

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.