.049	60.00	0.600	0.649	0.34	6.17	0.195%	0.247	0.25	0.25	2.00
IRON/	0.00	0.000	76.00	0.760	0.760	0.40	7.17	0.227%	0.287	0.29	1.58	2.00
ONTONAGON	4.33	0.035	36.83	0.368	0.403	0.21	2.45	0.078%	0.098	0.10	0.10	2.00
GR. TRAVERSE/	36.08	0.289	268.33	2,683	2,972	1.55	44.00	1.394%	1.760	1.76	4.16	4.00
KALKASKAW/	22.08	0.177	86.17	0.862	1,038	0.54	7.58	0.240%	0.303	0.30	0.30	4.00
LEELANAU												
IOSCO/	1.00	0.008	183.17	1,832	1,840	0.96	13.67	0.433%	0.547	0.55	4.34	4.00
OGENAW/	0.00	0.000	324.17	3,242	3,242	1.70	6.08	0.193%	0.243	0.24	0.30	4.00
ROSCOMMON	3.75	0.030	111.08	1,111	1,141	0.60	7.42	0.235%	0.297	0.30	0.30	4.00
MISSAUKEE/												
WEXFORD	38.50	0.308	283.50	2,835	3,143	1.64	21.50	0.681%	0.860	0.86	2.50	3.00
TOTAL	320.92	2,567	3929.50	39,295	41,862	21,89	308.63	9,774%	12,345	12,35	34,24	36,00
BSC 2												
GENESEE	212.92	1,703	2479.00	24,790	26,493	13.86	94.08	2.980%	3.763	3.76	17.62	18.00
INGHAM	17.25	0.138	1726.00	17,260	17,398	9.10	113.25	3.587%	4.530	4.53	13.63	14.00
INGHAM CSA												
SAGINAW	89.50	0.716	1835.50	18,355	19,071	9.97	154.58	4.896%	6.183	6.18	16.16	16.00
ARENA/	5.08	0.041	166.25	1,663	1,703	0.89	7.33	0.232%	0.293	0.29	0.29	9.00
BAY/	21.67	0.173	781.42	7,814	7,988	4.18	44.25	1.401%	1.770	1.77	8.97	9.00
GLADWIN	5.25	0.042	208.33	2,083	2,125	1.11	18.08	0.573%	0.723	0.72	0.72	9.00
CLARE/	2.33	0.019	209.42	2,094	2,113	1.11	1.57	0.050%	0.063	0.06	0.06	9.00
ISABELL/	6.42	0.051	260.67	2,607	2,658	1.39	62.50	1.979%	2.500	2.50	9.39	9.00
MIDLAND	26.17	0.209	483.17	4,832	5,041	2.64	42.50	1.346%	1.700	1.70	3.92	4.00
CLINTON/	1.13	0.009	174.17	1,742	1,751	0.92	7.92	0.251%	0.317	0.32	0.32	4.00
EATON	11.83	0.095	358.33	3,583	3,678	1.92	19.08	0.604%	0.763	0.76	3.92	4.00
SHIawassee	4.75	0.038	131.75	1,318	1,356	0.71	5.67	0.179%	0.227	0.23	4.82	5.00
HURON/	15.00	0.120	347.25	3,473	3,593	1.88	50.25	1.591%	2.010	2.01	4.82	5.00
LAPERA/	43.67	0.349	133.33	1,333	1,683	0.86	3.50	0.114%	0.220	0.22	0.22	5.00
TUSCORA	30.58	0.245	198.83	1,988	2,233	1.17	15.25	0.483%	0.610	0.61	4.99	5.00
ST. CLAIR/	33.08	0.265	226.00	2,260	2,525	1.32	19.83	0.628%	0.793	0.79	6.73	7.00
SANILAC	30.67	0.245	708.83	7,088	7,334	3.84	17.08	0.541%	0.683	0.68	6.73	7.00
TOTAL	27.50	0.220	205.17	2,052	2,272	1.19	25.50	0.809%	1.020	1.02	86.23	87.00
TOTAL	584.79	4,678	10633.42	106,334	111,013	58,06	704.24	22,304%	28,170	28,17	86,23	87,00

FY2015 ADULT SERVICES WORKER ALLOCATION

Run Date: 7/14/14	ACP and ILS				Adult Protective Service				FY2015 Total Worker Allocation			
	6/13-5/14 Average ACP Cases	ACP @ 125	6/13-5/14 Average ILS Cases	ILS @ 100	Total ACP & ILS Workers	Total ACP & ILS Workers @ 52.30%	Average Active During Month	Relative %		Rel % X 126,299	Total Calculated APS Workers	Total Calculated Adult Workers
BSC 3												
BERRIEN	97.17	0.777	986.25	9.863	10,640	5.56	90.75	2.874%	3.630	3.63	9.19	9.00
KALAMAZOO	31.33	0.251	1238.67	12.387	12,637	6.61	64.67	2.048%	2.587	2.59	9.20	9.00
KENT	125.22	1.002	2320.25	23.203	24,204	12.66	93.75	2.969%	3.750	3.75	16.41	16.00
MUSKEGON	87.58	0.701	950.67	9.507	10,207	5.34	25.58	0.810%	1.023	1.02	6.36	6.00
OTTAWA	51.42	0.411	326.83	3.268	3,680	1.92	42.25	1.338%	1.690	1.69	3.61	4.00
VAN BUREN	15.17	0.121	460.83	4.608	4,730	2.47	17.33	0.549%	0.693	0.69	3.17	3.00
ALLEGAN	12.33	0.099	349.83	3.498	3,597	1.88	18.00	0.570%	0.720	0.72	4.40	4.00
BARRY/	8.58	0.069	163.25	1.633	1,701	0.89	22.67	0.718%	0.907	0.91		
BRANCH/	4.75	0.038	93.75	0.938	0.976	0.51	11.08	0.351%	0.443	0.44		
CALHOUN	120.25	0.962	667.83	6.678	7,640	4.00	18.08	0.573%	0.723	0.72		
CASS/	4.67	0.037	223.83	2.238	2,276	1.19	28.25	0.895%	1.130	1.13	5.67	6.00
ST. JOSEPH	34.67	0.277	298.58	2.986	3,263	1.71	38.75	1.227%	1.550	1.55	5.58	6.00
IONIA/	26.33	0.211	221.00	2.210	2,421	1.27	13.92	0.441%	0.557	0.56		
MONTCALM	37.17	0.297	236.25	2.363	2,660	1.39	15.83	0.501%	0.633	0.63	3.85	4.00
LAKE/	3.42	0.027	158.75	1.588	1,615	0.84	5.00	0.158%	0.200	0.20	2.76	3.00
NEWAYGO	8.83	0.071	260.25	2.603	2,673	1.40	7.83	0.248%	0.313	0.31		
MASON/	52.67	0.421	161.08	1.611	2,032	1.06	4.92	0.156%	0.197	0.20	2.97	3.00
OCEANA	19.33	0.155	180.67	1.807	1,961	1.03	17.00	0.538%	0.680	0.68	2.97	3.00
MEOCEOLA	39.42	0.315	414.00	4.140	4,455	2.33	19.45	0.616%	0.778	0.78	3.11	3.00
TOTAL	780.31	6.242	9712.58	97.126	103,368	54.06	555.12	17.581%	22.205	22.20	76.27	76.00
BSC 4												
MACOMB	49.08	0.393	4902.75	49.028	49,420	25.85	73.33	2.323%	2.933	2.93	28.78	29.00
OAKLAND	116.00	0.928	5929.83	59.298	60,226	31.50	770.83	24.413%	30.833	30.83	62.33	62.00
WAYNE	376.33	3.011	23885.58	238.856	241,867	126.50	624.50	19.778%	24.980	24.98	151.48	151.00
HILLSDALE/	38.92	0.311	189.42	1.894	2,206	1.15	8.58	0.272%	0.343	0.34	7.43	7.00
JACKSON	49.58	0.397	774.25	7.743	8,139	4.26	42.00	1.330%	1.680	1.68		
LENAWEE/	55.17	0.441	291.08	2.911	3,352	1.75	8.83	0.280%	0.353	0.35		
MONROE	6.25	0.050	405.17	4.052	4,102	2.15	20.42	0.647%	0.817	0.82	5.07	5.00
LIVINGSTON/	8.00	0.064	250.25	2.503	2,567	1.34	31.00	0.982%	1.240	1.24		
WASHTENAW	14.42	0.115	1239.50	12.395	12,510	6.54	10.00	0.317%	0.400	0.40	9.53	10.00
TOTAL	713.75	5.710	37867.83	378.678	384,388	201.04	1589.50	50.341%	63.580	63.58	264.62	264.00
BSC 5												
GENESEE CSA												
KENT CSA												
MACOMB CSA												
OAKLAND CSA												
WAYNE CSA												
TOTAL	0.00	0	0.00	0.000	0.000	0.00	0.00	0.0000%	0.00	0.00	0.00	0.00
STATEWIDE	2399.76	19.198	62143.33	621.433	640,631	335.05	3157.48	100.00%	126.30	126.30	461.35	463.00

FY2015 STAFFING ALLOCATION

Section III: Juvenile Justice Workers

Allocation Summary

31.0 Juvenile Justice Workers

3.0 Off-the-Top Positions:

3.0 Wayne County JJ Staff

34.0 Total

FY2015 JUVENILE WORKER ALLOCATION

General Overview:

For FY2015, the Juvenile Justice (JJ) allocation is a stand-alone allocation that is no longer combined with Adult Services, except for purposes of comparison with FY2014. A total of 34.0 positions are allocated for Juvenile Justice which is a decrease of 4.03 positions from FY2014 due to declining JJ caseload. Wayne County continues to be assigned 3.0 JJ positions.

The allocation to Outstate counties uses the same two caseload components as in FY2014 with 5 month averages for both Residential/Purchase of Service cases and Direct Service cases. A combined ratio of 25:1 is used to allocate each type of staff.

<u>Formula Component</u>	<u>Ratio</u>	<u>Data Source\</u>
Residential/Purchase	25:1	SWSS-FAJ/Data Warehouse 9/13 – 2/14
Direct Services	25:1	SWSS-FAJ/Data Warehouse 9/13 – 2/14

Rounding Formula:

The calculated workers for Juvenile Justice are added together within county groups and rounded. All JJ positions are rounded to a whole number. Less than .5 rounds down and .5 or greater rounds up.

FY2015 JUVENILE JUSTICE WORKER ALLOCATION

Run date 7:29:14	9/13 - 2/14 Average Direct & Purchase of Service @ 25 Cases	Calculated Juvenile Justice Workers 100.00%	FY2015 Juvenile Justice Workers @ 100.00%	FY2015 Total Juvenile Justice Workers	FY2014 Total Juvenile Justice Workers	Change from FY2014 Allocation	Rounded JU Allocation
STATE TOTAL	762.87	30,515	33,511	33,511	37,541	-4,030	34,100
BSC 1							
ALCONA/	13.83	0.553	0.553	0.55	0.50	0.05	
ALPENA/	3.17	0.127	0.127	0.13	0.12	0.01	1.00
MONTMORENCY	1.17	0.047	0.047	0.05	0.08	-0.03	
ALGER/	1.00	0.040	0.040	0.04	0.08	-0.04	
MARQUETTE/	3.33	0.133	0.133	0.13	0.15	-0.02	
SCHOOLCRAFT	8.00	0.320	0.320	0.32	0.36	-0.04	
ANTRIM/							
CHARLEVOIX/							
EMMET	12.50	0.500	0.500	0.50	0.47	0.03	1.00
BARAGA/	1.00	0.040	0.040	0.04	0.09	-0.05	
HOUGHTON/	1.00	0.040	0.040	0.04	0.04	0.00	
KEWENAW	0.00	0.000	0.000	0.00	0.00	0.00	
BENZIE/	0.00	0.000	0.000	0.00	0.00	0.00	
MANISTEE	1.50	0.060	0.060	0.06	0.04	0.02	
CHEBOYGAN/	6.67	0.267	0.267	0.27	0.47	-0.21	
PRESQUE ISLE	1.00	0.040	0.040	0.04	0.04	0.00	
CHIPPEWA/	11.83	0.473	0.473	0.47	0.49	-0.02	1.00
LUCE/	0.00	0.000	0.000	0.00	0.08	-0.08	
MACKINAC	1.00	0.040	0.040	0.04	0.27	-0.23	
CRAWFORD/	1.00	0.040	0.040	0.04	0.08	-0.04	
OSCODA/	0.00	0.000	0.000	0.00	0.00	0.00	
OTSEGO	3.17	0.127	0.127	0.13	0.14	-0.01	
DELTA/	0.00	0.000	0.000	0.00	0.11	-0.11	
DICKINSON/	1.50	0.060	0.060	0.06	0.22	-0.16	
MEMONIEE	11.50	0.460	0.460	0.46	0.42	0.04	1.00
GOGEBIC/	22.33	0.893	0.893	0.89	0.89	-0.26	1.00
IRON/	1.83	0.073	0.073	0.07	0.18	-0.11	
ONTONAGON	3.17	0.127	0.127	0.13	0.17	-0.05	
GR. TRAVERSE/	7.83	0.313	0.313	0.31	0.40	-0.09	
KALKASKA/	1.00	0.040	0.040	0.04	0.04	0.00	
LEELANAU							
IOSCO/	8.20	0.328	0.328	0.33	0.33	0.07	
OGENAW/	13.33	0.533	0.533	0.53	0.50	0.03	1.00
ROSCOMMON	6.17	0.247	0.247	0.25	0.15	0.09	
MISSAUKEE/							
WEXFORD	17.50	0.700	0.700	0.70	0.70	0.86	1.00
TOTAL	165.53	6,621	6,621	6,621	8,191	-1,570	7,000
BSC 2							
GENESEE							
INGHAM							
INGHAM CSA	37.83	1.513	1.513	1.51	1.51	1.03	2.00
SAGINAW/	28.17	1.127	1.127	1.13	1.13	0.87	2.00
ARENA/	6.33	0.253	0.253	0.25	0.39	-0.14	1.00
BAY/	1.00	0.040	0.040	0.04	0.04	0.07	
GLADWIN	5.83	0.233	0.233	0.23	0.23	0.16	1.00
CLARE/	0.00	0.000	0.000	0.00	0.00	0.00	
ISABELLA/	4.33	0.173	0.173	0.17	0.17	0.16	0.02
MIDLAND	4.17	0.167	0.167	0.17	0.23	-0.06	
CLINTON/	0.00	0.000	0.000	0.00	0.04	-0.04	
EATON	4.67	0.187	0.187	0.19	0.19	0.25	-0.06
GRATIOT	2.67	0.107	0.107	0.11	0.11	0.15	-0.04
SHIawassee	3.33	0.133	0.133	0.13	0.10	0.03	
HURON/	31.33	1.253	1.253	1.25	1.84	-0.59	1.00
LAPERE/	0.00	0.000	0.000	0.00	0.13	-0.13	
TUSCOLA	5.67	0.227	0.227	0.23	0.23	0.22	0.01
ST. CLAIR/	35.33	1.413	1.413	1.41	1.41	1.87	2.00
SANILAC	12.33	0.493	0.493	0.49	0.63	-0.13	
TOTAL	183.00	7,320	7,320	7,321	8,121	-0,801	7,000

FY2015 JUVENILE JUSTICE WORKER ALLOCATION

Run date 7.29.14	9/13 - 2/14 Average Direct & Purchase of Service Cases	@ 25	Calculated Juvenile Justice Workers	FY2015 Juvenile Justice Workers @ 100.00%	FY2015 Total Juvenile Justice Workers	FY2014 Total Juvenile Justice Workers	Change from FY2014 Allocation	Rounded JJ Allocation
BSC 3								
BERRIEN	30.17	1.207	1.207	1.21	1.21	1.14	0.06	1.00
KALAMAZOO	12.50	0.500	0.500	0.50	0.50	0.43	0.07	1.00
KENT								
MUSKEGON/	19.33	0.773	0.773	0.77	0.77	0.94	-0.17	1.00
OTTAWA	7.50	0.300	0.300	0.30	0.30	0.29	0.01	
VAN BUREN	46.33	1.853	1.853	1.85	1.85	1.88	-0.03	2.00
ALLEGAN/	16.17	0.647	0.647	0.65	0.65	0.44	0.20	1.00
BARRY	1.33	0.053	0.053	0.05	0.05	0.00	0.05	
BRANCH/	0.00	0.000	0.000	0.00	0.00	0.00	0.00	
CALHOON	8.00	0.320	0.320	0.32	0.32	0.37	-0.05	
CASS/	1.33	0.053	0.053	0.05	0.05	0.20	-0.15	
ST. JOSEPH	6.00	0.240	0.240	0.24	0.24	0.19	0.05	
IONIA/	1.00	0.040	0.040	0.04	0.04	0.18	-0.14	
MONTCALM	3.00	0.120	0.120	0.12	0.12	0.16	-0.04	
LAKE/	1.00	0.040	0.040	0.04	0.04	0.04	0.00	
NEWAYGO	5.33	0.213	0.213	0.21	0.21	0.23	-0.01	
MASON/	1.00	0.040	0.040	0.04	0.04	0.08	-0.04	
OCEANA	1.00	0.040	0.040	0.04	0.04	0.00	0.04	
MECOSTA/	10.00	0.400	0.400	0.40	0.40	0.61	-0.21	
OSCEOLA								
TOTAL	171.00	6.840	6.840	6.84	6.84	7.20	-0.36	6.00
BSC 4								
MACOMB								
OAKLAND								
WAYNE								
HILLSDALE/	1.17	0.047	0.047	0.05	0.05	0.12	-0.07	
JACKSON	3.33	0.133	0.133	0.13	0.13	0.22	-0.08	
LENAWEE/	1.83	0.073	0.073	0.07	0.07	0.33	-0.25	
MONROE	3.50	0.140	0.140	0.14	0.14	0.19	-0.05	
LIVINGSTON/	17.83	0.713	0.713	0.71	0.71	1.03	-0.31	1.00
WASHTEENAW	17.50	0.700	0.700	0.70	0.70	0.53	0.17	1.00
TOTAL	45.17	1.807	1.807	1.81	1.81	2.41	-0.60	2.00
BSC 5								
GENESEE CSA	47.50	1.900	1.900	1.90	1.90	1.94	-0.04	2.00
KENT CSA	48.67	1.947	1.947	1.95	1.95	2.00	-0.05	2.00
MACOMB CSA	38.83	1.553	1.553	1.55	1.55	1.97	-0.42	2.00
OAKLAND CSA	63.17	2.527	2.527	2.53	2.53	2.71	-0.19	3.00
WAYNE CSA				3.00	3.00	3.00	0.00	3.00
TOTAL	198.17	7.927	7.927	10.93	10.93	11.62	-0.70	12.00
FOA								
STATEWIDE	762.87	30.515	30.515	33.51	33.51	37.54	-4.03	34.00

FY2015 STAFFING ALLOCATION

Section IV: Family & Children Services Workers

Allocation Summary:

2225.00 Workers by Category:

701.00 Direct Care
134.00 Foster Home Licensing/Recruitment
1390.00 Children's Protective Services

382.00 Workers *off-the-top*:

81.00 Title IV-E Workers
52.00 Maltreatment In Care (MIC)
53.00 Peer Coaches (formerly PPCC's)
25.00 Health Liaisons
121.00 CPS Centralized Intake
4.00 Court Liaisons
31.00 MYOI Workers
15.00 Educational Planners

2607.00 Total Family and Children Services Workers

FY2015 CHILD WELFARE WORKER ALLOCATION

General Overview:

For FY2015, a total of 2,607.0 Child Welfare (CW) workers are allocated (excluding Juvenile Justice workers); 2,225.0 of these positions are based on allocation formulas and 382.0 are assigned *off-the-top* for specific purposes. The FY2015 CW total represents an overall *decrease of 50.0* positions from FY2014 levels. The Coverage Factor (encompassing MLOA, Training and Vacancy rates), developed in FY2014, was again applied to both the CPS and Direct Care worker allocations. For both of these staffing categories, 5% of the Coverage Factor was retained in the “BSC Flex Allocation” to allow for flexibility in addressing the individual needs of counties.

Off-the-Top Positions:

The FCS *off-the-top* positions include the following:

- 25.0 Health Liaisons (Direct Care)
- 31.0 MYOI (Direct Care)
- 52.0 Maltreatment in Care/MIC (CPS)
- 81.0 Child Welfare Funding Specialists (CWFS) – formerly Title IVE Workers
- 121.0 Centralized CPS Intake Workers and Administrative Staff
- 4.0 Court Liaisons
- 15.0 Educational Planners
- 53.0 Peer Coaches (formerly Permanency Planning Coordinators/PPCC’s) All county groups (except Mason/Oceana) receive a minimum assignment of 1.0 Peer Coach with additional positions allocated to the Urban Counties based on their overall number of Direct Care and CPS Workers.

Direct Care Workers and Foster Home Recruitment/Licensing Workers

For FY2015, a total of 701.0 Direct Care workers and 134.0 Recruitment/Licensing Workers are allocated based on a formula. For these two staffing categories, this represents an overall reduction of 21.0 positions from FY2014. For Foster Care, the ratio for Private Agency/Purchase of Services (POS) cases remains at 90:1 and the ratio for Direct Services Cases at 15:1 for FY2015. A component for Adoption has been added with the same POS and Direct ratios as Direct Care.

Direct Care Worker Formula:

All FY2015 Direct Care ratios are defined by the Consent Decree/Modified Settlement Agreement (MSA) and are as follows:

<u>Staffing Category</u>	<u>Ratio</u>	<u>Data Source/Time Period</u>
Direct Services Cases	15:1	(SWSS-FAJ)/Data Warehouse 3/13 – 2/14

Private Agency/POS Cases	90:1	(SWSS-FAJ)/Data Warehouse 3/13 – 2/14
Adoption Direct Cases	15:1	Caseload Count 4/14
Adoption POS Cases	90:1	Caseload Count 4/14
DHS Licensed Homes	30:1	BCAL Report 4/13 – 3/14
DHS Homes Licensed During the Month	30:1	BCAL Report 1/13 – 4/14

Initial staffing levels for both Direct Care Workers and Foster Home Licensing and Recruitment (FHL) Workers are calculated by dividing each county's average caseloads by the ratios indicated above. In dual-/tri-county arrangements, the caseload averages for Foster Home Licensing and Recruitment Workers are combined and shown in one county which does not necessarily reflect the actual location of the worker(s).

At this point in the allocation process, a 21.7% Coverage Factor (encompassing Medical Leaves of Absence (MLOA), Vacancies and Training rates) is added to the calculated Direct Care Worker total and the Foster Home Licensing and Recruitment Worker total. This Coverage Factor is designed to assist local offices in meeting their MSA caseload requirements by providing a sufficient number of staff to cover vacancies, medical leaves of absence, and other situations where staff might not be available for work.

The 21.7% Coverage Factor for Direct Care equates to 16.7% (or 90.70 additional positions) added to each county's calculated Direct Care staff total prior to rounding and 5% (29.0 additional rounded positions) held for BSC Flex Positions.

The 21.7% Coverage Factor for Foster Home Licensing and Recruitment Workers equates to 16.7% (or 15.68 additional positions) added to each county's calculated FHL staff total prior to rounding and 5% of the positions (7.0 additional rounded) are held for BSC Flex Positions.

Note: Supervision for all Direct Care and FHL workers is calculated as if ALL of the workers added by the 21.7% Coverage Factor are in the county office, per calculation. Thus, there are no BSC Supervisor Flex Positions.

The calculation of the Coverage Factor was based on the following:

The MLOA data is from Civil Service/Disability Management Office and represents the statewide average number of Child Welfare staff who have a medical leave that is either "in process" or "open". These employees, who are no longer on the payroll, account for 2.3% of all Direct Care staff.

The On-Board/Vacancy portion of this factor is the average percentage of Child Welfare positions vacant as determined by comparing on-board numbers to current allocated levels. On-board data is obtained from the PV-018, Employee Inventory Report Roll-up and allocation information is taken from the current year staffing allocation. The average vacancy rate for Direct Care workers during the period reviewed is 5.0%.

The Training rate utilizes the "Date of Hire" from the PV-018 to weight new worker caseloads. Workers currently coded as attending CWTTI are considered to be non-caseload carrying workers. Workers with less than 6 months on-the-job are considered to be carrying 25% of a caseload. Workers with a date of hire between 6 and 9 months are considered to be carrying 50% of a caseload and those with at least 9

months but less than 12 months are considered to be carrying 75% of a caseload. When weighted in the above-mentioned fashion, workers with reduced caseload constitute 14.4% of all Direct Care workers.

The Coverage Factor of 21.7% is applied to the initial number of calculated workers for both Direct Care and Foster Home Licensing and Recruitment Workers. Of this, 16.7% is added to each county's number of calculated staff which is then rounded up to the next whole number. The final step in the allocation process is to place 5% of the additional positions (as rounded positions) in the BSC Flex Allocation to address situations that may occur in local offices such as unusually high volumes of vacancies, unexpected caseload changes, etc.

Children's Protective Services Workers

For FY2015, a total of 1390.0 Children's Protective Services (CPS) workers are allocated. This represents a decrease of 31.0 positions from FY2014.

CPS Worker Formula:

The following CPS ratios remain as defined by the Modified Settlement Agreement:

<u>Staffing Category</u>	<u>Ratio</u>	<u>Data Source</u>
Ongoing:	17:1	"Fact Sheet" (5/13 – 4/14)
Assigned Investigations:	12:1	"Fact Sheet" (5/13 – 4/14)

Initial staffing levels are determined by dividing each county's average caseloads by the ratios indicated above. The 12-month caseload average for Assigned Investigations in each local office has been increased by 146.7% prior to application of the ratio. This percentage increase was to compensate for the fact that, per policy, investigations may be pending for 44 days. The additional 14 days are 46.7% of a 30-day month and a multiplier of 1.467 represents the monthly average as it spans 44 days.

At this point in the allocation process, the 22.7% Coverage Factor established in FY2014 (encompassing Medical Leaves of Absence (MLOA), Vacancies, Training rates and Guardianship work) is added to the calculated CPS Worker total. This adjustment is designed to assist local offices in meeting their MSA caseload requirements by providing a sufficient number of staff to cover vacancies, medical leaves of absence, Guardianship cases and other situations where staff might not be available for work.

The CPS Coverage Factor of 22.7% equates to 17.70% (or 194.06 additional positions) added to each county's calculated CPS Worker total prior to rounding and 5% of the positions (57.0 additional rounded) are held for BSC Flex Positions.

Note: Supervision for all CPS workers is calculated as if ALL of the workers added by the 22.7% Coverage Factor are in the county office, per calculation. Thus, there are no BSC Supervisor Flex Positions.

The Coverage Factor was developed based on the following:

The MIOA data is from Civil Service/Disability Management Office and represents the statewide average number of Child Welfare staff who have a medical leave that is either “in process” or “open”. These employees, who are no longer on the payroll, account for 2.5% of all CPS staff.

The On-Board/Vacancy portion of this factor is the average percentage of Child Welfare positions vacant as determined by comparing on-board numbers to current allocated levels. On-board data is obtained from the PV-018, Employee Inventory Report Roll-up and allocation information is taken from the current year staffing allocation. The average vacancy rate for CPS workers during the period reviewed is 4.2%.

The Training rate utilizes the “Date of Hire” from the PV-018 to weight new worker caseloads. Workers currently coded as attending CW/TTI are considered to be non-caseload carrying workers. Workers with less than 6 months on-the-job are considered to be carrying 25% of a caseload. Workers with a date of hire between 6 and 9 months are considered to be carrying 50% of a caseload and those with at least 9 months but less than 12 months are considered to be carrying 75% of a caseload. When weighted in the above-mentioned fashion, workers with reduced caseload constitute 15.0% of all CPS workers.

A Guardianship component was added to the Coverage Factor for CPS Only. A review of the Random Moment Time Sample data for calendar year 2012 showed that CPS Workers report that they spend approximately 1% of their time working on Guardianship cases.

The Coverage Factor of 22.7% is applied to the initial number of calculated workers for CPS Workers. Of this, 17.7% is added to each county’s number of calculated staff which is then rounded up to the next whole number. The final step in the allocation process is to place 5% of the additional positions (as rounded positions) in the BSC Flex Allocation to address situations that may occur in local offices such as unusually high volumes of vacancies, unexpected caseload changes, etc.

Rounding Formula

In FY2015, Direct Care Workers, Foster Home Licensing and Recruitment Workers and CPS Workers are each rounded separately and all assigned/off-the-top positions are shown as whole positions. All positions are rounded to the next greater whole number.

FY2015 CHILD WELFARE ROLL-UP

Run Date 7.29.14	FY2015 Final Direct Care Workers	FY2015 BSC Flex Allocation	FY2015 Final FHL Workers	FY2015 BSC Flex Allocation	FY2015 Final CPS Workers	FY2015 BSC Flex Allocation	Off-The-Top Positions										FY2015 Total CSA Positions	FY2014 Total CSA Positions	Worker Change
							Health Liasons	MIC	Peer Coach	Funding Special (CWFS)	Cent. Intake Whrs.	Ed. Plan.	Court Liasons	MYOI Staff					
STATE TOTAL	672.00	29.00	127.00	7.00	1333.00	57.00	25.00	52.00	53.00	81.00	121.00	15.00	4.00	31.00	2607.00	2657.00	-50.00		
BSC 1		3.00		1.00		6.00									10.00	9.00	1.00		
ALCONA/ALPENA/	4.00		1.00		7.00				1.00	1.00				1.00	15.00	14.00	0.00		
MONTMORENCY/	2.00				2.00										4.00	3.00	1.00		
ALGER/	1.00				2.00										3.00	2.00	1.00		
MARQUETTE/	6.00		1.00		9.00				1.00	1.00					18.00	16.00	2.00		
SCHOOLCRAFT	1.00				2.00										3.00	3.00	0.00		
ANTRIM/	4.00				5.00										9.00	9.00	0.00		
CHARLEVOIX/					0.00										0.00	0.00	0.00		
EMMET	5.00		2.00		10.00				1.00	1.00				1.00	20.00	20.00	0.00		
BARAGAN/	1.00				2.00										3.00	3.00	0.00		
HOUGHTON/	1.00		1.00		4.00				1.00						7.00	7.00	0.00		
KEMENAW	1.00				0.00										0.00	0.00	0.00		
BENZIE/	1.00				3.00										4.00	4.00	0.00		
MANISTEE	2.00		1.00		4.00				1.00						8.00	7.00	1.00		
CHEBOYGAN/	2.00		1.00		6.00				1.00						11.00	12.00	-1.00		
PRESQUE ISLE	2.00				2.00										4.00	3.00	1.00		
CHIPPEWA/	4.00		2.00		7.00				1.00	1.00					15.00	15.00	0.00		
LUCE/	1.00				2.00										3.00	3.00	0.00		
MACKINAC	2.00				2.00										4.00	4.00	0.00		
CRAWFORD/	3.00		2.00		3.00					1.00					10.00	11.00	-1.00		
OSCODA/	1.00				2.00										3.00	3.00	0.00		
OTSEGO	3.00				5.00				1.00						9.00	10.00	-1.00		
DELTA/	2.00		3.00		5.00					1.00		1.00			11.00	10.00	1.00		
DICKINSON/	3.00		3.00		4.00										10.00	10.00	0.00		
MENOMINEE	2.00		2.00		3.00				1.00						8.00	7.00	1.00		
GOGEBIC/	2.00				3.00										5.00	5.00	0.00		
IRON/	1.00		1.00		3.00				1.00						4.00	3.00	1.00		
ONTONAGON	1.00				1.00										2.00	3.00	-1.00		
GRAND TRAVERSE/	5.00		1.00		15.00				1.00	1.00				1.00	24.00	23.00	1.00		
KALKASKA/	2.00				4.00										6.00	6.00	0.00		
LEELANAU	0.00				0.00										0.00	0.00	0.00		
IOSCO/	3.00		3.00		6.00				1.00	1.00					12.00	12.00	0.00		
OGEMAW/	2.00				5.00										9.00	9.00	0.00		
ROSCOMMON	3.00				5.00										8.00	8.00	0.00		
MISSAUKEE/					0.00				1.00						0.00	0.00	0.00		
WEXFORD	5.00		2.00		13.00										21.00	21.00	0.00		
TOTAL	78.00	3.00	22.00	1.00	146.00	6.00	0.00	0.00	13.00	8.00	0.00	1.00	0.00	5.00	283.00	275.00	8.00		
BSC 2		5.00			2.00	10.00									17.00	27.00	-10.00		
GENESEE	29.00		3.00		42.00		1.00	3.00	2.00	3.00				1.00	84.00	90.00	-6.00		
INGHAM	9.00		5.00		28.00		1.00	1.00	1.00	1.00				1.00	46.00	50.00	-4.00		
ARENA/C/	4.00		3.00		3.00				1.00	1.00					8.00	8.00	0.00		
BAY/	7.00				17.00										30.00	32.00	-2.00		
GLADWIN	3.00				6.00				1.00			1.00			9.00	9.00	0.00		
CLARE/	3.00		4.00		7.00										10.00	9.00	1.00		
ISABELLA/	7.00				10.00				1.00	1.00					22.00	22.00	0.00		
MIDLAND	6.00				10.00				1.00						18.00	18.00	0.00		
CLINTON/	5.00		4.00		6.00		1.00		1.00	1.00				1.00	14.00	16.00	-2.00		
EATON	7.00				16.00										29.00	30.00	-1.00		
GRATOT/	5.00		3.00		6.00				1.00	1.00		1.00			11.00	11.00	0.00		
SHAWASSSEE	5.00				14.00				1.00	1.00					24.00	23.00	1.00		
HURON/	2.00				5.00										7.00	6.00	1.00		
LAPEER/	3.00		4.00		12.00				1.00	1.00					16.00	16.00	0.00		
TUSCOLA	7.00		6.00		10.00				1.00	2.00					23.00	23.00	0.00		
ST CLAIR/	15.00				25.00		1.00		1.00	2.00					51.00	53.00	-2.00		
SANILAC	4.00				8.00										12.00	13.00	-1.00		
TOTAL	121.00	5.00	32.00	2.00	225.00	10.00	4.00	3.00	9.00	11.00	0.00	2.00	0.00	7.00	431.00	456.00	-25.00		

FY2015 CHILD WELFARE ROLL-UP

Run Date 7/29/14	FY2015		FY2015		FY2015		FY2015		FY2015		Off-the-Top Positions						FY2015	FY2014	Worker
	Final Direct Care Workers	BSC Flex Allocation	Final FHL Workers	BSC Flex Allocation	Final CPS Workers	BSC Flex Allocation	Health Liasons	MIC	Peer Coach	Funding Special (CWFS)	Cent. Intake Wrs.	Ed. Plan.	Court Liasons	MYOI Staff	Total CSA Positions	Total CSA Positions	Change		
BSC 3	19.00	8.00	5.00	2.00	23.00	13.00	1.00		1.00	2.00					23.00	30.00	-7.00		
BERRIEN	19.00		5.00		23.00		1.00		1.00	2.00					52.00	51.00	1.00		
KALAMAZOO	34.00		5.00		59.00		1.00		2.00	4.00					105.00	101.00	4.00		
KENT															0.00				
MUSKEGON/	27.00		4.00		41.00		1.00		2.00	3.00					80.00	81.00	-1.00		
OTTAWA	10.00		2.00		25.00				1.00	1.00					40.00	37.00	3.00		
VAN BUREN	10.00		4.00		15.00		1.00		1.00	1.00					33.00	32.00	1.00		
ALLEGAN/	11.00		4.00		19.00				1.00	1.00					37.00	38.00	-1.00		
BARRY	5.00				9.00										14.00	15.00	-1.00		
BRANCH/	6.00				10.00										16.00	18.00	-2.00		
CALHOUN	15.00		6.00		28.00		1.00		1.00	2.00					55.00	55.00	0.00		
CASS/	8.00		3.00		7.00					2.00					21.00	21.00	0.00		
ST. JOSEPH	7.00		7.00		13.00		1.00		1.00	1.00					23.00	24.00	-1.00		
IONIA/	4.00				11.00					1.00					17.00	19.00	-2.00		
MONTCALM	6.00		2.00		12.00					1.00					20.00	23.00	-3.00		
LAKE/	4.00				4.00										8.00	7.00	1.00		
NEWAYGO	7.00		2.00		13.00				1.00	1.00					24.00	22.00	2.00		
MASON/	3.00				6.00					1.00					10.00	9.00	1.00		
OCEANA	1.00		1.00		5.00					1.00					7.00	8.00	-1.00		
MECOSTA/	7.00		2.00		15.00				1.00	1.00					27.00	27.00	0.00		
OSCEOLA	0.00																		
TOTAL	184.00	8.00	40.00	2.00	315.00	13.00	6.00	0.00	13.00	20.00	0.00	3.00	0.00	8.00	612.00	618.00	-6.00		
BSC 4		3.00		1.00		5.00									9.00	7.00	2.00		
MACOMB																			
OAKLAND																			
WAYNE																			
HILLSDALE/	5.00				11.00										17.00	18.00	-1.00		
JACKSON	17.00		4.00		35.00		1.00		1.00	3.00					63.00	59.00	4.00		
LENAWEE/	7.00				13.00					2.00					20.00	21.00	-1.00		
MONROE	10.00		4.00		16.00				1.00	2.00					34.00	32.00	2.00		
LIVINGSTON/	9.00				15.00										25.00	24.00	1.00		
WASHTENAW	11.00		6.00		27.00		1.00		1.00	2.00					49.00	49.00	0.00		
TOTAL	59.00	3.00	14.00	1.00	117.00	5.00	2.00	0.00	3.00	7.00	0.00	1.00	0.00	5.00	217.00	210.00	7.00		
BSC 5		10.00		1.00		23.00									34.00	43.00	-9.00		
GENESEE CSA	33.00		3.00		75.00		2.00	4.00	3.00	4.00					127.00	141.00	-14.00		
KENT CSA	13.00		2.00		93.00		1.00	4.00	2.00	6.00					123.00	125.00	-2.00		
MACOMB CSA	35.00		6.00		64.00		2.00	4.00	2.00	4.00					120.00	122.00	-2.00		
OAKLAND CSA	38.00		4.00		87.00		1.00	4.00	2.00	5.00					144.00	147.00	-3.00		
WAYNE SCA	111.00		4.00		211.00		7.00	16.00	6.00	16.00					378.00	382.00	-4.00		
TOTAL	230.00	10.00	19.00	1.00	530.00	23.00	13.00	32.00	15.00	35.00	0.00	8.00	4.00	6.00	926.00	960.00	-34.00		
CSA(MIC/Cent Intake)											121.00				138.00	138.00	0.00		
STATE TOTAL	672.00	29.00	127.00	7.00	1333.00	57.00	25.00	52.00	53.00	81.00	121.00	15.00	4.00	31.00	2607.00	2657.00	-50.00		

FY2015 DIRECT CARE WORKER ALLOCATION

Run Date: 7/29/14	3/13 - 2/14		3/13 - 2/14		4/14		Total Calculated Direct Care Workers	Additional Positions for MLOA/ Vac/Training 16.7%	Total Rounded DC County Allocation	Additional Positions for BSC Flex 5.0%	Total Rounded DC Worker BSC Flex Allocation	FY'15 Final Direct Care Rounded Workers	FY'14 Final Direct Care Rounded Workers	Change from FY'14			
	Average Direct Services Cases	@ 15	Average Private Agency Cases	@ 90	Average Adopt Direct Cases	@ 15									Average Adopt POS Cases	@ 90	
BSC 1	7099,90	473,327	5819,35	64,562	14,000	0,933	379,000	4,211	543,13	90,70	672,00	27,16	29,00	3,00	701,00	725,00	-24,00
ALCONA/	42.67	2.844	22.25	0.247	1.00	0.067	0.000	0.000	3.16	0.53	4.00	0.16	4.00	4.00	4.00	4.00	0.00
ALPENA/	11.83	0.789	9.25	0.103	0.00	0.000	0.000	0.000	0.89	0.15	2.00	0.04	2.00	2.00	2.00	1.00	1.00
MONTMERCY	2.92	0.194	4.00	0.044	0.00	0.000	4.000	0.044	0.05	0.05	1.00	0.01	1.00	1.00	1.00	1.00	0.00
ALGER/	54.08	3.606	65.67	0.730	0.00	0.000	0.000	0.000	4.34	0.72	6.00	0.22	6.00	6.00	6.00	5.00	1.00
MARQUETTE/	3.67	0.244	18.75	0.208	0.00	0.000	0.000	0.000	0.45	0.08	1.00	0.02	1.00	1.00	1.00	1.00	0.00
SCHOOLCRAFT	43.33	2.889	9.92	0.110	0.00	0.000	6.000	0.067	3.07	0.51	4.00	0.15	4.00	4.00	4.00	3.00	1.00
ANTRIM/	56.33	3.756	24.67	0.274	0.00	0.000	0.000	0.000	4.03	0.67	5.00	0.20	5.00	5.00	5.00	6.00	-1.00
CHARLEVOIX/	7.00	0.467	7.42	0.082	0.00	0.000	0.000	0.000	0.55	0.09	1.00	0.03	1.00	1.00	1.00	1.00	0.00
EMMET	7.58	0.506	14.83	0.165	0.00	0.000	0.000	0.000	0.67	0.11	1.00	0.03	1.00	1.00	1.00	1.00	0.00
BARAGA/	5.82	0.388	4.08	0.045	0.00	0.000	0.000	0.000	0.43	0.07	1.00	0.02	1.00	1.00	1.00	1.00	0.00
Houghton/	11.83	0.789	17.83	0.198	0.00	0.000	0.000	0.000	0.99	0.16	2.00	0.05	2.00	2.00	2.00	1.00	1.00
KEWEENAW	15.75	1.050	5.55	0.062	0.00	0.000	0.000	0.000	2.29	0.38	3.00	0.11	3.00	3.00	3.00	4.00	-1.00
BENZIE/	36.50	2.433	45.82	0.509	3.00	0.200	3.000	0.033	1.11	0.19	2.00	0.06	2.00	2.00	2.00	1.00	1.00
CHEBOYGAN/	10.17	0.678	11.18	0.124	0.00	0.000	0.000	0.000	3.18	0.53	4.00	0.16	4.00	4.00	4.00	4.00	0.00
PRESQUE ISLE	12.58	0.839	4.67	0.052	0.00	0.000	0.000	0.000	0.80	0.13	1.00	0.04	1.00	1.00	1.00	1.00	0.00
CHIPPEWA/	31.00	2.057	13.67	0.152	0.00	0.000	4.000	0.044	0.89	0.15	2.00	0.04	2.00	2.00	2.00	2.00	0.00
LUCE/	4.58	0.306	2.75	0.031	0.00	0.000	0.000	0.000	2.26	0.38	3.00	0.11	3.00	3.00	4.00	4.00	-1.00
MACKINAC	33.00	2.200	5.25	0.058	0.00	0.000	0.000	0.000	0.34	0.06	1.00	0.02	1.00	1.00	1.00	1.00	0.00
CRAWFORD/	14.75	0.983	14.75	0.164	0.00	0.000	1.000	0.011	2.26	0.38	3.00	0.11	3.00	3.00	3.00	3.00	0.00
OSCODA/	27.67	1.844	36.83	0.409	0.00	0.000	0.000	0.000	2.25	0.38	3.00	0.11	3.00	3.00	3.00	3.00	0.00
OTSEGO	13.17	0.878	18.17	0.202	0.00	0.000	0.000	0.000	1.08	0.18	2.00	0.05	2.00	2.00	2.00	2.00	0.00
DELTA/	6.42	0.428	7.50	0.083	0.00	0.000	1.000	0.011	1.41	0.23	2.00	0.07	2.00	2.00	2.00	2.00	0.00
DICKINSON/	6.25	0.417	0.00	0.000	0.00	0.000	0.000	0.000	0.42	0.07	1.00	0.02	1.00	1.00	1.00	1.00	0.00
MEMMINEE	48.25	3.217	52.58	0.584	0.00	0.000	6.000	0.067	3.87	0.65	5.00	0.19	5.00	5.00	5.00	5.00	0.00
GOGBIC/	16.33	1.089	11.67	0.130	0.00	0.000	0.000	0.000	1.22	0.20	2.00	0.06	2.00	2.00	2.00	2.00	0.00
IRON/	33.58	2.239	9.17	0.102	1.00	0.067	1.000	0.011	2.42	0.40	3.00	0.12	3.00	3.00	3.00	4.00	-1.00
ONTONAGON	18.33	1.222	1.92	0.021	0.00	0.000	0.000	0.000	1.24	0.21	2.00	0.06	2.00	2.00	2.00	2.00	0.00
GR TRAVERSE/	34.33	2.289	6.08	0.068	0.00	0.000	0.000	0.000	2.36	0.39	3.00	0.12	3.00	3.00	3.00	3.00	0.00
KALKASKA/	55.75	3.717	13.17	0.146	0.00	0.000	9.000	0.100	3.66	0.66	5.00	0.20	5.00	5.00	5.00	5.00	0.00
LEELENAU	716.73	47,782	478.13	5,313	5.00	0.33	36.00	0.40	53.83	8.99	78.00	2.69	3.00	3.00	81.00	79.00	2.00
IOSCO/	100.67	6,711	51.58	0.573	0.00	0.000	3.000	0.033	7.32	1.22	9.00	0.37	9.00	9.00	9.00	10.00	-1.00
OGEMAW/	40.75	2.717	5.17	0.057	0.00	0.000	10.000	0.111	2.89	0.48	4.00	0.14	4.00	4.00	4.00	4.00	0.00
ROSCOMMON	71.33	4.756	58.42	0.649	0.00	0.000	0.000	0.000	5.40	0.90	7.00	0.27	7.00	7.00	7.00	8.00	-1.00
MISSAUKEE/	30.92	2.061	0.00	0.000	0.00	0.000	0.000	0.000	2.06	0.34	3.00	0.10	3.00	3.00	3.00	3.00	0.00
WEXFORD	22.42	2.022	22.42	0.249	0.00	0.000	5.000	0.056	2.33	0.39	3.00	0.12	3.00	3.00	3.00	2.00	1.00
TOTAL	77.00	5.133	9.58	0.106	0.00	0.000	0.000	0.000	5.24	0.88	7.00	0.26	7.00	7.00	7.00	7.00	0.00
GENESEEE	75.33	5.022	11.00	0.011	0.00	0.000	0.000	0.000	5.03	0.84	6.00	0.25	6.00	6.00	6.00	5.00	1.00
CLINTON/	57.75	3.850	11.08	0.123	1.00	0.067	22.000	0.244	4.28	0.72	5.00	0.21	5.00	5.00	5.00	7.00	-2.00
EATON	79.17	5.278	20.33	0.226	0.00	0.000	0.000	0.000	5.50	0.92	7.00	0.28	7.00	7.00	8.00	8.00	-1.00
GRATIOT/	55.50	3.700	4.50	0.050	1.00	0.067	20.000	0.222	4.04	0.67	5.00	0.20	5.00	5.00	5.00	5.00	0.00
SHAWASSEE	48.00	3.200	39.75	0.442	0.00	0.000	0.000	0.000	3.64	0.61	5.00	0.18	5.00	5.00	5.00	5.00	0.00
HURON/	21.92	1.461	3.58	0.040	0.00	0.000	0.000	0.000	1.50	0.25	2.00	0.08	2.00	2.00	2.00	2.00	0.00
LAPER/	33.50	2.233	25.58	0.284	0.00	0.000	0.000	0.000	2.52	0.42	3.00	0.13	3.00	3.00	3.00	3.00	0.00
TUSCOLA	85.75	5.717	23.75	0.264	0.00	0.000	0.000	0.000	5.98	1.00	7.00	0.30	7.00	7.00	7.00	7.00	0.00
ST CLAIR/	169.92	11.328	100.67	1.119	0.00	0.000	12.000	0.133	12.58	2.10	15.00	0.63	15.00	15.00	15.00	15.00	0.00
SANILAC	48.17	3.211	11.75	0.131	0.00	0.000	0.000	0.000	3.34	0.56	4.00	0.17	4.00	4.00	4.00	5.00	-1.00
TOTAL	1345,92	89,728	614,75	6,631	2,00	0.13	91.00	1.01	97.70	16.32	121.00	4.89	5.00	126.00	138.00	-12.00	

FY2015 DIRECT CARE WORKER ALLOCATION

Run Date: 7.29.14	3/13 - 2/14		3/13 - 2/14		4/14		Total Calculated Direct Care Workers	Additional Positions for Training/ 16.7%	Total Rounded DC Worker County Allocation	Additional Positions for BSC Flex 5.0%	Total Rounded DC Worker BSC Flex Allocation	FY15 Final Direct Care Rounded Workers	FY14 Final Direct Care Rounded Workers	Change from FY14
	Average Direct Services Cases	@ 15	Average Private Agency Cases	@ 90	Average Adopt Direct Cases	@ 15								
BSC 3														
BERRIEN	204.83	13.656	157.33	1.748	0.00	0.000	15.48	2.59	19.00	0.77	8.00	8.00	18.00	1.00
KALAMAZOO	384.17	25.611	217.58	2.418	1.00	0.067	28.31	4.73	34.00	1.42		34.00	32.00	2.00
KENT	315.83	21.056	122.92	1.366	0.00	0.000	22.47	3.75	27.00	1.12		27.00	28.00	-1.00
MUSKEGON/	107.75	7.183	80.92	0.899	0.00	0.000	8.13	1.36	10.00	0.41		10.00	8.00	2.00
VAN BUREN	114.58	7.639	19.92	0.221	0.00	0.000	7.96	1.33	10.00	0.40		10.00	9.00	1.00
ALLEGAN/	122.75	8.183	23.83	0.265	2.00	0.133	8.66	1.45	11.00	0.43		11.00	11.00	0.00
BARRY/	58.58	3.906	7.08	0.079	0.00	0.000	3.98	0.67	5.00	0.20		5.00	4.00	1.00
BRANCH/	62.33	4.156	18.00	0.200	0.00	0.000	4.43	0.74	6.00	0.22		6.00	7.00	-1.00
CALHOUN	169.25	11.283	111.17	1.235	0.00	0.000	12.52	2.09	15.00	0.63		15.00	13.00	2.00
CASS/	90.50	6.033	50.33	0.559	0.00	0.000	6.53	1.11	8.00	0.33		8.00	9.00	-1.00
ST. JOSEPH	74.25	4.950	53.17	0.591	0.00	0.000	5.54	0.93	7.00	0.28		7.00	7.00	0.00
IONIA/	33.42	2.228	22.92	0.255	0.00	0.000	2.80	0.47	4.00	0.14		4.00	4.00	0.00
MONTCALM	68.25	4.550	23.67	0.263	0.00	0.000	4.81	0.80	6.00	0.24		6.00	7.00	-1.00
LAKE/	38.67	2.578	16.33	0.181	0.00	0.000	2.79	0.47	4.00	0.14		4.00	3.00	1.00
NEWAYGO	78.25	5.217	25.17	0.280	0.00	0.000	5.50	0.92	7.00	0.27		7.00	6.00	1.00
MASON/	23.67	1.578	29.67	0.330	0.00	0.000	1.92	0.32	3.00	0.10		3.00	2.00	1.00
OCEANA	7.42	0.494	17.92	0.199	0.00	0.000	0.69	0.12	1.00	0.03		1.00	2.00	-1.00
MECOSTA/	75.42	5.028	39.67	0.441	0.00	0.000	5.51	0.92	7.00	0.28		7.00	7.00	0.00
OSCEOLA														
TOTAL	2029.92	135.328	1037.58	11.529	3.00	0.20	148.13	24.74	184.00	7.41	8.00	192.00	186.00	6.00
BSC 4														
MACOMB														
OAKLAND														
WAYNE														
HILLSDALE/	52.25	3.483	27.50	0.306	0.00	0.000	3.79	0.63	5.00	0.19		5.00	5.00	0.00
JACKSON	190.33	12.689	141.92	1.577	0.00	0.000	14.27	2.38	17.00	0.71		17.00	15.00	2.00
LENAWEE/	77.17	5.144	26.92	0.289	0.00	0.000	5.50	0.92	7.00	0.27		7.00	6.00	1.00
MONROE	109.67	7.311	60.25	0.669	0.00	0.000	7.98	1.33	10.00	0.40		10.00	8.00	2.00
LIVINGSTON/	106.58	7.106	38.67	0.430	1.00	0.067	7.67	1.28	9.00	0.38		9.00	7.00	2.00
WASHTENAW	117.25	7.817	114.08	1.268	0.00	0.000	9.08	1.52	11.00	0.45		11.00	11.00	0.00
TOTAL	653.25	43.550	409.33	4.548	1.00	0.07	48.29	8.06	59.00	2.41	3.00	62.00	55.00	7.00
BSC 5														
GENESEE CSA	357.08	23.806	334.58	3.718	0.00	0.000	27.63	4.61	33.00	1.38	10.00	10.00	38.00	-4.00
KENT CSA	923.42	10.260	923.42	10.260	1.00	0.067	10.69	1.79	13.00	0.53		13.00	21.00	-8.00
MACOMB CSA	389.00	25.933	319.08	3.545	1.00	0.067	29.60	4.94	35.00	1.48		35.00	36.00	-1.00
OAKLAND CSA	436.50	29.100	288.08	3.201	0.00	0.000	32.55	5.44	38.00	1.63		38.00	36.00	2.00
WAYNE CSA	1171.50	78.100	1414.58	15.718	1.00	0.067	94.71	15.82	111.00	4.74		111.00	121.00	-10.00
TOTAL	2354.08	156.939	3279.75	36.442	3.00	0.20	195.18	32.60	230.00	9.76	10.00	240.00	267.00	-27.00
CSA														
STATEWIDE	7099.90	473.327	5819.55	64.662	14.00	0.93	543.13	90.70	672.00	27.16	29.00	701.00	725.00	-24.00

FY2015 FOSTER HOME LICENSING/RECRUITMENT ALLOCATION

Run Date: 7/29/14	4/13 - 3/14	1/13 - 4/14	Total	Additional	Total	Additional	Total	FY'15	FY'14	Change		
ALCONA/ ALPENA/ MONTMORENCY ALGER/ MARQUETTE/ SCHOOL CRAFT ANTRIM/ CHARLEVOIX/ EMMET/ BARAGAN/ HOUGHTON/ KEWEENAW BENZIE/ MANISTEE CHEROYGAN/ PRESQUE ISLE CHIPPEWA/ LUCE/ MACKINAC CRAWFORD/ OSCODA/ OTSEGO DELTA/ DICKINSON/ MENOMINEE GOGEBIC/ IRON/ ONTONAGON GR. TRAVERSE/ KALKASKA/ LEELANAU IOSCO/ OGEMAW/ ROSCOMMON MISSAUKEE/ WEXFORD	Average DHS Licensed Homes	@ 30	Homes Licensed During Month	@ 30	Calculated Licensing Worker	Positions MLOA/ Voc/Training 16.7%	Rounded FHL Worker County Allocation	Positions for BSC Flex 5.0%	Rounded FHL Wkr BSC Flex Allocation	Final FHL Rounded Workers	Final FHL Rounded Workers	Change From FY'14
BSC 1	2512.01	83734	304.81	10.160	93.89	15.68	127.00	4.89	7.00	134.00	131.00	3.00
TOTAL	360.10	12,003	50.83	1.694	13.70	2.29	22.00	0.58	1.00	23.00	20.00	3.00
BSC 2							2.00		2.00	2.00	2.00	0.00
GENESEE	67.27	2,242	6.90	0.230	2.47	0.41	3.00	0.12	1.00	3.00	3.00	0.00
INGHAM	100.73	3,358	5.50	0.183	3.54	0.59	5.00	0.18		5.00	5.00	0.00
ARENAZ/ BAY/ GLADWIN	16.36	0.545	1.57	0.082	2.56	0.43	3.00	0.13		3.00	3.00	0.00
CLARE/ MIDLAND	19.64	0.655	2.00	0.067	2.44	0.081	4.00	0.16		4.00	4.00	0.00
ISABELLA/ CLINTON	5.91	0.197	2.44	0.081	4.26	0.173	4.00	0.16		4.00	4.00	0.00
EATON	36.91	1,230	2.13	0.071	3.17	0.53	4.00	0.16		4.00	4.00	0.00
GRATIOT	34.64	1,155	5.50	0.183	2.84	0.47	4.00	0.14		4.00	4.00	0.00
SHAWANSEE	40.09	1,336	4.90	0.163	2.84	0.47	4.00	0.14		4.00	4.00	0.00
HURON/ LAPEER/ TUSCOLA	33.64	1,121	1.78	0.059	2.42	0.40	3.00	0.12		3.00	3.00	0.00
ST. CLAIR/ SANILAC	11.82	0.394	2.00	0.067	3.13	0.52	4.00	0.16		4.00	4.00	0.00
TOTAL	49.27	1,642	6.60	0.220	4.61	0.77	6.00	0.23		6.00	6.00	0.00
TOTAL	105.18	3,506	6.20	0.207	24.746	4.133	32,000	1,237	2,000	34,000	34,000	0.00

FY2015 FOSTER HOME LICENSING/RECRUITMENT ALLOCATION

Run Date: 7.29.14	4/13 - 3/14	1/13 - 4/14	Total Calculated for Training 16.7%	Additional Positions for Training 16.7%	Total Rounded FHL Worker County Allocation	Additional Positions for BSC Flex 5.0%	Total Rounded BSC Flex Allocation	FY'15 Final Rounded Workers	FY'14 Final Rounded Workers	Change from FY'14	
	Average DHS Licensed Homes @ 30	Homes Licensed During Month @ 30	Total Calculated Worker	Additional Positions for Training 16.7%	Total Rounded FHL Worker County Allocation	Additional Positions for BSC Flex 5.0%	Total Rounded BSC Flex Allocation	FY'15 Final Rounded Workers	FY'14 Final Rounded Workers	Change from FY'14	
BSC 3											
BERRIEN	104.82	3.494	3.62	0.60	5.00	0.18	2.00	2.00	5.00	0.00	
KALAMAZOO	90.09	3.003	3.50	0.58	5.00	0.17		5.00	4.00	1.00	
KENT	94.36	3.145	3.29	0.55	4.00	0.16		4.00	4.00	0.00	
MUSKEGON	42.09	1.403	1.60	0.27	2.00	0.08		2.00	2.00	0.00	
OTTAWA	81.45	2.715	2.91	0.49	4.00	0.15		4.00	4.00	0.00	
VAN BUREN	45.55	1.518	3.17	0.53	4.00	0.16		4.00	4.00	0.00	
ALLEGAN	35.91	1.197	6.90	0.230							
BARRY/	32.45	1.082	4.30	0.143							
BRANCH/	94.00	3.133	8.70	0.290	6.00	0.23		6.00	6.00	0.00	
CALHOUN	31.91	1.064	4.30	0.143	3.00	0.11		3.00	3.00	0.00	
CASS/	27.36	0.912	1.78	0.059							
ST. JOSEPH	21.82	0.727	1.00	0.033	2.00	0.07		2.00	2.00	0.00	
IONIA/	17.55	0.585	3.10	0.103							
MONTCALM	1.00	0.033	1.71	0.29	2.00	0.09		2.00	3.00	-1.00	
LAKE/	42.82	1.427	0.27	0.05	1.00	0.01		1.00	1.00	0.00	
NEWAYGO	4.91	0.164	0.27	0.05	1.00	0.01		1.00	1.00	0.00	
MASON/	0.00	0.000	1.39	0.23	2.00	0.07		2.00	2.00	0.00	
OCEANA	38.09	1.270									
MECOSTA/											
OSCEOLA											
TOTAL	806.18	26.873	29.73	4.96	40.00	1.49	2.00	42.00	43.00	-1.00	
BSC 4											
MACOMB											
OAKLAND											
WAYNE	24.55	0.818	5.50	0.183							
HILLSDALE	44.64	1.488	8.60	0.287	4.00	0.14		4.00	3.00	1.00	
JACKSON	34.36	1.145	4.70	0.157							
LENAWEE/	54.82	1.827	6.00	0.200	4.00	0.17		4.00	4.00	0.00	
MONROE	60.82	2.027	6.80	0.227							
LIVINGSTON/	69.82	2.327	4.78	0.80	6.00	0.24		6.00	6.00	0.00	
WASHTENAW											
TOTAL	289.00	9.633	10.89	1.82	14.00	0.54	1.00	15.00	13.00	2.00	
BSC 5/6											
GENESEE CSA	66.09	2.203	2.44	0.41	3.00	0.12	1.00	1.00	3.00	4.00	-1.00
KENT CSA	33.27	1.109	1.31	0.22	2.00	0.07		2.00	2.00	0.00	
MACOMB CSA	135.09	4.503	4.77	0.80	6.00	0.24		6.00	6.00	0.00	
OAKLAND CSA	85.55	2.852	3.37	0.56	4.00	0.17		4.00	4.00	0.00	
WAYNE CSA	71.45	2.382	2.94	0.49	4.00	0.15		4.00	5.00	-1.00	
TOTAL	391.45	13.048	14.84	2.48	19.00	0.74	1.00	20.00	21.00	-1.00	
CSA											
STATEWIDE	2512.01	83.734	93.89	15.68	127.00	4.69	7.00	134.00	131.00	3.00	

FY2015 CPS ALLOCATION

Run Date: 7.29.14	Ongoing 5/13 - 4/14 CPS @ 17 Caseload	Investigation 5/13 - 4/14 Assigned Invest @ 1.467% 12	FY2015 Initial CPS Calculated Workers	Additional Positions for M/LOW Vactrain 17.70% Allocation	Total Rounded CPS Worker County	Additional Positions for BSC Flex 5% Allocation	Total Rounded CPS Wkr BSC Flex Allocation	FY'15 Final CPS Rounded Workers	FY'14 Final CPS Rounded Workers	Changes from FY'14		
STATE TOTAL	4334	254.93	10097	841.46	1093.39	194.06	1333.00	54.82	57.00	1390.00	1421.00	-31.00
BSC1												
ALCONA/	24	1.41	49	4.08	5.48	0.97	7.00	0.27	7.00	7.00	7.00	0.00
ALPENA/	4	0.26	9	0.74	1.00	0.18	2.00	0.05	2.00	2.00	2.00	0.00
MONTMORENCY	6	0.35	8	0.64	0.99	0.18	2.00	0.05	2.00	2.00	2.00	0.00
ALGER/	26	1.53	64	5.31	6.84	1.21	9.00	0.34	9.00	9.00	9.00	0.00
MARQUETTE/	6	0.33	8	0.65	0.99	0.17	2.00	0.05	2.00	2.00	2.00	0.00
SCHOOLCRAFT	25	1.47	30	2.51	3.97	0.70	5.00	0.20	5.00	5.00	6.00	-1.00
ANTRIM/												
CHARLEVOIX/												
EMMET	48	2.81	59	4.93	7.74	1.37	10.00	0.39	10.00	10.00	10.00	0.00
BARAGA/	4	0.23	10	0.79	1.02	0.18	2.00	0.05	2.00	2.00	2.00	0.00
HOUGHTON/	12	0.69	25	2.06	2.74	0.49	4.00	0.14	4.00	4.00	4.00	0.00
KEWENAW												
BENZIE/	7	0.41	16	1.37	1.77	0.31	3.00	0.09	3.00	3.00	3.00	0.00
MANISTEE	9	0.52	28	2.29	2.81	0.50	4.00	0.14	4.00	4.00	4.00	0.00
CHEBOYGAN/	25	1.45	34	2.84	4.29	0.76	6.00	0.21	6.00	6.00	6.00	0.00
PRESQUE ISLE	8	0.46	10	0.85	1.30	0.23	2.00	0.07	2.00	2.00	2.00	0.00
CHIPPEWA/	29	1.68	51	4.24	5.82	1.05	7.00	0.30	7.00	7.00	8.00	-1.00
LUCE/	4	0.26	10	0.86	1.12	0.20	2.00	0.06	2.00	2.00	2.00	0.00
MACKINAC	8	0.48	10	0.80	1.29	0.23	2.00	0.08	2.00	2.00	2.00	0.00
CRAWFORD/	7	0.38	25	2.07	2.45	0.43	3.00	0.12	3.00	3.00	3.00	0.00
OSCODA/	2	0.09	11	0.90	1.18	0.18	2.00	0.05	2.00	2.00	2.00	0.00
OTSEGO	14	0.84	40	3.32	4.16	0.74	5.00	0.21	5.00	5.00	6.00	-1.00
DELTA/	7	0.43	43	3.61	4.04	0.71	5.00	0.20	5.00	5.00	5.00	0.00
DICKINSON/	11	0.65	25	2.06	2.71	0.48	4.00	0.14	4.00	4.00	4.00	0.00
MENOMINEE	8	0.48	22	1.86	2.34	0.42	3.00	0.12	3.00	3.00	3.00	0.00
GOGEBIC/	11	0.67	19	1.62	2.29	0.40	3.00	0.11	3.00	3.00	3.00	0.00
IRON/	10	0.58	18	1.47	2.05	0.36	3.00	0.10	3.00	3.00	3.00	0.00
ONTONAGON	5	0.31	5	0.44	0.75	0.13	1.00	0.04	1.00	1.00	2.00	-1.00
GRAND TRAVERSE/	45	2.63	116	9.66	12.29	2.18	15.00	0.61	15.00	15.00	15.00	0.00
KALASKA/	15	0.90	29	2.39	3.30	0.58	4.00	0.16	4.00	4.00	4.00	0.00
LEELANAU												
IOSCO/	22	1.27	37	3.10	4.37	0.77	6.00	0.22	6.00	6.00	6.00	0.00
OGEMAW/	15	0.86	38	3.15	4.01	0.71	5.00	0.20	5.00	5.00	5.00	0.00
ROSCOMMON	15	0.85	35	2.92	3.78	0.67	5.00	0.19	5.00	5.00	5.00	0.00
MISSAUKEE/												
WEEKFORD	67	3.92	80	6.65	10.57	1.87	13.00	0.53	13.00	13.00	13.00	0.00
TOTAL	497	29.21	962	80.17	109.38	19.36	146.00	5.47	6.00	152.00	152.00	0.00
BSC2												
GENESEE	123	7.23	341	28.44	35.67	6.31	42.00	1.78	42.00	42.00	46.00	-4.00
INGHAM	66	3.91	237	19.77	23.88	4.19	28.00	1.18	28.00	28.00	30.00	-2.00
SAGINAW	8	0.49	19	1.57	2.05	0.36	3.00	0.10	3.00	3.00	3.00	0.00
ARENAC/	31	1.82	143	11.92	13.74	2.43	17.00	0.69	17.00	17.00	18.00	-1.00
BAY/	30	1.77	32	2.68	4.45	0.79	6.00	0.22	6.00	6.00	6.00	0.00
GLADWIN	21	1.21	56	4.71	5.91	1.05	7.00	0.30	7.00	7.00	7.00	0.00
CLARE/	29	1.72	73	6.12	7.84	1.39	10.00	0.39	10.00	10.00	10.00	0.00
ISABELLA/	27	1.61	75	6.27	7.87	1.39	10.00	0.39	10.00	10.00	11.00	-1.00
MIDLAND	18	1.06	48	3.97	5.03	0.89	6.00	0.25	6.00	6.00	6.00	0.00
CLINTON/	52	3.06	117	9.75	12.81	2.27	16.00	0.64	16.00	16.00	15.00	1.00
EATON	17	1.00	47	3.89	4.89	0.87	6.00	0.24	6.00	6.00	6.00	0.00
GRATIOT/	51	3.02	97	8.05	11.07	1.96	14.00	0.55	14.00	14.00	14.00	0.00
SHIAWASSEE	19	1.09	28	2.31	3.41	0.60	5.00	0.17	5.00	5.00	4.00	1.00
HURON/	38	2.26	88	7.30	9.56	1.69	12.00	0.48	12.00	12.00	12.00	0.00
LAPER/	39	2.27	65	5.39	7.66	1.36	10.00	0.38	10.00	10.00	10.00	0.00
TUSCOLA	84	4.95	190	15.80	20.75	3.67	25.00	1.04	25.00	25.00	27.00	-2.00
ST. CLAIR/	29	1.72	56	4.65	6.36	1.13	8.00	0.32	8.00	8.00	8.00	0.00
SANILAC												
TOTAL	683	40.18	1711	142.59	182.77	32.35	225.00	9.14	10.00	235.00	247.00	-12.00

FY2015 CPS ALLOCATION

Run Date: 7.29.14	Ongoing	Investigation	FY2015	Additional	Total	Additional	Total	FY15	FY14	Change
5/13 - 4/14	5/13 - 4/14	5/13 - 4/14	Initial	Positions	Rounded	Positions	Rounded	Final	Final	from
CPS	Assigned	Invest	CPS	for MLOA/ Vac/Train	CPS Worker	for BSC	CPS Wkr	Final	CPS	FY14
Caseload	@	@	Workers	17.70%	County	Flex	BSC Flex	Workers	Workers	
	17	12			Allocation	5%	Allocation	Workers	Workers	
BSC 3										
BERRIEN	81	4.79	175	14.60	19.39	3.43	23.00	23.00	23.00	0.00
KALAMAZOO	264	15.51	415	34.59	50.10	8.87	59.00	59.00	60.00	-1.00
KENT										
MUSKEGON/	236	13.86	247	20.61	34.47	6.10	41.00	41.00	41.00	0.00
OTTAWA	91	5.33	182	15.19	20.52	3.63	25.00	25.00	24.00	1.00
VAN BUREN	63	3.71	100	8.35	12.06	2.13	15.00	15.00	15.00	0.00
ALLEGAN/	91	5.36	125	10.38	15.74	2.79	19.00	19.00	20.00	-1.00
BARRY/	30	1.79	63	5.23	7.02	1.24	9.00	9.00	10.00	-1.00
BRANCH/	47	2.75	59	4.92	7.67	1.36	10.00	10.00	10.00	0.00
CALHOUN	104	6.11	208	17.32	23.43	4.15	28.00	28.00	30.00	-2.00
CASS/	14	0.82	61	5.04	5.87	1.04	7.00	7.00	7.00	0.00
ST. JOSEPH	39	2.29	102	8.50	10.79	1.91	13.00	13.00	14.00	-1.00
IONIA/	28	1.66	88	7.30	8.97	1.59	11.00	11.00	13.00	-2.00
MONTCALM	37	2.15	93	7.78	9.94	1.76	12.00	12.00	14.00	-2.00
LAKE/	16	0.94	24	1.97	2.90	0.51	4.00	4.00	4.00	0.00
NEWAYGO	64	3.76	78	6.47	10.23	1.81	13.00	13.00	11.00	2.00
MASON/	27	1.58	35	2.91	4.50	0.80	6.00	6.00	7.00	-1.00
OCEANA	16	0.95	35	2.92	3.87	0.68	5.00	5.00	5.00	0.00
MECOSTA	68	4.00	99	8.24	12.24	2.17	15.00	15.00	15.00	0.00
TOTAL	1315	77.36	2188	182.33	259.68	45.96	315.00	328.00	341.00	-13.00
BSC 4										
OAKLAND										
MACOMB										
WAYNE										
HILLSDALE/	37	2.17	80	6.70	8.87	1.57	11.00	11.00	11.00	0.00
JACKSON	115	6.75	273	22.75	29.50	5.22	35.00	35.00	36.00	-1.00
LENAWEE/	50	2.94	97	8.06	10.99	1.95	13.00	13.00	14.00	-1.00
MONROE	34	2.00	138	11.48	13.49	2.39	16.00	16.00	17.00	-1.00
LIVINGSTON/	50	2.95	108	9.00	11.95	2.11	15.00	15.00	15.00	0.00
WASHTENAW	86	5.08	205	17.10	22.19	3.93	27.00	27.00	28.00	-1.00
TOTAL	372	21.90	901	75.09	96.99	17.17	117.00	122.00	125.00	-3.00
BSC 5										
GENESEE CSA	253	14.86	583	48.58	63.45	11.23	75.00	75.00	75.00	-6.00
KENT CSA	306	18.00	723	60.22	78.22	13.84	93.00	93.00	91.00	2.00
MACOMB CSA	165	9.70	532	44.36	64.05	9.57	64.00	64.00	65.00	-1.00
OAKLAND CSA	296	17.38	672	55.96	73.34	12.98	87.00	87.00	92.00	-5.00
WAYNE CSA	448	26.35	1826	152.16	178.51	31.60	211.00	211.00	199.00	12.00
TOTAL	1467	86.29	4335	361.28	447.57	79.22	530.00	533.00	556.00	-3.00
CSA										
STATE TOTAL	4334	254.93	10097	841.46	1096.39	194.06	1333.00	1390.00	1421.00	-31.00

FY2015 STAFFING ALLOCATION

Section V:

Other Workers

FY2015 OTHER WORKER ALLOCATION

The following is a list of positions that are assigned by the Field Operations Administration (FOA). Prior approval from Organization Services is required to establish any new positions in these categories:

54.0	Community Resource Coordinators assigned as follows: 1.0 position for each single county (non-dual) with the exception of Genesee receiving 2.0 and Wayne receiving 13.0, and one position total for dual and tri counties
12.0	Indian Outreach Workers (IOW) Note: the policy requiring approval from Organization Services prior to refilling any IOW position remains in effect.
146.6	Donated Funds Agreement Positions (supported by agreements with private or public funding sources, whereby the outside source pays the agency for the general fund portion of the position costs). This includes 3.6 Homemaker positions.
9.0	SSI Advocacy Positions
<u>221.6</u>	Total Positions

Note: CPCP are not shown in the Field Staffing Allocation for FY2015 but may be available to those counties receiving adequate CPCP funding.

FY2015 OTHER WORKER ALLOCATION

Run Date: 7.28.14	Comm. Resource Coords	Indian Outreach Workers	Donated Funds Positions	SSI Advocacy Positions	FY2014 Other Workers
STATE TOTAL	54.00	12.00	146.60	9.00	221.60
BSC 1					0.00
ALCONA/ ALPENA/ MONTMORENCY/ ALGER/ MARQUETTE/ SCHOOL CRAFT	1.00	1.00			0.00
ANTRIM/ CHARLEVOIX/ EMMET	1.00		1.00		0.00
BARAGA/ HOUGHTON/ KEWENAW/ BENZIE/ MAINSTEE	1.00	1.00			1.00
CHEBOYGAN/ PRESQUE ISLE	1.00		1.00		2.00
CHIPPEWA/ LUCE/ MACKINAC	1.00	1.00	1.00		3.00
CRAWFORD/ OSCODA/ OTSEGO	1.00			1.00	0.00
DELTA/ DICKINSON/ MENOMINEE	1.00	1.00	1.00		2.00
GOGEBIC/ IRON	1.00	1.00			2.00
ONTONAGON/ GR. TRAVERSE/ KALKASKA	1.00		2.00		0.00
LEELANAU					3.00
IOSCO	1.00				0.00
OGEMAW/ ROSCOMMON			1.00		1.00
MISSAUIKEE/ WEXFORD	1.00				0.00
TOTAL	13.00	8.00	9.00	0.00	30.00
BSC 2					
GENESEE	2.00		7.00		9.00
INGHAM	1.00		3.00		4.00
INGHAM CSA					
SAGINAW	1.00		4.00		5.00
ARENAC/ BAY/ GLADWIN	1.00		3.00		0.00
CLARE/ CLARE/ ISABELLA/ MIDLAND	1.00	1.00	3.00		4.00
CLINTON/ CLINTON/ EATON	1.00		2.00		3.00
GRATTOT/ SHIawassee	1.00		1.00		1.00
HURON/ SHIawassee			2.00		2.00
Lapeer/ TUSCOLA	1.00		1.50		0.00
ST. CLAIR/ SANILAC	1.00		4.00		1.50
TOTAL	10.00	1.00	32.50	0.00	43.50

FY2015 OTHER WORKER ALLOCATION

Run Date: 7/28/14	Comm. Resource Coords.	Indian Outreach Workers	Donated Funds Positions	SSI Advocacy Positions	FY2014 Other Workers
BSC 3					
BERRIEN	1.00				1.00
KALAMAZOO	1.00		2.00		3.00
KENT	1.00	1.00	20.00		22.00
MUSKEGON	1.00		6.00		7.00
OTTAWA	1.00		4.00		5.00
VAN BUREN	1.00	1.00	1.00		3.00
ALLEGAN/	1.00		1.00		2.00
BARRY					0.00
BRANCH/			1.00		1.00
CALHOUN	1.00		3.00		4.00
CASS/					0.00
ST. JOSEPH	1.00		3.00		4.00
IONIA/			1.00		1.00
MONTCALM	1.00				1.00
LAKE/					0.00
NEWAYGO	1.00		0.60		1.60
MASON/	1.00		1.00		2.00
OCEANA					0.00
MECOSTA/					0.00
OSCEOLA	1.00				1.00
TOTAL	13.00	2.00	43.60	0.00	58.60
BSC 4					
MACOMB	1.00		4.00		5.00
OAKLAND	1.00		11.00		12.00
WAYNE	13.00	1.00	27.00		41.00
HILLSDALE/			2.00		2.00
JACKSON	1.00		8.50		9.50
LENAWEE/	1.00		1.00		2.00
MONROE			1.00		1.00
LIVINGSTON/			2.00		2.00
WASHTENAW	1.00		5.00		6.00
TOTAL	18.00	1.00	61.50	0.00	80.50
FOA					9.00
STATEWIDE	54.00	12.00	146.60	9.00	221.60

FY2015 STAFFING ALLOCATION

Section VI: Administrative Support Workers

Allocation Summary:

966.00 Administrative Support Workers

63.00 Workers *off-the-top*:

62.00 Business and Accounting Service Centers

1.00 CSA/Direct Care Credit Checks

1,059.00 Total Administrative Support Workers

FY2015 ADMINISTRATIVE SUPPORT WORKER ALLOCATION

General Overview:

In FY2015, a total of 1,059.0 Administrative Support worker positions are allocated which is a decrease of 88.5 positions from FY2014 levels. The reduction is due to the redirection of 75.0 SSPC positions as well as some adjustments in BSC staffing levels. Of the total Administrative Support Worker positions, 996.0 are allocated by formula and 63.0 are *assigned off-the-top* for specific purposes as detailed below:

- 62.0 Business and Accounting Service Centers (Accounting Assistants, GOA's, Word Processing Assistants and Secretaries)
- 1.0 CSA/Direct Care Credit Checks

Formula:

The formula remains as it was in FY2014 using ratios (as measured in 2013 and 2014) and updated staffing levels. Counties receive Administrative Support credit for any Adult Services Workers housed in the county office.

The minimum number of Administrative Support workers per county remains at 3.0 (except for Keweenaw which receives 1.0). Each county and district office is given credit for a full-time Cash Assistance Director, and where applicable, a Children's Services Administration (CSA) Director and a district manager (dual counties operating out of a single site are given credit for one full time director). The Wayne County Director and secretary are included in the Management & Administrative section of the allocation. Therefore, Wayne County is given credit for 17.0 district offices in this section (13.0 Cash Districts, 3.0 Child Welfare Districts and 1.0 Adult District). Also, administrative support credit is given for Community Resource Coordinators in the county where allocated.

The allocation of workers is calculated by applying work measurement ratios to the number of staff allocated by staffing category (ES, FIS, Services, Manager/Director, etc.). The ratios are based on time studies conducted from May 2013 through April 2014 and represent the number of staff in the various categories that would be supported by one administrative support worker.

The staffing categories and corresponding ratios are as follows:

<u>Staffing Category Supported</u>	<u>Ratio Supported At</u>
Total FIS/ES Workers	5.85 to 1
1st Line Supervisors	40.94 to 1
Total Services Workers	9.20 to 1
Community Resource Coordinators	17.23 to 1
Managers/Directors	1.97 to 1
2nd Line/Program Technical & Other	21.57 to 1

The "2nd Line/PT & Other" column includes the allocation of 2nd line supervisors, program technical staff, Indian Outreach and Donated Funds (except in counties where administrative support expenses were not included in the contract).

Field positions assigned to FOA or Children's Service Administration (CSA) do not earn Administrative Support unless noted above.

For FY2015, all Administrative Support Worker positions are rounded to a whole number. Less than .5 rounds down and .5 or greater rounds up.

FY2015 ADMINISTRATIVE SUPPORT ALLOCATION

Run Date: 8.15.14

STATEWIDE	1st Line Supervisors @	ESHS @	Services @	Line/PT Manager/ Director @	CRC @	Calculated Total Workers	100.0%	Rounded Adm. Support Allocation	FY2015 Total Adm. Support Allocation	Change from FY'14							
											2nd						
BSC 1	22.33	580.17	321.55	12.78	1.97	56.35	17.23	3.13	976.31	979.23	6.00	1059.00	1059.00	6.00	-88.50	0.00	
ALCONA/	0.15	2.74	1.85	0.05	0.51	0.51	0.06	0.06	5.34	5.36	5.00	5.00	5.00	0.00	0.00	0.00	
ALPENA/	0.00	0.68	0.54	0.00	0.51	0.51	0.00	0.00	1.74	1.74	3.00	3.00	3.00	0.00	0.00	0.00	
MONTMORENCY	0.00	0.51	0.33	0.00	0.51	0.51	0.00	0.00	1.35	1.35	3.00	3.00	3.00	0.00	0.00	0.00	
ALGER/	0.22	2.91	2.17	0.09	0.51	0.51	0.06	0.06	5.96	5.96	6.00	6.00	6.00	0.50	0.50	0.00	
MARQUETTE/	0.00	0.68	0.33	0.00	0.51	0.51	0.00	0.00	1.52	1.52	3.00	3.00	3.00	0.00	0.00	0.00	
SCHOOL CRAFT	0.00	1.20	0.98	0.05	0.51	0.51	0.00	0.00	2.73	2.74	3.00	3.00	3.00	0.00	0.00	0.00	
ANTRIM/	0.00	2.91	2.61	0.05	0.51	0.51	0.06	0.06	6.35	6.37	6.00	6.00	6.00	0.00	0.00	0.00	
CHARLEVOIX/	0.22	0.68	0.33	0.05	0.51	0.51	0.00	0.00	1.56	1.57	3.00	3.00	3.00	0.00	0.00	0.00	
EMMET	0.10	1.88	0.98	0.05	0.51	0.51	0.06	0.06	3.57	3.58	4.00	4.00	4.00	0.50	0.50	0.00	
BARAGA/	0.00	0.17	0.00	0.00	0.51	0.51	0.00	0.00	0.68	0.68	1.00	1.00	1.00	0.00	0.00	0.00	
HOUGHTON/	0.00	1.03	0.43	0.00	0.51	0.51	0.00	0.00	1.97	1.97	3.00	3.00	3.00	0.00	0.00	0.00	
KEWENAW	0.00	1.03	0.43	0.00	0.51	0.51	0.00	0.00	3.34	3.35	3.00	3.00	3.00	0.00	0.00	0.00	
BENZIE/	0.12	1.37	1.20	0.09	0.51	0.51	0.06	0.06	4.10	4.11	4.00	4.00	4.00	0.00	0.00	0.00	
MANISTEE	0.15	1.88	1.41	0.09	0.51	0.51	0.06	0.06	4.10	4.11	4.00	4.00	4.00	0.00	0.00	0.00	
CHEBOYGAW/	0.00	0.68	0.43	0.00	0.51	0.51	0.00	0.00	1.63	1.63	3.00	3.00	3.00	0.00	0.00	0.00	
PRESQUE ISLE	0.20	1.88	2.07	0.14	0.51	0.51	0.06	0.06	4.85	4.86	5.00	5.00	5.00	0.50	0.50	0.00	
CHIPPEWA/	0.00	0.51	0.33	0.05	0.51	0.51	0.00	0.00	1.39	1.40	3.00	3.00	3.00	0.00	0.00	0.00	
LUCER/	0.00	0.51	0.33	0.05	0.51	0.51	0.00	0.00	1.50	1.51	3.00	3.00	3.00	0.00	0.00	0.00	
MACKINAC	0.00	1.03	0.98	0.00	0.51	0.51	0.00	0.00	2.51	2.52	3.00	3.00	3.00	0.00	0.00	0.00	
CRAWFORD/	0.02	0.85	0.33	0.00	0.51	0.51	0.00	0.00	1.71	1.72	3.00	3.00	3.00	0.00	0.00	0.00	
OSCODA/	0.20	1.71	1.74	0.09	0.51	0.51	0.06	0.06	4.30	4.32	4.00	4.00	4.00	0.00	0.00	0.00	
OTSEGO	0.24	2.22	1.52	0.09	0.51	0.51	0.00	0.00	4.59	4.60	5.00	5.00	5.00	0.50	0.50	0.00	
DELTA/	0.00	1.37	1.09	0.00	0.51	0.51	0.00	0.00	2.96	2.97	3.00	3.00	3.00	0.00	0.00	0.00	
DICKINSON/	0.00	1.20	0.65	0.05	0.51	0.51	0.06	0.06	2.46	2.47	3.00	3.00	3.00	0.00	0.00	0.00	
MENOMINIEE	0.12	1.20	0.98	0.09	0.51	0.51	0.06	0.06	2.96	2.96	3.00	3.00	3.00	0.00	0.00	0.00	
GOGEBIC/	0.00	0.85	0.65	0.00	0.51	0.51	0.00	0.00	2.01	2.02	3.00	3.00	3.00	0.00	0.00	0.00	
IRON/	0.00	0.51	0.22	0.00	0.51	0.51	0.00	0.00	1.24	1.24	3.00	3.00	3.00	0.00	0.00	0.00	
ONTONAGON	0.27	4.96	3.15	0.19	0.51	0.51	0.06	0.06	9.13	9.16	9.00	9.00	9.00	0.00	0.00	0.00	
GR. TRAVERSE/	0.02	1.37	0.76	0.00	0.51	0.51	0.00	0.00	2.66	2.67	3.00	3.00	3.00	0.00	0.00	0.00	
KALKASKA/	0.00	2.05	1.30	0.00	0.51	0.51	0.06	0.06	3.92	3.93	4.00	4.00	4.00	0.00	0.00	0.00	
LEELANAU	0.24	1.71	1.52	0.09	0.51	0.51	0.00	0.00	4.08	4.09	4.00	4.00	4.00	0.50	0.50	0.00	
IOSCO/	0.00	1.88	0.87	0.00	0.51	0.51	0.00	0.00	3.26	3.27	3.00	3.00	3.00	-0.50	-0.50	0.00	
OGEMAW/	0.17	3.59	2.72	0.00	0.51	0.51	0.06	0.06	7.04	7.07	7.00	7.00	7.00	0.50	0.50	0.00	
ROSCOMMON																	
MISSAUKEE/																	
WEXFORD																	
TOTAL	2.44	48.72	34.91	1.34	16.24	16.24	0.75	0.75	104.41	104.72	127.00	127.00	127.00	5.00	-7.00	2.50	
BSC 2																	
GENESEE	0.56	34.87	1.96	0.46	1.52	1.52	0.12	0.12	39.49	39.61	40.00	40.00	40.00	-2.50	-2.50	0.00	
INGHAM	0.29	17.09	1.52	0.23	0.51	0.51	0.06	0.06	19.71	19.77	20.00	20.00	20.00	-2.00	-2.00	0.00	
INGHAM CSA	0.46	9.79	0.09	0.51	0.51	0.51	0.00	0.00	10.85	10.88	11.00	11.00	11.00	2.00	2.00	0.00	
SAGINAW	0.51	15.21	7.07	0.32	0.51	0.51	0.06	0.06	23.69	23.76	24.00	24.00	24.00	-0.50	-0.50	0.00	
ARENAIC/	0.00	1.37	0.76	0.00	0.51	0.51	0.00	0.00	2.64	2.64	3.00	3.00	3.00	0.00	0.00	0.00	
BAY	0.42	6.15	4.46	0.28	0.51	0.51	0.06	0.06	11.87	11.91	12.00	12.00	12.00	0.50	0.50	0.00	
GLADWIN	0.00	2.05	1.09	0.00	0.51	0.51	0.00	0.00	3.65	3.66	4.00	4.00	4.00	0.50	0.50	0.00	
CLARE/	0.00	2.39	1.20	0.00	0.51	0.51	0.00	0.00	4.10	4.11	4.00	4.00	4.00	0.00	0.00	0.00	
ISABELLA/	0.02	2.91	3.26	0.19	0.51	0.51	0.00	0.00	6.89	6.91	7.00	7.00	7.00	1.00	1.00	0.00	
MIDLAND	0.42	3.59	2.17	0.19	0.51	0.51	0.06	0.06	6.93	6.95	7.00	7.00	7.00	0.00	0.00	0.00	
CLINTON/	0.00	1.88	1.41	0.05	0.51	0.51	0.00	0.00	3.85	3.86	4.00	4.00	4.00	0.00	0.00	0.00	
EATON	0.32	2.22	4.10	0.39	0.51	0.51	0.06	0.06	8.99	9.02	9.00	9.00	9.00	0.50	0.50	0.00	
GRATIOT/	0.00	2.22	1.30	0.05	0.51	0.51	0.06	0.06	4.14	4.15	4.00	4.00	4.00	0.00	0.00	0.00	
SHAWMSSEE	0.29	3.76	3.15	0.19	0.51	0.51	0.00	0.00	7.90	7.92	8.00	8.00	8.00	0.50	0.50	0.00	
HURON/	0.00	1.54	0.87	0.00	0.51	0.51	0.00	0.00	2.92	2.92	3.00	3.00	3.00	0.00	0.00	0.00	
LAPEER/	0.00	3.59	1.74	0.07	0.51	0.51	0.00	0.00	5.91	5.92	6.00	6.00	6.00	0.00	0.00	0.00	
TUSCOLA	0.37	3.08	3.26	0.09	0.51	0.51	0.06	0.06	7.36	7.39	7.00	7.00	7.00	0.50	0.50	0.00	
ST. CLAIR/	0.56	8.89	6.74	0.32	0.51	0.51	0.06	0.06	17.08	17.13	17.00	17.00	17.00	0.00	0.00	0.00	
SANILAC	0.00	2.39	1.41	0.05	0.51	0.51	0.00	0.00	4.36	4.37	4.00	4.00	4.00	-0.50	-0.50	0.00	
TOTAL	4.23	117.09	57.09	2.67	10.66	10.66	0.58	0.58	192.32	192.89	199.00	199.00	199.00	-7.00	-7.00	0.00	

FY2015 ADMINISTRATIVE SUPPORT ALLOCATION

Run Date: 8.15.14

	1st Line Supervisors		ES/FRS		Services		2nd Line/PT Manager/ Director		CRC		Calculated Total Workers	100.00%	Rounded Adm. Support	FY2015 Total Adm. Support Allocation	Change from FY14
	@	@	@	@	@	@	@	@	@	@					
BSC 3	40.94	5.85	9.20	21.57	1.97	17.23	229.00	7.00	229.00	-4.50					
BERRIEN	0.44	10.09	6.85	0.09	0.51	0.06	18.03	18.09	18.00	0.00					
KALAMAZOO	0.81	14.70	12.94	0.28	0.51	0.06	29.29	29.38	29.00	1.50					
KENT	0.54	31.11	1.74	1.16	1.02	0.06	35.62	35.73	36.00	-4.00					
MUSKEGON	0.68	15.04	9.90	0.06	0.51	0.06	26.65	26.73	27.00	0.50					
OTTAWA	0.34	7.01	4.89	0.28	0.51	0.06	13.09	13.13	13.00	0.00					
VAN BUREN	0.24	4.96	4.13	0.14	0.51	0.06	10.04	10.07	10.00	0.50					
ALLEGAN/	0.42	4.68	0.06	0.14	0.51	0.06	10.41	10.44	10.00	0.50					
BARRY	0.00	2.22	1.52	0.00	0.51	0.00	4.25	4.26	4.00	-0.50					
BRANCH/	0.00	2.56	1.74	0.05	0.51	0.00	4.86	4.87	5.00	0.00					
CALHOUN	0.59	10.09	6.85	0.28	0.51	0.06	18.37	18.42	18.00	0.00					
CASS/	0.00	2.74	2.17	0.00	0.51	0.00	5.42	5.43	5.00	-0.50					
ST. JOSEPH	0.34	3.42	3.59	0.23	0.51	0.06	8.15	8.17	8.00	0.50					
IONIA/	0.29	2.91	1.96	0.14	0.51	0.00	5.80	5.82	6.00	-0.50					
MONTCALM	0.00	3.59	2.72	0.00	0.51	0.06	6.87	6.89	7.00	0.50					
LAKE/	0.00	1.20	0.87	0.00	0.51	0.00	2.57	2.58	3.00	0.00					
NEWAYGO	0.24	3.42	3.04	0.07	0.51	0.06	7.35	7.37	7.00	0.00					
MASON/	0.15	1.71	1.09	0.05	0.51	0.06	3.56	3.57	4.00	0.50					
OCEANA	0.00	1.71	1.09	0.00	0.51	0.00	3.30	3.31	3.00	-0.50					
MECOSTA/	0.20	3.59	3.37	0.05	0.51	0.06	7.77	7.79	8.00	0.50					
OSCEOLA															
TOTAL	5.28	126.67	75.14	3.41	10.15	0.75	221.40	222.07	229.00	-4.50					
BSC 4							7.00	7.00	7.00	-6.00					
MACOMB	0.59	37.78	3.15	0.37	2.03	0.06	43.98	44.11	44.00	-4.00					
OAKLAND	0.71	40.17	6.74	0.70	2.03	0.06	50.41	50.56	51.00	-2.00					
WAYNE	2.47	151.79	16.42	1.99	8.63	0.75	182.06	182.61	183.00	-15.50					
HILLSDALE/	0.00	2.39	1.74	0.09	0.51	0.00	4.73	4.75	5.00	0.00					
JACKSON	0.66	9.57	8.05	0.53	0.51	0.06	19.38	19.44	19.00	0.50					
LENAWEE/	0.00	4.79	2.28	0.05	0.51	0.06	7.68	7.70	8.00	0.00					
MONROE	0.46	6.15	4.46	0.14	0.51	0.00	11.72	11.76	12.00	0.50					
LIVINGSTON/	0.00	3.93	2.83	0.09	0.51	0.00	7.36	7.38	7.00	0.00					
WASHTENAW	0.66	11.11	6.85	0.37	0.51	0.06	19.56	19.62	20.00	1.00					
TOTAL	5.54	267.69	52.52	4.33	15.74	1.04	346.88	347.92	356.00	-25.50					
BSC 5							11.00	11.00	11.00	2.00					
GENESEE CSA	0.68	14.46	14.03	0.14	0.51	0.00	15.79	15.84	16.00	3.00					
KENT CSA	0.66	14.03	13.81	0.14	0.51	0.00	15.33	15.38	15.00	3.00					
MACOMB CSA	0.81	13.81	16.64	0.19	0.51	0.00	18.14	18.19	18.00	4.00					
OAKLAND CSA	2.03	42.95	42.95	0.42	1.52	0.00	46.92	47.06	47.00	12.00					
WAYNE CSA	4.84	0.00	101.89	1.02	3.55	0.00	111.30	111.64	122.00	29.00					
FOA/GSA									1.00	-75.00					
BSC 6 Staff									25.00	-8.00					
STATEWIDE	22.33	560.17	321.55	12.78	56.35	3.13	976.31	979.23	1059.00	-88.50					

FY2015 STAFFING ALLOCATION

Section VII: First-Line Supervisors

Allocation Summary:

914.00 First-Line Supervisors

43.00 Off-the-Top positions:

32.0 CSA Supervisory Positions (28.0 Central Intake, 4.0 MIC)

3.0 Recruitment Supervisors

8.0 Accounting Service Centers

957.00

Total First-Line Supervisors

FY2015 FIRST-LINE SUPERVISOR ALLOCATION

General Overview:

For FY2015, a total of 957.0 first-line supervisors are allocated representing a decrease of 37.0 positions from FY2014. This decrease is largely the result of redirecting 20.0 former SSSP positions as well as from small decreases in both Child Welfare and Non-Child Welfare first-line supervision.

For FY2015, 34.0 Juvenile Justice positions are included with other service worker positions (CPS, Direct Care, FHL, etc.) for purposes of calculating Child Welfare First-Line Supervisors at a 5:1 ratio. Also, the calculation of Child Welfare First-Line Supervisors takes place prior to placing 5% of the Child Welfare Flex Positions in the BSC allocation. The supervisors are calculated as if all of the Coverage Factor positions (21.7% for Direct Care and 22.7% for CPS) are in the county where they are earned.

Of the 957.0 first-line supervisor positions, 914.0 are allocated by formula and 43.0 are allocated for specific purposes described below:

- 4.0 CSA Supervisory positions for Maltreatment In Care staff
- 28.0 CSA Supervisory positions for Centralized Intake
- 3.0 Supervisory positions for Recoupment
- 8.0 Accounting Service Centers (Fiscal Supervision)

Formula:

First-line supervisors are calculated by applying the appropriate supervisory ratio to the number of workers allocated. For FY2015, first-line supervisor ratios are as follows:

Juvenile Justice Workers and all Child Welfare Worker positions (including MYOI, CWFS, Ed Planners, etc.) 5:1

FIS/ES 12:1 (except for JET Coordinators and all positions with Central Office supervision)

Adult Services 12:1 (First-line supervisors calculated based on formula then placed by the BSC Directors)

Administrative Support (except FOA positions) 12:1

“Other” Workers 12:1 (except CRC’s, FOA positions and Donated Funds positions where supervisory expenses were not included in the contracts)

The formula for first-line supervisors ensures that counties who receive off-the-top supervisors do not get double credit for the workers related to the off-the-top supervisors (Recoupment). “Other” Workers assigned to FOA do not earn first-line supervision (includes SSI Advocacy).

Rounding:

For FY2015, all single counties and all dual/tri-counties combined are rounded using the following formula:

Calculated amounts less than .5 round down and .5 or greater rounds up to the next whole number.

FY2015 FIRST-LINE SUPERVISOR ALLOCATION

Run Date 8/15/14	Adjusted Other Wks.	Admin. Support Wks.	Adult Wks.	Supervisor Ratio 12:1	FIS and ES Wks.	FISES Supervisor Ratio 12:1	Total Non-CSA Supps @100%	Rounded 1st-Line Non-CSA Supervisors	Child Welfare Workers	Child Welfare Rounded Supps	Child Welfare Admin Supps	Off-The-Top Positions		FY2015 Total 1st-Line Supervisor Allocation	Change from FY14
												Adult Services 1st Line	Recup		
STATEWIDE	148.60	996.00	0.00	95.38	3232.00	269.33	354.55	355.00	2460.00	543.00	10.00	38.00	3.00	957.00	-37.00
BSC 1															
ALCONA/	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00					0.00	-1.00
ALPENA/	0.00	5.00	0.00	0.42	16.00	1.33	1.75	2.00	15.00	4.00				6.00	-1.00
MONTMORENCY	0.00	3.00	0.00	0.25	4.00	0.33	0.58		4.00						
ALGER/	0.00	3.00	0.00	0.25	3.00	0.25	0.50		3.00						
MARQUETTE/	1.00	6.00	0.00	0.58	17.00	1.42	2.00	3.00	18.00	5.00				9.00	1.00
SCHOOLCRAFT	0.00	3.00	0.00	0.25	4.00	0.33	0.58		3.00						
ANTRIM/	1.00	3.00	0.00	0.33	7.00	0.58	0.92		9.00						
CHARLEVOIX/									0.00						
EMMET/	0.00	6.00	0.00	0.50	17.00	1.42	1.92	3.00	20.00	6.00				9.00	0.00
BARAGA/	1.00	3.00	0.00	0.33	4.00	0.33	0.67		3.00						
HOUGHTON/	0.00	4.00	0.00	0.33	11.00	0.92	1.25	2.00	7.00	2.00				4.00	0.00
KEWENAW	0.00	1.00	0.00	0.08	1.00	0.08	0.17		0.00						
BENZIE/	0.00	3.00	0.00	0.25	6.00	0.50	0.75	2.00	4.00	3.00				5.00	0.00
MANISTEE	1.00	3.00	0.00	0.33	8.00	0.67	1.00	2.00	8.00	3.00				5.00	0.00
CHEBOYGAN/	1.00	4.00	0.00	0.42	10.00	0.83	1.25	2.00	11.00	3.00				6.00	0.00
PRESQUE ISLE	0.00	3.00	0.00	0.25	4.00	0.33	0.58		4.00						
CHIPPEWA/	2.00	5.00	0.00	0.58	11.00	0.92	1.50	3.00	16.00	5.00				8.00	0.00
LUCE/	1.00	3.00	0.00	0.33	3.00	0.25	0.58		3.00						
MACKINAC	1.00	3.00	0.00	0.33	3.00	0.25	0.58		4.00						
CRAWFORD/	0.00	3.00	0.00	0.25	6.00	0.50	0.75	2.00	9.00						
OSCODA/	0.00	3.00	0.00	0.25	5.00	0.42	0.67	3.00	3.00					1.00	1.00
OTSEGO	0.00	4.00	0.00	0.33	10.00	0.83	1.17	4.00	12.00	5.00				8.00	0.00
DELTA/	1.00	5.00	0.00	0.50	13.00	1.08	1.58	4.00	11.00	6.00				10.00	0.00
DICKINSON/	1.00	3.00	0.00	0.33	8.00	0.67	1.00		10.00						
MENOMINEE	1.00	3.00	0.00	0.33	7.00	0.58	0.92	2.00	5.00	3.00				5.00	0.00
GOGEBIC/	0.00	3.00	0.00	0.25	5.00	0.42	0.67		4.00						
IRON/	0.00	3.00	0.00	0.25	3.00	0.25	0.50	4.00	2.00	7.00				11.00	0.00
ONTONAGON	2.00	9.00	0.00	0.92	28.00	2.33	3.25	4.00	25.00					10.00	-1.00
GR. TRAVERSE/	0.00	3.00	0.00	0.25	8.00	0.67	0.92		7.00					1.00	1.00
KALASKAU/									0.00						
LEELANAU	0.00	4.00	0.00	0.33	12.00	1.00	1.33	4.00	12.00	6.00				10.00	-1.00
IOSCO/	1.00	4.00	0.00	0.42	10.00	0.83	1.25		9.00						
OGEMAW/	0.00	3.00	0.00	0.25	11.00	0.92	1.17		8.00						
ROSCOMMON	0.00	7.00	0.00	0.58	21.00	1.75	2.33	2.00	21.00	5.00				7.00	-1.00
MISSAUKEE/															
WEXFORD															
TOTAL	16.00	121.00	0.00	11.42	283.00	23.58	35.00	36.00	278.00	60.00	0.00	4.00	0.00	100.00	-1.00
BSC 2															
GENESEE	7.00	40.00	0.00	3.92	202.00	16.83	20.75	21.00						23.00	1.00
INGHAM	3.00	20.00	0.00	1.92	98.00	8.17	10.08	10.00	88.00	18.00	1.00			12.00	0.00
INGHAM CSA	0.00	11.00	0.00	0.92										19.00	-2.00
SAGINAW	4.00	24.00	0.00	2.33	87.00	7.25	9.58	10.00	48.00	10.00				21.00	-1.00
ARENAW/	0.00	3.00	0.00	0.25	8.00	0.67	0.92	6.00	7.00	10.00				17.00	-1.00
BAY	3.00	12.00	0.00	1.25	35.00	2.92	4.17		32.00						
GLADWIN	0.00	4.00	0.00	0.33	11.00	0.92	1.25		9.00						
CLARE/	0.00	4.00	0.00	0.33	14.00	1.17	1.50		11.00						
ISABELLA/	3.00	7.00	0.00	0.83	17.00	1.42	2.25	6.00	21.00	11.00				1.00	1.00
MIDLAND	2.00	7.00	0.00	0.75	21.00	1.75	2.50		20.00					17.00	-1.00
CLINTON/	1.00	4.00	0.00	0.42	11.00	0.92	1.33	4.00	13.00	9.00				13.00	-1.00
EATON/	0.00	9.00	0.00	0.75	24.00	2.00	2.75		32.00						
GRATIOT/	1.00	4.00	0.00	0.42	13.00	1.08	1.50	4.00	12.00	8.00				12.00	-1.00
SHAWASSEE	1.00	8.00	0.00	0.75	22.00	1.83	2.58		24.00						
HURON/	0.00	3.00	0.00	0.25	9.00	0.75	1.00		7.00						
LAPERR/	1.50	6.00	0.00	0.63	20.00	1.67	2.29	5.00	16.00	10.00				15.00	-1.00
TUSCOLA	0.00	7.00	0.00	0.58	18.00	1.50	2.08	8.00	25.00	14.00				23.00	0.00
ST. CLAIR/	4.00	17.00	0.00	1.75	51.00	4.25	6.00		53.00						
SANILAC	1.00	4.00	0.00	0.42	14.00	1.17	1.58		13.00						
TOTAL	31.50	194.00	0.00	18.79	675.00	56.25	74.13	74.00	431.00	90.00	1.00	8.00	0.00	174.00	-6.00

FY2015 FIRST-LINE SUPERVISOR ALLOCATION

Run Date 8.15.14	Adjusted Other Support Wkrs.	Admin. Support Wkrs.	Adult Support Wkrs.	Supervisor Ratio 12:1	FIS and ES Wkrs.	FIS/ES Supervisor Ratio 12:1	Total Non-CSA Supes @100%	Rounded 1st-Line Non-CSA Supervisors	Child Welfare Workers	Child Welfare Rounded Supes	Child Welfare Admin Supp	Adult Services 1st Line	The-Top Post Recoup	FY2015 Total 1st-Line Supervisor Allocation	Change from FY14
BSC 3															
BERRIEN	0.00	18.00	0.00	1.50	58.00	4.83	6.33	6.00	53.00	11.00		1.00		18.00	-1.00
KALAMAZOO	2.00	29.00	0.00	2.58	85.00	7.08	9.67	10.00	109.00	22.00		1.00		33.00	1.00
KENT	21.00	36.00	0.00	4.75	180.00	15.00	19.75	20.00	84.00	17.00		2.00		22.00	1.00
MUSKEGON	6.00	27.00	0.00	2.75	87.00	7.25	10.00	10.00	84.00	17.00		1.00		28.00	0.00
OTTAWA	4.00	13.00	0.00	1.42	40.00	3.33	4.75	5.00	41.00	9.00		1.00		14.00	1.00
VAN BUREN	2.00	10.00	0.00	1.00	28.00	2.33	3.33	3.00	33.00	7.00		1.00		10.00	-1.00
ALLEGAN	1.00	10.00	0.00	0.92	27.00	2.25	3.17	5.00	38.00	11.00		1.00		17.00	0.00
BARRY	0.00	4.00	0.00	0.33	13.00	1.08	1.42		14.00						
BRANCH/	1.00	5.00	0.00	0.50	15.00	1.25	1.75		16.00						
CALHOUN	3.00	18.00	0.00	1.75	57.00	4.75	6.50	8.00	57.00	15.00		1.00		24.00	-1.00
CASS/	0.00	5.00	0.00	0.42	16.00	1.33	1.75		20.00					14.00	-1.00
ST. JOSEPH	3.00	8.00	0.00	0.92	20.00	1.67	2.58	4.00	27.00	10.00				12.00	-2.00
IONIA/	1.00	6.00	0.00	0.58	17.00	1.42	2.00	4.00	18.00	8.00					
MONTCALM	0.00	7.00	0.00	0.58	20.00	1.67	2.25		21.00						
LAKE/	0.00	3.00	0.00	0.25	7.00	0.83	0.83		8.00						
NEWAYGO	0.60	7.00	0.00	0.63	19.00	1.58	2.22	3.00	25.00	7.00		4.00		10.00	0.00
MASON/	1.00	4.00	0.00	0.42	10.00	0.83	1.25	2.00	10.00	4.00				6.00	-1.00
OCEANA	0.00	3.00	0.00	0.25	10.00	0.83	1.08	0.00	7.00						
MECOSTA/	0.00	8.00	0.00	0.67	21.00	1.75	2.42	2.00	28.00	6.00				8.00	-1.00
OSCEOLA															
TOTAL	45.60	221.00	0.00	22.22	730.00	60.83	83.05	82.00	609.00	127.00	0.00	7.00	0.00	217.00	-5.00
BSC 4															
MACOMB	4.00	44.00	0.00	4.00	218.00	18.17	22.17	22.00	16.00	0.00		2.00		24.00	-1.00
OAKLAND	11.00	51.00	0.00	5.17	232.00	19.33	24.50	25.00	4.00	0.00		4.00		29.00	0.00
WAYNE	21.00	183.00	0.00	17.00	873.00	72.92	89.92	90.00	16.00	0.00		11.00		101.00	-3.00
HILLSDALE/	2.00	5.00	0.00	0.58	14.00	1.17	1.75	0.00	67.00	17.00		1.00		0.00	0.00
JACKSON	8.50	19.00	0.00	2.29	55.00	4.58	6.88	9.00	21.00	0.00		1.00		27.00	1.00
LENAWEE/	1.00	8.00	0.00	0.75	28.00	2.33	3.08	7.00	36.00	12.00				19.00	-1.00
MONROE	1.00	12.00	0.00	1.08	35.00	2.92	4.00		25.00						
LIVINGSTON/	2.00	7.00	0.00	0.75	23.00	1.92	2.67	10.00	52.00	16.00		1.00		27.00	1.00
WASHTENAW	5.00	20.00	0.00	2.08	64.00	5.33	7.42								
TOTAL	55.50	349.00	0.00	33.71	1544.00	128.67	162.38	163.00	217.00	45.00	0.00	19.00	0.00	228.00	-3.00
BSC 5															
GENESEE CSA	0.00	16.00	0.00	1.33					131.00	27.00		1.00		28.00	-3.00
KENT CSA	0.00	15.00	0.00	1.25					127.00	26.00		1.00		27.00	-1.00
MACOMB CSA	0.00	15.00	0.00	1.25					125.00	26.00		1.00		27.00	0.00
OAKLAND CSA	0.00	18.00	0.00	1.50					150.00	31.00		2.00		33.00	1.00
WAYNE CSA	0.00	47.00	0.00	3.92					392.00	78.00		4.00		83.00	0.00
TOTAL	0.00	111.00	0.00	9.25	0.00	0.00	0.00	0.00	925.00	189.00	9.00	0.00	0.00	200.00	-2.00
FOA/CSA														35.00	-20.00
BSC 6 Staff														3.00	0.00
STATEWIDE	148.60	996.00	0.00	95.38	3332.00	269.53	364.55	355.00	2460.00	543.00	10.00	38.00	3.00	957.00	-37.00

FY2015 STAFFING ALLOCATION

Section VIII: Second-Line Supervisors and Program Technical

Allocation Summary

122.0 Program Technical/2nd Line Supervisors

67.0 Off-the-Top Positions:

66.0 BSC Program Technical Staff
1.0 BSC 2nd Line Staff

189.0 Total

FY2015 SECOND-LINE SUPERVISOR & PROGRAM TECHNICAL ALLOCATION

General Overview:

For FY2015, 189.0 positions are allocated for second-line supervisors and program technical staff which is an increase of 4.0 positions from FY2014.

Of the 189.0 Second-Line/Program Technical positions, 122.0 are allocated by formula and 67.0 are taken *off-the-top* for the BSC and ASC offices.

Formula:

The allocation formula is based on the same ratios used in FY2014 and is as follows:

One formula is applied statewide for CSA and Non-CSA staff.

All second-line supervisors are calculated at a ratio of 14:1

The program technical ratio is 150:1

Program technical (PT) positions are allocated at a ratio of one position for every 150 staff. Second-line supervisors are allocated at a ratio of one position for every fourteen first-line supervisors. The calculated PT and calculated second-line are then added together and rounded. For dual/tri-counties, counties are added together and then rounded. For allocation purposes, the position is placed in the larger of the two or three counties. For FY 2013, 67.0 positions are taken *off-the-top* to staff the BSC's and 4.0 positions are taken *off-the-top* for BSC 6, Adult Services.

The "Total Staff" column includes all workers (except Adult Services Workers) and first-line supervisors. Excluded are county directors, second-line supervisors, FOA/CSA staff, migrant staff and Donated Funds positions where supervisory costs were not included in the contract.

Rounding:

Less than .5 rounds down and .5 or greater rounds up.

FY2015 SECOND-LINE SUPERVISORS AND PROGRAM TECHNICAL ALLOCATION

Run Date 8.18.14		Program	Restated	Total	2nd-Line	Total	FY2015	Adult	FY2015	Change from
STATEWIDE	Total Staff Allocated	Tech Ratio	@ 100%	First-Line Supervisor Allocation	Supervisors @ 14:1	2nd Line @ 100%	Total PT Rounded	Services 2nd Line	Total 2nd/PT	Change from FY14
BSC 1	783,600	52.56	52.56	914,000	65.29	117.84	117.84	4.00	189,000	6.00
ALCONA/	0.00	0.00	0.00	0.00	0.00	0.00	0.00			
ALPENA/	43.00	0.29	0.29	6.00	0.43	0.72	0.72		1.00	0.00
MONTMORENCY	12.00	0.08	0.08	0.00	0.00	0.08	0.08			
ALGER/	9.00	0.06	0.06	0.00	0.00	0.06	0.06		1.00	0.00
MARQUETTE/	52.00	0.35	0.35	9.00	0.64	0.99	0.99			
SCHOOLCRAFT	10.00	0.07	0.07	0.00	0.00	0.07	0.07			
ANTRIM/	20.00	0.13	0.13	0.00	0.00	0.13	0.13			
CHARLEVOIX/										
EMMET	54.00	0.36	0.36	9.00	0.64	1.00	1.00		1.00	0.00
BARAGA/	11.00	0.07	0.07	0.00	0.00	0.07	0.07			
HOUGHTON/	27.00	0.18	0.18	4.00	0.29	0.47	0.47		1.00	0.00
KEWEENAW	2.00	0.01	0.01	0.00	0.00	0.01	0.01			
BENZIE/	13.00	0.09	0.09	0.00	0.00	0.09	0.09		1.00	0.00
MANISTEE	26.00	0.17	0.17	5.00	0.36	0.53	0.53		1.00	0.00
CHEBOYGAN/	34.00	0.23	0.23	6.00	0.43	0.66	0.66		1.00	0.00
PRESQUE ISLE	11.00	0.07	0.07	0.00	0.00	0.07	0.07			
CHIPPEWA/	44.00	0.29	0.29	8.00	0.57	0.86	0.86		1.00	0.00
LUCE/	10.00	0.07	0.07	0.00	0.00	0.07	0.07			
MACKINAC	11.00	0.07	0.07	0.00	0.00	0.07	0.07			
CRAWFORD/	18.00	0.12	0.12	0.00	0.00	0.12	0.12			
OSCODA/	12.00	0.08	0.08	1.00	0.07	0.15	0.15			
OTSEGO	35.00	0.23	0.23	8.00	0.57	0.80	0.80		1.00	0.00
DELTA/	40.00	0.27	0.27	10.00	0.71	0.98	0.98		1.00	0.00
DICKINSON/	22.00	0.15	0.15	0.00	0.00	0.15	0.15			
MEMONNIE	18.00	0.12	0.12	0.00	0.00	0.12	0.12			
GOGEBIC/	26.00	0.17	0.17	5.00	0.36	0.53	0.53		1.00	0.00
IRON/	12.00	0.08	0.08	0.00	0.00	0.08	0.08			
ONTONAGON	8.00	0.05	0.05	0.00	0.00	0.05	0.05			
GR. TRAVERSE/	77.00	0.51	0.51	11.00	0.79	1.30	1.30		2.00	1.00
KALKASKA/	19.00	0.13	0.13	1.00	0.07	0.20	0.20			
LEELANAU										
IOSCO/	29.00	0.19	0.19	0.00	0.00	0.19	0.19			
OGEAW/	35.00	0.23	0.23	10.00	0.71	0.95	0.95		1.00	0.00
ROSCOMMON	22.00	0.15	0.15	0.00	0.00	0.15	0.15			
MISSAUKEE/										
WEXFORD	58.00	0.39	0.39	7.00	0.50	0.89	0.89		1.00	0.00
TOTAL	820,000	5.47	5.47	100,000	7.14	12.61	12.61	0.00	26,000	7.00
BSC 2										
GENESEE	276.00	1.84	1.84	23.00	1.64	3.48	3.48		3.00	0.00
INGHAM	136.00	0.91	0.91	12.00	0.86	1.76	1.76		2.00	0.00
INGHAM CSA	120.00	0.80	0.80	19.00	1.36	2.16	2.16		2.00	0.00
SAGINAW	188.00	1.25	1.25	21.00	1.50	2.75	2.75		3.00	0.00
ARENAC/	18.00	0.12	0.12	0.00	0.00	0.12	0.12			
BAY	101.00	0.67	0.67	17.00	1.21	1.89	1.89	1.00	3.00	1.00
GLADWIN	26.00	0.17	0.17	0.00	0.00	0.17	0.17			
CLARE/	29.00	0.19	0.19	0.00	0.00	0.19	0.19			
ISABELLA/	49.00	0.33	0.33	1.00	0.07	0.40	0.40			
MIDLAND	68.00	0.45	0.45	17.00	1.21	1.67	1.67		2.00	0.00
CLINTON/	29.00	0.19	0.19	0.00	0.00	0.19	0.19			
EATON	79.00	0.53	0.53	13.00	0.93	1.46	1.46		2.00	0.00
GRATIOT/	31.00	0.21	0.21	0.00	0.00	0.21	0.21			
SHAWANSEE	67.00	0.45	0.45	12.00	0.86	1.30	1.30		2.00	0.00
HURON/	20.00	0.13	0.13	0.00	0.00	0.13	0.13			
LAPERE/	44.50	0.30	0.30	0.00	0.00	0.30	0.30		2.00	0.00
TUSCOLA	66.00	0.44	0.44	15.00	1.07	1.51	1.51		2.00	0.00
ST. CLAIR/	152.00	1.01	1.01	23.00	1.64	2.66	2.66		3.00	0.00
SANILAC	32.00	0.21	0.21	0.00	0.00	0.21	0.21			
TOTAL	1531,500	10.21	10.21	173,000	12.36	22.57	22.57	1.00	34,000	5.00

FY2015 SECOND-LINE SUPERVISORS AND PROGRAM TECHNICAL ALLOCATION

Run Date 8.18.14	Program Total Staff Allocated	Tech Ratio 150:1	Restated @ 100%	Total First-Line Supervisor Allocation	2nd-Line Supervisors @ 14:1	Total Allocated 2nd Line /PT	FY2015 Total 2nd / PT Rounded	Adult Services 2nd Line	FY2015 Total 2nd/PT	Change from FY14
BSC 3										
BERRIEN	150.00	1.00	1.00	18.00	1.29	2.29	2.00		2.00	0.00
KALAMAZOO	261.00	1.74	1.74	33.00	2.36	4.10	4.00		4.00	0.00
KENT	262.00	1.75	1.75	22.00	1.57	3.32	3.00	1.00	4.00	0.00
MUSKEGON	235.00	1.57	1.57	28.00	2.00	3.57	4.00		4.00	0.00
OTTAWA	114.00	0.76	0.76	14.00	1.00	1.76	2.00		2.00	0.00
VAN BUREN	87.00	0.58	0.58	10.00	0.71	1.29	1.00		1.00	0.00
ALLEGAN/	95.00	0.63	0.63	17.00	1.21	1.85	2.00		2.00	0.00
BARRY	31.00	0.21	0.21	0.00	0.00	0.21				
BRANCH/	37.00	0.25	0.25	0.00	0.00	0.25				
CALHOUN	162.00	1.08	1.08	24.00	1.71	2.79	3.00		3.00	0.00
CASS/	41.00	0.27	0.27	0.00	0.00	0.27				
ST. JOSEPH	73.00	0.49	0.49	14.00	1.00	1.49	2.00		2.00	0.00
IONIA/	54.00	0.36	0.36	12.00	0.86	1.22	2.00		2.00	0.00
MONTCALM	50.00	0.33	0.33	0.00	0.00	0.33				
LAKE/	18.00	0.12	0.12	0.00	0.00	0.12	1.00		1.00	0.00
NEWAYGO	63.60	0.42	0.42	10.00	0.71	1.14	1.00		1.00	0.00
MASON/	32.00	0.21	0.21	6.00	0.43	0.64	1.00		1.00	0.00
OCEANA	20.00	0.13	0.13	0.00	0.00	0.13				
MECOSTA/										
OSCEOLA	66.00	0.44	0.44	8.00	0.57	1.01	1.00		1.00	0.00
TOTAL	1851.60	12.34	12.34	216.00	15.43	27.77	28.00		40.00	3.00
BSC 4										
MACOMB	294.00	1.96	1.96	24.00	1.71	3.67	4.00		4.00	0.00
OAKLAND	327.00	2.18	2.18	29.00	2.07	4.25	4.00	1.00	5.00	0.00
WAYNE	1206.00	8.04	8.04	101.00	7.21	15.25	15.00	1.00	16.00	-1.00
HILLSDALE/										
JACKSON	178.50	1.19	1.19	27.00	0.00	0.25	3.00		3.00	0.00
LENAWEE/	59.00	0.39	0.39	0.00	0.00	0.39				
MONROE	104.00	0.69	0.69	19.00	1.36	2.05	2.00		2.00	-1.00
LIVINGSTON/	58.00	0.39	0.39	0.00	0.00	0.39				
WASHTEENAW	171.00	1.14	1.14	27.00	1.93	3.07	3.00		3.00	0.00
TOTAL	2434.50	16.23	16.23	227.00	16.21	32.44	31.00		42.00	-2.00
BSC 5										
GENESEE CSA	177.00	1.18	1.18	28.00	2.00	3.18	3.00		3.00	-1.00
KENT CSA	171.00	1.14	1.14	27.00	1.93	3.07	3.00		3.00	0.00
MACOMB CSA	169.00	1.13	1.13	27.00	1.93	3.06	3.00		3.00	0.00
OAKLAND CSA	204.00	1.36	1.36	33.00	2.36	3.72	4.00		4.00	0.00
WAYNE CSA	525.00	3.50	3.50	83.00	5.93	9.43	9.00		9.00	0.00
TOTAL	1246.00	8.31	8.31	198.00	14.14	22.45	22.00		45.00	12.00
FOA										
BSC 6 Staff										
STATEWIDE	7883.60	52.56	52.56	914.00	65.29	117.84	118.00	4.00	189.00	-19.00

FY2015 STAFFING ALLOCATION

Section IX: Management & Administration

FY2015 SUMMARY OF FIELD MANAGEMENT & ADMINISTRATION

	Field Operations Administration	Wayne County Operations	Totals
Central Administration (Wayne AA and Exec. Secretary) County Directors		2	2
	41	1	42
County District Managers Cash - Genesee 2, Macomb 3, Oakland 3 CW - Genesee 1, Macomb 1, Oakland 1 Wayne 13 Cash, 1 Adult, 3 CW	11	17	28
Business Service Center Directors	6	0	6
TOTALS	58	20	78

FY2015 STAFFING ALLOCATION

Section X: Migrant Services Program Allocation

FY 2015 MIGRANT SERVICES PROGRAM STAFF ALLOCATION

General Overview:

The Migrant Services Program allocation is different from other sections of the allocation package. First, it is a calendar year rather than a fiscal year allocation. This recognizes the need for counties to hire and train workers in time for migrant seasons that typically run from mid-spring until fall. Second, the migrant positions are allocated as FTE's and then converted to weeks. This is because the majority of staff are seasonal. Third, this section of the allocation stands alone in that it includes all workers, administrative support and first-line supervision for the Migrant Services Program.

For FY2015, a total of 2290 weeks are allocated. This equates to a total of 44.04 Migrant Program field FTE's, including 33.04 Migrant Program Specialist FTE's, 7.0 administrative support worker FTE's and 4.0 supervisor FTE's. In addition to the field FTE's, one position has been taken *off-the-top* of the allocation for the OMA Departmental Analyst position. ***Please Note: Policy continues to require that vacancies in year-round positions not be filled without prior approval from the Office of Migrant Affairs.***

Calculation:

The formula for Migrant Services staff applied caseload ratios to the 12-month average of four migrant caseloads through May 2014. The caseload ratios that were developed for Food Assistance, Medicaid, Day Care, and Intake Registrations were based on migrant random moment time study (RMTS) data. These ratios were applied to the migrant caseload averages in order to determine each county's relative percentage of the statewide migrant caseload. The total available weeks were initially distributed (based on relative percentage) to any county with a migrant caseload. At this point in the migrant allocation formula, counties earning fewer than 12 weeks of migrant staff time received no allocation and those weeks were then redistributed to the remaining counties.

Formula Components:

<u>Caseload</u>	<u>Data Source</u>	<u>Ratio</u>
Food Stamps	MH-472	104:1
MA	MH-472	252:1
Applications	MH-732	32:1
Day Care	MH-472	70:1

Department of Human Services
2015 MIGRANT PROGRAM STAFF ALLOCATION

<u>County/Classification</u>	<u>Beginning and Ending Dates</u>	<u>No. of Weeks</u>
<u>ALLEGAN</u>		
GOA	Year-Round	52
MPS	Year-Round	52
MPS	Year-Round	<u>52</u>
		156
<u>BENZIE/MANISTEE</u>		
MPS	March 2 – December 4	40
<u>BERRIEN</u>		
GOA	Year-Round	52
MPS	March 30 – December 4	36
MPS	March 30 – November 20	34
MPS	March 30 – November 20	34
MPS	Year-Round	52
Supervisor	Year-Round	<u>52</u>
		260

Department of Human Services
2015 MIGRANT PROGRAM STAFF ALLOCATION

<u>County/Classification</u>	<u>Beginning and Ending Dates</u>	<u>No. of Weeks</u>
<u>CASS/ST. JOSEPH</u>		
MPS	March 2 – December 4	40
<u>GRAND TRAVERSE/KALKASKA/LEELANAU</u>		
GOA	April 6 – November 27	34
MPS	Year-Round	<u>52</u>
		86
Outreach and services to be provided to Antrim County.		
<u>HURON/LAPEER/TUSCOLA</u>		
MPS	Year-Round	52
Outreach and services to be provided to Macomb, St. Clair, and Sanilac Counties.		
<u>INGHAM</u>		
MPS	March 2 – December 5	40
Outreach and services to be provided to Clinton, Eaton, Jackson and Livingston Counties.		

Department of Human Services
2015 MIGRANT PROGRAM STAFF ALLOCATION

<u>County/Classification</u>	<u>Beginning and Ending Dates</u>	<u>No. of Weeks</u>
<u>KENT</u>		
GOA	Year-Round	52
	March 16 – January 1	42
	March 2 – December 4	40
	March 2 – December 4	40
	March 2 – December 4	40
	March 30 – December 18	38
	March 30 – December 18	38
	March 30 – December 18	38
	Year-Round	52
Supervisor	Year-Round	<u>52</u>
		536

Outreach and services to be provided to Ionia, Montcalm, Muskegon, and Newaygo Counties, and to NW Ottawa County.

LENAWEE/MONROE

MPS	February 16 – October 13	35
MPS	Year-Round	<u>52</u>
		87

Outreach and services to be provided to Hillsdale, Washtenaw, and Wayne Counties.

Department of Human Services
2015 MIGRANT PROGRAM STAFF ALLOCATION

<u>County/Classification</u>	<u>Beginning and Ending Dates</u>	<u>No. of Weeks</u>
<u>MASON/OCEANA</u>		
GOA	Year-Round	52
MPS	March 30—January 1	40
MPS	March 9—January 1	43
MPS	March 9—January 1	43
MPS	Year-Round	52
MPS	Year-Round	52
Supervisor	Year-Round	<u>52</u>
		334
<u>OTTAWA</u>		
GOA	March 2 – October 23	34
MPS	Year-Round	52
		<u>52</u>
		294

Department of Human Services
2015 MIGRANT PROGRAM STAFF ALLOCATION

<u>County/Classification</u>	<u>Beginning and Ending Dates</u>	<u>No. of Weeks</u>
<u>VAN BUREN</u>		
GOA	Year-Round	52
MPS	April 6 – December 4	35
MPS	April 6 – December 4	35
MPS	April 6 – December 4	35
MPS	Year-Round	52
MPS	Year-Round	52
MPS	Year-Round	52
Supervisor	Year-Round	<u>52</u>
		365

Outreach and services to be provided to Kalamazoo County.

KEY:

MPS -	Migrant Program Specialist	38
Supervisor -	Migrant Program Supervisor	4
GOA -	General Office Assistant	<u>8</u>
		50 Workers

2015 MIGRANT PROGRAM STAFF ALLOCATION IN WEEKS AND FTE'S

<u>County</u>	<u>Clerical Support</u> <u>GOAWPA</u>	<u>Migrant Program</u> <u>Specialists</u>	<u>Migrant Program</u> <u>Supervisors</u>	<u>Total No. of Weeks</u> <u>and (FTE's)</u>
Allegan	52	104		156 (3)
Benzie/Manistee		40		40 (.77)
Berrien	52	156	52	260 (5)
Cass/St. Joseph		40		40 (.77)
Grand Traverse/Leelanau	34	52		86 (1.65)
Huron/Lapeer/Tuscola		52		52 (1)
Ingham		40		40 (.77)
Kent	94	390	52	536 (10.31)
Lenawee/Monroe		87		87 (1.67)
Oceana	52	230	52	334 (6.42)
Ottawa	34	260		294 (5.65)
Van Buren	52	261	52	365 (7.02)
Total No. of Weeks	370	1712	208	2290

370	1718	208	2290
$\div 52$	$\div 52$	$\div 52$	$\div 52$
7.12 FTE's	32.92 FTE's	4.0 FTE's	44.04 FTE's

TOTAL FTE'S: 44.04

Michigan Citizen Review Panels 2014 Annual Report

Executive Summary

Sections 106 (b)(2)(A)(x) and (c) of the Child Abuse Prevention and Treatment Act (CAPTA), as amended (42 U.S.C. 5101 et seq.) requires the establishment of Citizen Review Panels in all states receiving CAPTA funding.

Purpose

The purpose of the Citizen Review Panels is to provide new opportunities for citizens to play an integral role in ensuring that States are meeting their goals of protecting children from abuse and neglect.

Number of Panels Required

Michigan was required to establish three Panels by June 30, 1999.

The Panels were established with membership from three existing citizen advisory committees: the Children's Trust Fund, the Governor's Task Force on Child Abuse and Neglect, and the State Child Death Review Team.

The Panels are:

Citizen Review Panel for Prevention,
Citizen Review Panel for Children's Protective Services, Foster Care and Adoption, and
Citizen Review Panel for Child Fatalities.

Reports

The Panels must develop annual reports and make them available to the public. These reports are due March 31 of each year. The contents of the reports include the following:

1. A summary of the Panel's activities.
2. Findings and recommendations.

The Michigan Department of Health and Human Services must provide a written response to the findings and recommendations of the three Panels.

Below are the recommendations of each of the Panels. See the entire report for the 2014 activities, findings, and complete recommendations for each of the Panels.

Citizen Review Panel for Prevention (Children's Trust Fund)

The Citizen Review Panel (CRP) formally submits the following recommendations:

Recommendation #1: The Panel recommends that MDHHS work with the CRP Prevention Panel to continue the assessment of Category III cases. Specifically, the Panel would like the department's assistance in developing a process to research and assess the remaining questions (above) related to following up on services and recidivism comparisons of open versus closed cases.

MDHHS Response: *The department remains committed to reducing the recurrence of maltreatment, and supports the work of the CRP in reviewing category III cases. CPS Program Office is willing to assist the CRP in the collection and review of data that is available through the MiSACWIS system, and will reach out to the CRP Chair to discuss this process and determine next steps.*

Recommendation #2: To facilitate the next steps, the Panel recommends that the department provide any research related to Category III cases on the issues identified in this report, and attend a CRP meeting to discuss these findings.

MDHHS Response: *The department has not conducted any research specific to category III cases outside of a legislative requirement to report the number of category III dispositions each fiscal year. CPS Program Office is willing to assist the CRP in the collection and review of data that is available through the MiSACWIS system, and will attend the next CRP meeting to discuss and determine the most effective ways to assist with the collection of information.*

Recommendation #3: The Panel recommends that the department continue to build on the progress made to date using the Protective Factors framework in practice and to take steps as appropriate to further embed the framework into practice. Specific strategies being recommended by the Panel are as follows:

- **Look for ways to use the SF/PF language in forms such as those used for case services planning. (Examples may be available from the Protect MIFamily case planning resources.)**
- **Use the SF/PF framework in the context of Family Team Meetings**
- **Continue to embed the SF/PF framework in training and professional development opportunities – a specific area of priority would be to include training on the framework and its value in supervisor's and manager's training.**

MDHHS Response: *The department has supported the incorporation of the Strengthening Families/Protective Factors (SF/PF) framework into the pre-service institute (PSI), as well as into additional professional development opportunities. SF/PF language has been incorporated into family preservation contracts. The national resources provided by the CRP in recommendation #4 will be presented to the MiTEAM unit, which is responsible for the development and enhancement of Michigan's child welfare case practice model. This unit will determine if the SF/PF language and framework can be further incorporated into case service*

planning and the Family Team Meeting process in an effective manner. The manager of the MiTEAM unit will be asked to attend a CRP meeting to discuss this recommendation further.

Recommendation #4: The Panel recommends that the department leverage two specific national resources to improve SF/PF practice.

- **The National Alliance of Children’s Trust and Prevention Funds has developed an on-line comprehensive SF/PF training (www.ctfalliance.org/onlinetraining.htm).** The panel recommends that the department sanction this on-line training to count as professional development hours for all MDHHS staff.
- **The Center for the Study of Social Policy is completing a set of resources for using the framework in child welfare practice. The Panel recommends that these resources be reviewed and used going forward to inform child welfare practice.**

MDHHS Response: *The department will provide the above resources to the department’s MiTEAM manager and the Office of Workforce Development and Training (OWDT) to review and determine if additional opportunities are available to incorporate SF/PF language and practice into the MiTEAM case practice model and/or other training opportunities.*

Recommendation #5: The Panel recommends that the department continue to build on the progress made on delivering evidence-based trauma informed services and support. Specifically the Panel recommends:

- **The Department assures that child welfare staff throughout the state are aware of and know how to access the services available through the DCH Trauma Initiative – which is designed to ensure a trauma-informed approach in behavioral health services for children and families.**
- **The Department utilizes an existing inter-departmental workgroup (or if necessary establish such a workgroup) to assure that the stated CFSP goal of a coordinated investigative approach while minimizing trauma to the victim is realized.**

Prevention: As stated in the barrier section of the CFSP, a comprehensive approach to prevention services remains a challenge for the department. Both at-risk families (secondary prevention) and the issues related to recurrence and avoiding out-of-home care (tertiary prevention) are expressed as concerns.

MDHHS Response: *The department recognizes the importance of trauma-informed practice and is currently involved in various initiatives to effectively address trauma experienced by children and families. With the assistance of Dr. Jim Henry, founder and director of Western Michigan University’s Child Trauma Assessment Center (CTAC.), Michigan’s MiTEAM case practice model was modified to incorporate crucial components of trauma-informed practice including a specific focus on a coordinated investigative approach that minimizes trauma to children. Another trauma-based initiative in Michigan, led by CTAC, is the Breakthrough Series Collaborative (BSC), which focuses on cross-systems collaboration between local county MDHHS and Community Mental Health offices to build a trauma-informed, resiliency based paradigm that screens all children in child welfare, conducts functional trauma-informed assessments, provides trauma treatment, and builds both client and workforce resiliency.*

In Fall 2014, Michigan was chosen as one of three states in the country to participate in the Defending Childhood State Policy Initiative, sponsored by the Office of Juvenile Justice and

Delinquency Prevention (OJJDP). The goal of this initiative is to develop a strategic plan to identify, screen, assess and treat children who have witnessed or experienced violence.

On 8/4/15, a document providing a brief description and contact person for the DCH Trauma Initiative, as well as the initiatives listed above was sent to the Business Service Center directors to disburse to their staff as determined appropriate.

Recommendation #6: The Panel recommends that the department use the CFSP’s stated challenges inherent in supporting a comprehensive array of prevention services as a basis for aggressively advocating for expanded resources to support increased prevention services for both secondary and tertiary services.

MDHHS Response: *The department recognizes the importance of prevention services, and continues to seek innovative ways to advocate for expansion and ongoing provision of these services. The department will consider future budget enhancement requests for creation or expansion of prevention services that are effective and consistent with the goals of MDHHS.*

Recommendation #7: Prevention Definition in MDHHS Policy

Background: The CRP for Prevention has made a recommendation in each of the last three years for the Department of Health and Human Services to establish in departmental policy a clear and concise definition of child abuse and neglect prevention. Several reasons existed for continuing to make this recommendation, including the following.

- Without a standard definition of prevention, it has been difficult to assess the true picture of prevention programming in Michigan (e.g., the extent to which prevention services are embedded in local communities, supported via MDHHS funding streams, etc.)
- Multiple programs, services, and/or strategies have been characterized as “prevention initiatives” that do not clearly align with standard prevention definitions.
- Having a common, working definition will allow for discussions and analyses of programs that compare “apples to apples.” In particular, the proposed definition sets standard criteria to distinguish between primary, secondary, and tertiary prevention initiatives.
- A clear definition would help to align scarce resources with prevention strategies and also help direct funding to evidenced-based efforts, as appropriate.
- A common definition of prevention will assist in the merger efforts with our MDHHS colleagues as we move toward exploring similar populations and services.

The recommendations for a prevention definition came during a period when the department was confronted with a series of challenges—both budgetary and programmatic—and was also responding to a federal lawsuit. Organizational assessments were also being undertaken to determine which division(s) within the department would be

primarily responsible for prevention services. As a result, although the department agreed in principle that a standard definition would be beneficial, internal policy issues needed to be clarified before moving forward.

Beginning with Fiscal Year 2012, MDHHS leadership has recognized that although some of the challenges described above persist, a real benefit exists in establishing a standard definition of child abuse and neglect prevention in departmental policy. As a result, MDHHS leadership in the Children's Services Administration and the Children's Protective Services Division has been working with the CRP for Prevention to finalize the definition. The definitional framework for these efforts is a prevention definition provided by the federal Children's Bureau – Administration for Children and Families. MDHHS leadership and the CRP have agreed upon minor edits, and the document is ready for next steps. Based on the significant progress in the efforts to establish a prevention definition in policy, the CRP makes the following recommendation.

MDHHS Response: *The department supports the incorporation of the CRP's definition of prevention into the Children's Protective Services Policy Manual. It is anticipated that this definition will be incorporated into policy during the next release cycle.*

Recommendation #8: Once the prevention definition is established in MDHHS policy, the CRP for Prevention recommends that the definition be used as a basis to revisit the status of prevention programming that is supported through various funding streams and initiatives within the department.

MDHHS Response: *In conjunction with the definition of prevention being established in policy, the department will revisit existing prevention programming contracts to determine if amendments or other changes are appropriate.*

Citizen Review Panel for Children's Protective Services, Foster Care and Adoption (Governor's Task Force on Child Abuse and Neglect)

The Citizen Review Panel (CRP) formally submits the following recommendations:

Recommendation #1: The panel encourages a system-wide exploration of trauma, identification, and implementation of strategies to address secondary trauma.

MDHHS Response: *The department has taken steps to identify, understand, and address secondary trauma. During the past year, the MiTEAM case practice model has been modified to include crucial components of trauma-informed practice, including secondary trauma. Further, implementation of a secondary trauma pilot for child welfare staff exposed to child abuse and neglect situations on a regular basis, continues in 12 counties. The pilot assists staff in recognizing, understanding and coping with secondary trauma. As evaluation of this pilot shows promising results, the department intends to expand statewide.*

Recommendation #2: The panel recommends MDHHS develop, offer, or identify ways to provide training on trauma to adoptive, foster parents, and relative caregivers to help the youth in their care overcome trauma they may have endured.

MDHHS Response: *Michigan utilizes the Child Welfare League of America (CWLA) foster parent training, Parent Resources for Information, Development and Education (PRIDE). PRIDE training is required for all relative and non-relative licensed foster homes in Michigan. CWLA is in the process of updating the PRIDE training curriculum and manual to be inclusive of trauma education for foster parents. Specifically, the intent is to ensure that families are willing, able, and have the resources to meet the needs of traumatized children and their families to the fullest extent possible. It is anticipated that the updated manual will be available and distributed statewide by September 2015. The department will provide the CRP a copy of the updated PRIDE manual upon receipt. In addition to PRIDE training, there are local trauma-specific trainings provided to foster, adoptive, and relative care providers through local Community Mental Health agencies. The department recognizes the importance of trauma training and will continue to seek additional opportunities to provide such trainings to foster, adoptive, and relative caregivers.*

Recommendation #3: The panel recommends MDHHS identify ways to strengthen the selection, ongoing education and preparation of supervisors to promote a trauma-informed culture and practices within MDHHS.

MDHHS Response: *Supervisors of child welfare staff are key partners in the promotion of trauma-informed culture and case practice. As previously mentioned, Michigan's MiTEAM case practice model was modified to incorporate crucial components of trauma-informed practice. As modifications continue, training materials and policy manuals are updated to guide practice statewide.*

In addition, as part of the department's secondary trauma pilot, supervisors are trained on screening for secondary trauma and are required to regularly discuss secondary trauma with their staff. This process promotes trauma-informed culture and practice in local office.

Lastly, child welfare managers are provided in-service training opportunities to learn more about trauma-informed practice. While specific trauma based trainings are not currently required, the department encourages child welfare managers to participate in professional development opportunities that enhance their ability to be effective leaders and support their staff.

Recommendation #4: The panel recommends implement best practices and expand strategies for supporting new caseworkers who may be most vulnerable to employment related stressors, such as: mentoring programs, specialized in-service education, and support groups.

MDHHS Response: *It is important to support new caseworkers to ensure they are able to recognize and identify healthy ways to cope with employment related stressors. Since December 2012, Child Welfare Field Operations (CWFO) and the Child Welfare Training Institute (CWTI) have required that all new caseworkers entering the pre-service institute training are provided a designated mentor. These mentors must be identified before a new caseworker can complete the pre-service institute. Mentors not only provide new caseworkers with support for essential job duties, but also serve as a recognized support person to assist in the debriefing process associated with secondary trauma. In an effort to promote worker retention and ensure staff feel supported in their role, the Strengthening Our Focus Advisory Council (SOFAC) has created a workgroup devoted to worker retention efforts. This workgroup meets on a regular basis to prepare and present recommendations to SOFAC regarding how to best support and retain child welfare staff.*

Recommendation #5: The panel recommends MDHHS, SCAO, MDE, and courts implement best practices for recognizing trauma and responding effectively.

MDHHS Response: *The department recognizes that trauma recognition and response is extremely important and has incorporated such practice into the MiTEAM case practice model. MDHHS will continue to support trauma-informed programs, practice and initiatives and is dedicated to cross-systems collaboration with agencies and departments who are committed to doing the same. MDHHS, the State Court Administrative Office, the Michigan Department of Education, and several other child welfare stakeholders are currently involved in the Defending Childhood State Policy Initiative described on pages 3-4, which focuses on effectively recognizing and responding to trauma.*

Citizen Review Panel for Child Fatalities (State Child Death Review Team)

Many recommendations were made as a result of the Fatality CRP reviews. The priority recommendations included below are those that addressed the most significant findings. A rationale is included in order to better explain why the panel chose these specific recommendations for MDHHS to focus on. The entire list of recommendations is attached (Attachment A).

Recommendations for the Michigan Department of Health and Human Services:

Recommendation #1: An internal quality assurance system should be created to review cases with recurring allegation trends to ensure the cases are not being denied inappropriately.

Rationale: The panel reviewed one case in particular where the mother delivered five drug positive infants. Some of the cases were dispositioned at a category IV and the investigations were denied. This is an inappropriate case disposition for a drug positive infant, and the family was not serviced appropriately due to the denial.

MDHHS Response: *During the next CRP meeting, CPS Program Office, together with the MDHHS Division of Continuous Quality Improvement (DCQI), would like to provide information on predictive analytics and the Safety Planning Practice Initiative (SPPI) currently being applied in Ingham County. CPS Program Office is willing to facilitate discussion about replicating the approach, specific to child death cases, in an effort to ensure that cases with a high risk of future child fatality are not being inappropriately denied.*

Recommendation #2: If a family continues to have the same, repeated allegations, the level of intervention should be elevated; similar to the multiple complaint policy.

Rationale: The finding that CPS did not conduct a thorough investigation was apparent on nine separate cases out of the 19 that received a full review. The above recommendation would assist in correcting that finding. For instance, if a family's third dirty house investigation were to be denied, this recommendation would elevate the disposition to a category III and the family would have to be offered appropriate services.

MDHHS Response: *Category dispositions cannot be elevated to reflect a preponderance of evidence of abuse/neglect if no preponderance of abuse/neglect is found. However, the multiple complaint policy requires a preliminary investigation to assist with appropriate decision-making regarding assignment when a complaint involves a child three or under and is at least the third complaint on the family. If the complaint is assigned for investigation in these circumstances, the policy also requires a face-to-face meeting between the investigating worker and supervisor prior to disposition.*

Prior to completing any case disposition, caseworkers are required to complete a risk assessment, which determines the level of risk of future harm to the child(ren). The number of prior referrals is a factor in determining the risk of future harm. If a caseworker, upon completing an investigation, finds a preponderance of evidence that abuse/neglect has occurred, services provided to the family must be commensurate with the risk level. Higher risk levels require more intensive service intervention to address and mitigate the specific risk factors identified.

Recommendation #3: The department should commission a study, perhaps through a university, to evaluate the correlation between substance use/abuse and maltreatment/repeat maltreatment and child death cases.

Rationale: Substance use/abuse was included in either the current or historical trends of nearly all of the child death cases reviewed. The need for a comprehensive, statistical analysis on this data is critical in order for family patterns/trends to be recognized and addressed.

MDHHS Response: *The department has conducted preliminary internal research regarding the correlation between substance use and child abuse/neglect, including repeat maltreatment. It is anticipated that this research will continue as efforts to decrease (repeat) maltreatment remains a department priority. Findings of this research will be provided to the CRP upon completion.*

Recommendation #4: If there are two conflicting medical opinions, an investigator should be required to consult with the Medical Resource System (MRS).

Rationale: The opinion of the panel is that not all investigators are aware of the existence of the MRS or understand how it could be a valuable resource to them. On one case that received a full review, the investigator had one doctor who described the injuries to a child as abusive and non-accidental, while the second doctor described the injuries as accidental. The investigator denied the case and reported in the disposition that the injuries were accidental based on the opinion of the one doctor. In the case of conflicting medical opinions, consultation with MRS should be a required collateral contact, as they are the state experts on abusive injuries.

MDHHS Response: *In cases presenting conflicting medical opinions, caseworkers will be required to consult with a pediatric specialist or a physician identified in their region through the Medical Resource System contract. This policy change will go into effect in February 2016.*

Recommendation #5: A glossary of injuries that are highly indicative of child abuse should be created for investigators.

Rationale: Because new workers receive very little medical information at their initial training, physical abuse injuries are not being recognized by inexperienced investigators. A glossary describing injuries typically associated with child abuse would provide workers with an additional investigative tool.

MDHHS Response: *The creation of a glossary of injuries indicative of child abuse cannot be used as a replacement for a medical examination of a child with physical injuries. Because caseworkers are not trained medical professionals, the department must carefully determine what information outside the opinion of a medical professional should be utilized during such an investigation. It is preferred that in cases involving physical injury, consultation with a medical professional is sought and/or the statewide Medical Resource Services contract is utilized.*

Below are recommendations that the panel made for other departments. Although the CAPTA legislation only requires that recommendations are made to MDHHS, the panel feels that multidisciplinary change is required to protect children. Thus, we have highlighted recommendations below for other state departments. Please see attachment B for a complete list of recommendations for each discipline.

Recommendations for the Court:

Existing local juvenile mental health courts should be expanded and implemented across the state.

Rationale: This recommendation spotlights the issue that is presented by many teens that have mental health issues, but their acting out behavior only results in minor involvement with law

enforcement, but doesn't result in them getting needed services. Mental health courts in the state are severely limited, as they are only currently available in three counties. Two thirds of children who come under the jurisdiction of the court have some sort of mental health disorder. Benefits of juvenile mental health courts include reduction in rearrests or contact with law enforcement, decreased incarceration, linking the offender to appropriate treatment/services, as well as improved mental health and quality of life for the juvenile.

Recommendations for Hospitals:

A standardized set of reasonable criteria should be created for when drug testing is conducted at birth. The panel created a list of risk factors that could be considered when determining whether a drug screen should be administered at birth. The risk factors could be:

- Is mom on any legal/illegal medication
- Did mom test positive for any substances during pregnancy
- Was there a lack of prenatal care (defined as starting in the 3rd trimester, no prenatal care or inconsistent prenatal care)
- Mom showing evidence of substance use during labor/delivery
- Previous infant testing drug positive at birth
- Symptoms present during pregnancy apparent to drug use (eg: third trimester bleeding)

Rationale: Without consistent drug testing conducted at birth, children and families will not receive needed services as seen in one case reviewed by the panel this year. In order to identify risks and family trends, it is essential that a model such as the one above be routine at birthing hospitals.

SUMMARY OF RECOMMENDATIONS 2014**Training/Professional Development**

1.	MDHHS should work with the CRP Prevention Panel to continue the assessment of Category III cases.
2.	MDHHS should provide any research related to Category III cases on the issues identified in this report, and should attend a CRP meeting to discuss the findings.
3.	MDHHS should continue to build on progress made to date using the Protective Factors framework in practice and to take steps as appropriate to further embed the framework into practice.
4.	MDHHS should publish a definition of Prevention in MDHHS policy.
5.	MDHHS should establish a system-wide exploration of trauma, identification, and implementation of strategies to address secondary trauma.
6.	MDHHS should develop, offer, or identify ways to provide training on trauma to adoptive, foster parents, and relative caregivers to help the youth in their care overcome trauma they may have endured.
7.	MDHHS should identify ways to strengthen the selection, ongoing education, and preparation of supervisors to promote a trauma-informed culture and practices within MDHHS.
8.	MDHHS should implement best practices and expand strategies for supporting new caseworkers who may be most vulnerable to employment related stressors.
9.	MDHHS, SCAO, MDE, and courts should implement best practices for recognizing trauma and responding effectively.

CPS Investigation and Assessment

10.	An internal quality assurance system should be created to review cases with recurring allegation trends to ensure the cases are not being denied inappropriately.
11.	If a family continues to have the same, repeated allegations, the level of intervention should be elevated.
12.	MDHHS should commission a study, perhaps through a university, to evaluate the correlation between substance use/abuse and maltreatment/repeat maltreatment and child death cases.
13.	If there are two conflicting medical opinions, an investigator should be required to consult with the Medical Resource System (MRS).
14.	MDHHS should develop a glossary of injuries that are highly indicative of child abuse with the list being provided to investigators.
15.	MDHHS should leverage two specific national resources to improve SF/PF practice.
16.	MDHHS should continue to build on the progress made on delivering evidence-based trauma informed services and support.
17.	MDHHS's use of the CFSP's stated challenges inherent in supporting a comprehensive array of prevention services as a basis for aggressively advocating for expanded resources to support increased prevention services for both secondary and tertiary services.

Provision of Services to Children and Families

18.	The Department should utilize existing domestic violence programs and advocates to assist on investigations by either consultation or having advocates physically attend home visits with the workers. There should be some development of a contractual, county specific individual who is available for consultation over the phone
19.	There should be a development of specialized CPS investigators; ie: domestic violence specialists, substance abuse experts, mental health experts and suicide/depression experts. The development should be implemented into statute that expert liaisons are required in all regional areas. The six existing business service centers could be used to administrate the multiple liaisons
20.	If a preponderance of evidence is found but the issue was rectified during the course of an investigation, there should be substantiation as opposed to a denial.

Other

21.	Existing local juvenile mental health courts should be expanded and implemented across the state.
22.	A standardized set of reasonable criteria for when drug testing is conducted at birth. The panel created a list of risk factors that could be considered when determining whether a drug screen should be administered at birth.

FOSTER AND ADOPTIVE PARENT DILIGENT RECRUITMENT PLAN

In 2014, DHS¹ collected and analyzed trends on new licenses, closed homes and the number of relative homes compared to non-relative homes.

- The DHS Bureau of Children and Adult Licensing (now Division of Child Welfare Licensing) issued 1,960 new foster home licenses, a decrease of 358 from 2013.
- Of new licenses, 1,152 will accept unrelated placements, a decrease of 338 from 2013.
- The number of homes that closed was 2,262, a decrease of 65 from 2013.
- On October 1, 2013, there were 6,970 licensed foster homes. On September 30, 2014, 4,951 of those licensed foster parents remained licensed, which is a 71 percent retention rate and a 1 percent increase from 2013.
- 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 one of the top reasons for not continuing as foster parents. The top three reasons foster parents closed their license:

- Adopted the child(ren) placed with them.
- Need to focus on family needs.
- Demands/stress of being a foster parent.

The chart below details the trend of licensure and closed homes in urban counties:

County	Original Licenses			Closed Homes		
	FY2012	FY2013	FY2014	FY2012	FY2013	FY2014
Genesee	112	100	79	140	127	129
Kent	171	172	140	154	185	180
Macomb	116	136	105	163	130	145
Oakland	163	181	138	139	186	159
Wayne	256	271	226	326	320	301
Total	879	925	748	980	1005	970

There was a nineteen percent decrease in the overall number of foster homes licensed and a twenty-four percent decrease in the number of non-relative foster homes licensed from 2013 to 2014. The chart below describes the type of homes (relative versus non-relative) opened in urban counties in 2014:

¹ The Michigan Department of Human Services (DHS) merged with the Michigan Department of Community Health in April 2015, creating the Michigan Department of Health and Human Services (MDHHS). 'DHS' refers to the department prior to the merger; 'MDHHS' refers to the department afterward.

County	Relative	Non-relative	Total
Genesee	35	44	79
Kent	50	90	140
Macomb	48	57	105
Oakland	46	92	138
Wayne	112	114	226
Total	315	433	748

Accomplishments in 2014 – Statewide and Regional Recruitment

- DHS worked with several media venues to execute effective marketing strategies and advertising for recruitment of foster and adoptive parents statewide.
- The 2014 Heart Gallery Opening was held on April 5, 2014 and featured 131 youth who were photographed by 81 photographers from all around the state.
- DHS held its first annual Foster, Adoptive, and Kinship Training Conference in collaboration with the Foster, Adoptive, and Kinship Parent Collaborative Council. Over 400 foster, adoptive and kinship parents attended this two-day conference.
- DHS continued collaboration with Oakland County MDHHS and Spaulding for Children on the federal Diligent Recruitment Grant (I-CARE 365). Through the grant, foster and adoptive families are recruited in Macomb, Oakland and Wayne counties through targeted recruitment events.
- The annual Kinship Festival was held on September 28, 2014 at Belle Isle. Families interested in adoption interacted with available youth and staff from adoption agencies.
- DHHS hosted the third annual Faith-Based Summit on April 29, 2014. Over 200 faith leaders and faith community partners attended the event.
- The Faith-Based Initiative on Foster Care and Adoption collaborated with over 250 faith communities statewide. Additionally, this initiative worked with 10 Faith Communities Coalitions on Foster Care statewide.
- The Faith-Based Advisory Council was established to promote foster care and adoption and to submit recommendations for enhancing services to children and families served by MDHHS. The council is comprised of 12 members with at least six members being ordained members of the clergy. The council meets on a quarterly basis.
- The Michigan Adoption Resource Exchange held regional recruitment events that provided an environment for families to meet available children.
- The Michigan Adoption Resource Exchange hosted Heart Gallery events throughout Michigan.
- An Adoption and Foster Parent Recruitment and Retention workgroup was established in 2014 to reevaluate the current plan document. The group is comprised of staff from the field including a Business Service Center director, a county director, as well as licensing staff and supervisors. Dr. Denise Goodman, Senior Consultant to the Annie E.

Casey Foundation, provided consultation to the group and feedback was received from the field on how to assess, monitor and improve recruitment and retention plans for fiscal year 2016. Progress made in the workgroup has been presented to the Placement Sub-Team and a revised plan template has been completed.

Accomplishments in 2014 – Using Foster and Adoptive Parents for Recruitment

- The Foster Care Navigator Program continued to assist 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. As of 2014, the Foster Navigator Program assisted 6,227 prospective foster families, including assisting 1184 families in completing the licensure process.
- Relative Navigators are a resource for mentoring and supporting relatives seeking to undergo the licensing process.
- DHS collaborated with the Foster Care Navigator Program to celebrate exceptional foster parents by fulfilling 30 wishes for 30 Michigan foster families in 30 days in May.
- DHS continued to co-lead the Foster, Adoptive, and Kinship Collaborative Council. This council is a collaboration of MDHHS, tribes, and parent-led organizations whose focus is to connect foster, adoptive, and kinship parents to resources, education, and training.
- Michigan’s Foster Care and Adoption Navigator Programs were selected by the National Foster Parent Association to present at their annual conference on best practice models. The presentation was held in June, 2014 in Orlando, Florida and included foster parents and child welfare professionals from across the country. The presentation highlighted the development of these one-of-a-kind programs, lessons learned, outcomes and a discussion about how to replicate this peer focused model in other areas.

Accomplishments in 2014 – Addressing Barriers to Adoption

DHS continued to collaborate with Adoption Resource Consultants and the Michigan Adoption Resource Exchange on Project 340.

- Eighty-four percent (282) of the youth identified as part of Project 340 were removed from the exchange due to being matched with an adoptive parent or having an approved alternative permanency plan.
- DHS continued post-adoption services statewide in 2014. Post-adoption services include case management, support groups, coordination of services, information and referral.

Accomplishments in 2014

- During the months of October and November, 2014, the DHS Office of Child Welfare Policy and Programs presented four trainings statewide on “Enhancing Permanency through Effective Recruitment.” This one-day training focused on best practices for foster and adoptive parent recruitment and featured as keynote presenter was Dr. Denise Goodman, a Senior Consultant to the Annie E. Casey Foundation.
- Technical assistance from the National Resource Center for Diligent Recruitment at AdoptUSKids was requested to develop a customer service model to increase Michigan’s pool of foster, adoptive and relative families and to improve the satisfaction of these

families. The customer service approach will align with the MiTEAM Practice Model and supports the federally funded Diligent Recruitment Project, I-Care 365, in Oakland, Wayne, and Macomb counties. To gain an understanding of the experiences of foster, adoptive and relative parents, the National Resource Center conducted a series of focus groups with relative, foster and adoptive parents to determine current customer service strengths and challenges around the state.

- The MDHHS Office of Child Welfare Policy and Programs is holding a Foster Care Licensing Summit in 2015. This one day summit includes training on engaging relative and non-relative caregivers, developing thorough assessments, relative waivers, new licensing rules, a presentation on Michigan's Statewide Automated Child Welfare Information System and a panel discussion including the Foster Care Navigator Program, the MDHHS Office of Communications, the statewide Faith-Based Initiative on Foster Care and Adoption and the I-CARE 365 Diligent Recruitment Grant. The summit is open to licensing staff and supervisors from public and private agencies.
- A total of 1,077 new family inquiries have been received through the Foster Care Navigator Program since October, 2014, of which 232 families are actively engaged in Foster Care Navigator services and working toward foster parent licensure.

HEALTH CARE OVERSIGHT AND COORDINATION PLAN

The Health Care Oversight and Coordination Plan provides the structure and guidance to support the activities of MDHHS¹ and its partners. MDHHS 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 workers are provided information on how to access assessment and treatment for children with behavioral needs. Foster care policy and Michigan's Health Care Oversight and Coordination Plan requirements include:

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

Coordination and Collaboration

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

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

¹ The Michigan Department of Human Services (DHS) merged with the Michigan Department of Community Health in April 2015, creating the Michigan Department of Health and Human Services (MDHHS). 'DHS' refers to the department prior to the merger; 'MDHHS' refers to the department afterward.

- Michigan Council of Child and Adolescent Psychiatry.
- Association for Children's Mental Health, Michigan branch.

Medical Data Management

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

Health Care Needs of Children in Foster Care

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

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

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

Mental Health Care Needs

The nature of the circumstances leading to foster care, i.e. neglect and abuse, significantly raises the likelihood of mental health problems in children served by foster care systems. These circumstances highlight the need for early and periodic screening and, when indicated, assessment for mental health problems followed by referral for appropriate mental health treatment. Early and periodic screening may be the first indication of need for those children not actively involved in treatment before entry into foster care.

Effective December 1, 2014, Medicaid provider policy changed to allow surveillance or the use of a validated and standardized screening tool to accomplish the psychosocial/behavioral assessment at each well-child visit. DHS policy was updated on December 15, 2014 to allow surveillance as documentation that a mental health screening was completed during a child's well-child examination.

Oversight of Psychotropic Medications

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

1. To ensure that children have access to comprehensive mental health assessment.

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

Organizational Structure

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

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

Psychotropic Medication Data Management

The MDHHS Child Welfare Medical Unit receives all informed consent documents from the field. When there is an indication that the recommended medication regimen meets established criteria, a physician review is completed. The goal is to maintain all data specific to foster children in MiSACWIS and to cross-reference the MiSACWIS data with Medicaid pharmacy claims to analyze psychotropic medication prescribing trends.

Psychotropic Oversight Policy and Procedures

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

- A psychiatric diagnosis based on the current Diagnostic and Statistical Manual should be made before prescribing psychotropic medications.
- Clearly defined symptoms and treatment goals should be identified and documented in the medical record when beginning treatment with a psychotropic medication.
- When recommending psychotropic medication, clinicians should consider potential side effects, including those that are uncommon but potentially severe and evaluate the benefit-to-risk ratio of pharmacotherapy.
- Except in the case of emergency, informed consent must be obtained from the appropriate party(s) before beginning psychotropic medication. Informed consent includes diagnosis, expected benefits and risks of treatment, including common side effects, discussion of needed laboratory monitoring and uncommon but potentially severe adverse events.
- Appropriate monitoring of indices such as height, weight, blood pressure or other laboratory findings should be documented in the medical record.
- Monotherapy regimens for a given disorder of specific target symptoms should be tried before polypharmacy regimens.
- Doses should usually be started low and titrated carefully as needed.

- Only one medication should be changed at a time, unless a clinically appropriate reason to do otherwise is documented in the medical record.
- The frequency of clinician follow-up with the patient should be appropriate for the severity of the child's condition and adequate to monitor response to treatment, including symptoms, behavior, functioning and potential side effects.
- The potential for emergent suicidality should be carefully evaluated and monitored in the context of the child's mental health condition.
- If the prescribing clinician is not a child psychiatrist, referral to or consultation with a child psychiatrist should occur if the child's clinical status has not experienced meaningful improvement within a time frame appropriate for the child's clinical status and the medication regimen being used.
- Before adding additional psychotropic medications to a regimen, the child should be assessed for adequate medication adherence, accuracy of the diagnosis, the occurrence of comorbid disorders (including substance abuse and general medical disorders) and the influence of psychosocial stressors.
- If a medication is used in a child for a primary target symptom of aggression and the behavior disturbance has been in remission for six months, then serious consideration should be given to slow tapering and discontinuation of the medication. If the medication is continued, the necessity for continued treatment should be evaluated at a minimum of every six months.
- The clinician should clearly document care provided in the child's medical record, including history, mental status assessment, physical findings, impressions, laboratory monitoring specific to the prescribed drug and potential known risks, medication response, presence or absence of side effects, treatment plan and intended use of prescribed medications.

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

Psychotropic Medication Oversight/Review Process

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

- 1) One or more triggering criteria are present; there is no indication of medical concern in spite of presence of triggering criteria; the documentation supports the recommended medication regimen; no further action is needed.
- 2) One or more triggering criteria are present; there is no indication of medical concern in spite of the presence of triggering criteria; documentation is insufficient to support the recommended medication regimen; some response may be warranted depending on the circumstances.
- 3) One or more triggering criteria are present; one or more of these criteria may pose a

medical concern. Correspondence with the prescribing clinician is initiated focused on highlighting the apparent medical concern.

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

CHILD WELFARE DISASTER PLAN

Michigan participated in disaster planning, response and recovery activities required by the Child and Family Services Improvement Act of 2006 and Section 422 (b)(16) of the Social Security Act. Michigan's child welfare disaster plan remained in place in 2014. 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.

The Michigan Department of Health and Human Services (MDHHS) holds the primary state responsibility to perform human service functions in the event of a disaster. The MDHHS emergency management coordinator is responsible for conducting emergency planning and management, and interfaces with DHHS local directors and central office staff to ensure adequate planning.

Emergency Response Planning for State-Level Child Welfare Functions

MDHHS 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 MDHHS emergency management coordinator during a state-declared emergency or at the request of a local MDHHS 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.** MDHHS requires all MDHHS 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. The state plan should address widespread emergencies and the local plan should 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 MDHHS offices submit their emergency office procedures to their associated business service center (for MDHHS) or to Child Welfare Field Operations (for private agencies) for approval and to the MDHHS emergency management coordinator. MDHHS local offices review 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 MDHHS 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

MDHHS 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 or private agency that includes telephone numbers, addresses and alternate contact persons.

Local emergency plans are submitted to the business service center or to Child Welfare Field Operations and the MDHHS 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 DHHS 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 MDHHS 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 their business service center or 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 MDHHS Children's Protective Services (CPS) central intake 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. MDHHS central 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 (MDHHS).
- **Communication with DHHS caseworkers during emergencies.** Foster parents and MDHHS 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 MDHHS 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 DHHS 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 MDHHS 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 central 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 attempt to call their local office to report their status and receive information or instructions. If 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 MDHHS 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.

- MDHHS maintains essential records in the Services Worker Support System database and can access records statewide. MDHHS 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 MDHHS emergency management coordinator is responsible, under the direction of the Michigan governor and in coordination with the state MDHHS director, to mobilize and coordinate the statewide emergency response including sharing information with other states.
- The MDHHS Office of Communication will coordinate communication on the DHHS emergency response to the news media, MDHHS executive staff and human resources, persons served and the public.

Goal: MDHHS will implement the disaster plan described above in collaboration with the Field Operations Administration and the CPS and foster care program offices.

Status: MDHHS business service centers and Child Welfare Field Operations reviewed Michigan's Child Welfare Disaster Plan in 2015 and determined no changes were necessary. The protocols for the MDHHS Local Office Emergency Plan, Foster Care Emergency Plan and Local Office Emergency Contact List were distributed and implementation by business service centers or Child Welfare Field Operations is under way. A communication issuance was sent to the local MDHHS 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, DHHS will mobilize the Michigan Child Welfare Disaster Plan, as described above.

Status: Michigan was not affected by an emergency or disaster in 2014. The state did not make any changes to the child welfare disaster plan.

MDHHS TRAINING PLAN

Child Welfare Training Overview

The primary training audience continues to be public and private child welfare caseworkers, supervisors, and those in specialized and supportive positions.

Initial Training: Pre-Service Institute

Before providing services, public and private child welfare caseworkers must complete the nine-week pre-service institute (five weeks for child welfare certificate holders) within 16 weeks of hire or promotion. A new caseworker can be assigned a progressive caseload with the oversight of the field supervisor and mentor. Training office staff and the field supervisor collaborate to evaluate the knowledge and competency of each caseworker.

In March 2014, redesigned pre-service institute curriculum was implemented. The nine-week training combines four weeks of classroom training and five weeks of on-the-job training. The major focus of the redesign is to:

- Use on-the-job training weeks to read policy, complete online training, document casework in MiSACWIS, learn local procedures and get to know the community.
- Receive feedback and coaching on the application of MiTEAM case practice skills.
- Keep CPS, foster care and adoption caseworkers together for the majority of classroom training and emphasize the continuum of care.
- Assign cases to support caseworkers in applying new skills under the guidance of a mentor, oversight of the supervisor and support of child welfare specialty workers.
- Allow new caseworkers with a child welfare certificate from an endorsed Michigan university to complete the pre-service institute after five weeks of training.
- Provide for new caseworkers without a child welfare certificate to complete nine weeks of training, portions of which were developed in partnership with Michigan State University School of Social Work to provide a foundational knowledge of:
 - Child welfare history and social work values and ethics.
 - Child development and trauma-informed child welfare practice.
 - Basic family and court engagement, communication and documentation skills.

Program-Specific Transfer Training

When caseworkers who have completed pre-service institute in one program area are reassigned to another program, they must complete a two-week program-specific training within six months of hire or promotion. A re-design of program-specific transfer training was implemented in March 2014. Caseworkers now spend between three and six days in a classroom depending on the program they transfer to, and have the addition of on-the-job learning activities.

New Supervisor Institute

New child welfare supervisors must complete 40 hours of training within three months of hire or promotion. In addition, new MDHHS¹ supervisors must complete New Supervisor Institute training within six months of hire or promotion. These trainings are aligned to assure all new child welfare supervisors attend a single initial training that encompasses both management and program-specific skill development.

Ongoing Training

Child welfare caseworkers and those in supportive positions are required to complete a minimum of 32 ongoing training hours per fiscal year. Child welfare supervisors are required to complete a minimum of 16 ongoing training hours per year. In order to meet the ongoing training and development needs of the diverse child welfare population, the training office collaborates with many partners. Examples of this collaboration include:

- MiSACWIS project office and training contractors to deliver program and issue-specific MiSACWIS training.
- MiTEAM analysts, peer coaches, and the Center for the Support of Families provide coaching labs and technical assistance with implementation of MiTEAM.
- State Court Administrative Office, Prosecuting Attorney's Association of Michigan and the Wayne County Attorney General deliver training on child welfare legal matters.
- The seven Michigan universities with graduate social work programs provide access to trainings reflecting current trends and needs.

Other Child Welfare Staff

Training and program office staffs provide training for other child welfare supportive staff. Updates for these groups can be found throughout the full report. Some highlights include:

- **Protect MiFamily, Michigan's Title IV-E Waiver.** The training office was involved in providing "Strengthening Families Protective Factors" as part of the initial training to Protect MiFamily caseworkers at program implementation. In 2014 caseworkers attended domestic violence and substance-affected family training, facilitated by training office staff, as part of their ongoing training requirements.
- **Pathways to Potential** is a pilot program which places eligibility specialists or "success coaches" in schools with high truancy rates. A family with a child in that school and an active assistance case has their case transferred to the success coach to reduce barriers and make it easier for interaction between these children, families and the department. The training office provided training to Pathways coaches and supervisors in 2014 including "Strengthening Families Protective Factors" and "Wearing a Different Hat," which help coaches move to their new role focused on solutions for families.

¹ The Michigan Department of Human Services (DHS) merged with the Michigan Department of Community Health in April 2015, creating the Michigan Department of Health and Human Services (MDHHS). 'DHS' refers to the department prior to the merger; 'MDHHS' refers to the department after the merger.

Foster and Adoptive Parent Training

Office of Workforce Development and Training provides a four-day train-the-trainer course with experienced foster/adoptive/kinship caregivers as co-trainers using the “Foster and Adoptive Parents’ Resource for Information, Development and Education” (PRIDE) curriculum. MDHHS and private agency staff provide initial training for each prospective or licensed foster or adoptive parent in compliance with Michigan’s Licensing Rules for Foster Family Homes and Foster Family Group Homes for Children.

In addition to MDHHS and private agencies, ongoing training for foster and adoptive parents is provided by foster parent training coalitions, support groups, universities and a variety of other stakeholders. Current efforts are underway to:

- Evaluate the initial and ongoing training experiences of foster parents.
- Consider the unique needs of relative caregivers.
- Support caregivers in providing for the needs of traumatized children.
- Create a proposal for centralizing foster parent training coordination, delivery and tracking.

To ensure curriculum compliance and effectiveness, the training office is leading an evaluation effort to include feedback from the local MDHHS offices and private agency staff and the foster and adoptive parents they train. This feedback will be used to improve initial training and identify ongoing training needs.

Additional Training

In addition to training on MiSACWIS and MiTEAM highlights of other training include:

- Public Law 113-183, the Preventing Sex Trafficking and Strengthening Families Act.
 - Updates were made to Human Trafficking training to include content on identifying, documenting, and determining appropriate services for a child who is, or is at-risk of becoming, a sex trafficking victim.
 - Training will be provided to foster and adoptive parents on the reasonable and prudent parenting standard.
- The “Safety by Design” curriculum was developed in collaboration with the Office of Family Advocate and the CPS program office and classes were held to train local MiTEAM peer coaches to deliver this training.
- Safe sleep training was provided in collaboration with the Michigan Public Health Institute.
- The State Court Administrative Office “Working toward Wellness” annual conference included a session, “Parenting Time out of the Box,” which highlighted Cass County’s work to expand parenting time resources.
- DHS and Foster Care Review Board co-presented to court staff regarding parent/child relationships and the importance of visitation.
- Training addressed legal issues through Permanency Forums, Lawyer-Guardian ad Litem and Court Appointed Special Advocates training.

- Office of Children’s Ombudsmen findings led to updates to forensic interviewing and medical documentation training.
- Fatality reviews led to the creation of a webcast series for field staff and awareness of the role of domestic violence in child fatality cases.
- MiTEAM trauma-informed coaching labs were created.
- The Office of Workforce Development and Training staff attended workshops on cultural competence and understanding and analyzing systemic racism.
- In partnership with the Michigan Domestic and Sexual Violence Prevention and Treatment Board, the “MiTEAM Domestic Violence Enhancement” instructor-led training is in the planning stages for statewide rollout.

Family Preservation Services Training

Family preservation training staff trained and provided technical assistance to 237 Families First of Michigan, Family Reunification Program and Families Together Building Solutions private agency service providers. Family preservation training and technical assistance focuses on research-based service delivery using strength-based, solution-focused techniques. While family preservation initial training attendance is limited to staffs working in the specific programs, all child welfare staff are able to attend special topic trainings. This provides another avenue for workers to meet their annual training requirements and helps to develop shared skills across the continuum of care.

University-Based Continuing Education and Partnerships

In addition to university-led ongoing training, DHS and several Michigan university schools of social work collaborated to launch the child welfare certificate program. This program provides social work students exposure to Michigan child welfare policies and practices through coursework and field placements. Students graduating with a child welfare certificate from an endorsed university receive a valuable foundation of knowledge and experiences. Anticipated program outcomes include:

- Certificate holders create a population of potential caseworkers having knowledge and experience in the child welfare system, resulting in improved quality of services to Michigan children and families.
- Certificate holders attend a condensed version of the pre-service institute, allowing them to provide services to more families sooner after hire.
- Retention of qualified staff will increase because certificate holders have a job preview.
- Promotion of consistent curricula and child welfare internship experiences for students in schools of social work with endorsed child welfare certificate programs.

MDHHS continues to collaborate with seven Michigan graduate schools of social work to provide knowledge and skill-based ongoing training free of charge for public and private child welfare caseworkers and supervisors.

Title IV-E Partial Tuition Reimbursement

MDHHS has not reestablished a Partial Tuition Reimbursement program.

Continuing Education Units

In 2014, the Office of Workforce Development and Training offered continuing education units for the following classes:

- Crucial Accountability.
- Crucial Accountability –MITEAM Train-the-Trainer.
- Domestic Violence – Family Preservation.
- Substance Affected Families – Family Preservation.
- Mental Health – Family Preservation.
- Self-Awareness – Family Preservation.
- Forensic Interviewing.
- Medical Findings of Child Abuse and Neglect.
- Medical Mental Health Issues in the Child Welfare System.
- Medical/Mental Health-Attachment: Theory and Practice.
- Critical Thinking in Child Welfare.
- PRIDE.
- Indian Child Welfare Act
- Secondary Trauma

Leadership Development

The training office leadership development team provides training and support services. Some members of this team have been trained in Human Performance Improvement. During 2014:

- Performance consultation was conducted with three MDHHS local offices to identify and address root causes for presenting issues. The county director was supported in the development and implementation of a performance improvement plan.
- Forty-four MDHHS first and second line managers participated in management development webinars to enhance skills in coaching, building trust, team-building and effective communication.
- Four hundred MDHHS frontline staff enrolled in the Emerging Leader program.

Collaboration

Collaboration is critical to providing effective child welfare services. Office of Workforce Development and Training staff participate in various committees to assure consistency in addressing the training and development needs of child welfare professionals and foster and adoptive families. Following are some highlights from 2014 collaborative efforts:

- The Training Council is a collaboration of public and private agencies, universities and other stakeholders that reviews curricula and course content and makes recommendations for improvement. This group assures that training needs are met for the MITEAM enhancement and continuous quality improvement, as well as assuring modified settlement agreement and child welfare reform goals are met.

- The Michigan Association of Baccalaureate Social Work Educators' provides clarification and communication for internship placements and implementation of the child welfare certificate program.
- The MiSACWIS project, contractors and many other MDHHS staff collaborate to develop training for the field to support successful MiSACWIS implementation.
- Tribal-State Partnership provides collaboration with tribes to enhance training related to the Indian Child Welfare Act and the Michigan Indian Family Preservation Act.
- Collaboration with the State Court Administrative Office, the Michigan Attorney General's Office and the Prosecuting Attorneys Association of Michigan results in training on the model child abuse investigation protocol, forensic interviewing and provides for consistent messaging to court personnel and public and private caseworkers and supervisors on child welfare legal matters.
- New and expanding partnerships will result in training for relative caregivers, foster and adoptive parents who provide safety, nurturance, and permanency for children.

Training evaluation

The Office of Workforce Development and Training continues to create standard processes for:

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

The training office administers a level one evaluation for 100 percent of the training offered. Level one evaluations include standard questions that allow for comparison of results across programs. A summary of level one evaluation data is included in this report. In 2015, a new level one evaluation process was implemented.

- Evaluations for instructor-led training are sent via email within one business day.
- Trainees have five business days to complete the evaluation.
- Summary results are posted for trainer and training manager to review within five to eight business days.
- Evaluations for computer-based training are emailed to the trainee upon completion. Training managers review summary results every six months.

The evaluation team is currently working on standardized level two and three evaluation programs for initial training. Additional training evaluation activity occurs through trainer field visits. Between April and September 2014, training office staff made 154 visits to local MDHHS offices and private agencies for:

- Assessing training needs.
- Evaluating training effectiveness.
- Improving customer service.

In January 2015, a new learning management system contract was executed. The new system will allow for increased access to data reports, automated evaluation administration and a user friendly interface for child welfare professionals to locate required and optional training.