



Department of Human Services

State of Michigan

**Child Abuse Prevention and Treatment Act State Plan
Annual Update**

2014

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*Note: The DHS response to the Citizen Review Panel Annual Report will be submitted when it is completed later in 2014.

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 2014 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 2013, the Department of Human Services (DHS) continued significant child welfare reform efforts. These include the renegotiation and modification of the settlement agreement DHS entered into with Children’s Rights, Inc. Changes resulting from the modified settlement agreement are described in subsequent sections of this update.

Goal: DHS negotiated the percentage of improvement for the Child and Family Services Review safety outcomes during development of the program improvement plan. Michigan uses the 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	2009	2010	2011	2012	2013
Number of complaints received	124,716	117,315	121,405	127,106	141,338	148,392
Percent of complaints accepted for investigation	60%	64%	65%	65%	65 %	59%
Percent of investigations resulting in substantiation of abuse or neglect	23%	26%	27%	26%	27%	26%
Absence of maltreatment within 6 months	92.9%	93.3%	91.7%	91.4%	91 %	
Absence of maltreatment within 12 months	88.93%	88.63%	86.43%	85.93		
Absence of child abuse and/or neglect in foster care	99.62%	99.29%	99.08%	98.97%	99.19%	

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, 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 Michigan Department of Community Health provides child death information to DHS. 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, collects records of confirmed abuse resulting in near-fatalities. DHS incorporates this information into the annual Michigan Child Death report for public disclosure.

The Michigan Child Death report is compiled 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://michigan.gov/documents/dhs/CD2011_MPHI_CPfinal_Print_km_2_413237_7.pdf.

Goal: Michigan will continue to utilize all sources of child fatality data when investigating and confirming child maltreatment.

Status: The National Child Abuse and Neglect Data System reporting data 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 Field Operations Administration to evaluate centralized intake.
- To monitor the centralized intake process and provide for administrative support.
- To collaborate with the DHS Field Operations Administration 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, DHS 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 24 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 was 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 DHS field staff is ongoing, as disputed complaints are discussed each day.

DHS Intake Policy

DHS 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.

DHS Birth Match Process

The DHS birth match process matches childbirths to a list of parents whose parental rights were terminated in Michigan because of neglect or abuse. It allows DHS to identify cases that may require a court petition documenting the likelihood of threatened harm based on previous termination of parental rights or a history of severe physical abuse. The process results in an investigation and assessment of risk to the infant.

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.

DHS 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 DHS 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 2013, the CPS program office reviewed and responded to over 3,549 central registry requests.

In 2013, CPS program office initiated a change in policy to address after-hours placements in unlicensed out-of-home care. This change requires CPS workers to contact DHS centralized intake to receive central registry and criminal history background checks.

Section 106(a) 2. Creating and improving the use of multidisciplinary teams and interagency protocols to enhance investigations and improve legal preparation and representation.

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

Status: DHS works with the Child Welfare Training Institute, Prosecuting Attorneys Association of Michigan and State Court Administrative Office to train public and private child welfare staff to use investigative protocols. To improve practice, DHS utilizes the following:

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

Goal. To coordinate handling of child abuse and neglect cases between DHS, law enforcement and prosecuting attorneys, the Governor's Task Force on Children's Justice created "A Model Child Abuse Protocol: A Coordinated Investigative Team Approach" in 1993. The task force began this protocol in December 2011. (Children's Justice Act grant funded via the Governor's Task Force).

Status: The new protocol, titled "A Model Child Abuse and Neglect Protocol with an Approach Using a Coordinated Investigative Team," was released in 2013. The protocol was made available to child welfare staff and community partners. A link to all of the protocols can be accessed on the Governor's Task Force web-site at:

http://www.michigan.gov/dhs/0,4562,7-124-7119_50648_66367-77800--,00.html

- **Forensic Interviewing Protocol**

Goal: DHS will assist investigative professionals to use best practices when interviewing children. DHS and Central Michigan University developed the forensic interviewing protocol to conduct an interview with a child in a developmentally sensitive, unbiased and truth-seeking manner that supports accurate and fair decision-making. The protocol is used with the Model Child Abuse Protocol and is trained in law enforcement and child welfare related disciplines.

Status: The task force regularly evaluates the protocol and updates it when necessary.

- **Medical Child Abuse: A Collaborative Approach to Investigation, Assessment and Treatment**

Goal: To address risk in families that includes complex medical and psychological issues. The task force 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 is seen as a much-needed change to the protocol, which places the focus of the investigation on the abuse inflicted on the child, instead of on the potential mental health concerns surrounding the alleged perpetrator.

Status: The revised document was completed in 2013. (Children’s Justice Act grant funded via the Governor’s Task Force).

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

Goal: To establish a procedure for locating all parents of children involved in the child welfare system, the Governor’s Task Force developed the Absent Parent Protocol to assist in identifying and locating absent parents.

Status: The protocol is covered in DHS training and is standard practice in cases when out-of-home placement is considered. (Children’s Justice Act grant funded via the Governor’s Task Force).

Goal: Where specific activities are not noted above for the protocols, DHS will address barriers to the effective use of investigative protocols and provide training and technical assistance where needed in the field.

Status: Ongoing.

Child Injury and Death Coordinated and Comprehensive Investigation Resource Protocol

Goal: DHS will ensure coordinated investigation in child maltreatment cases that resulted in a child death and minimize additional trauma to child victims during the investigation. The Governor’s Task Force developed the Child Injury and Death Coordinated and Comprehensive Investigation Resource Protocol, compiling existing child abuse and neglect protocols and the Sudden and Unexplained Child Death Scene Investigation Form that will:

- Provide information and guidelines to responders from law enforcement, CPS workers, prosecutors and others.
- Teach successful coordinated investigation methods of child maltreatment cases. (Children’s Justice Act grant funded via the Governor’s Task Force).

Status: The task force will evaluate the protocol and update it when necessary.

Methamphetamine Protocol

Goal: DHS will address the immediate health and safety needs of children exposed to methamphetamine lab settings, establish best practices and provide guidelines for coordinated efforts between DHS workers, law enforcement and medical services. A multi-disciplinary work group developed the Methamphetamine Protocol.

Status: The CPS program office, Child Welfare Training Institute and other partners meet quarterly with the Michigan State Police to remain up-to-date with current knowledge and professional practice. As the protocols are modified, DHS will continue to provide training and technical assistance to staff. The protocols and additional CPS publications can be found here: http://www.michigan.gov/dhs/0,1607,7-124-5458_7699---,00.html.

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

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

In collaboration with the Governor's Task Force, DHS provided an array of training and resources to address child welfare legal issues. The Governor's Task Force developed an interagency agreement with the State Court Administrative Office to train child welfare professionals via the printing, distribution and implementation of protocols, resource guides, practice manuals and other materials. Some of the specialized trainings and web-casts that took place in 2013 were:

- "Advanced Appellate Training" taught skills to improve appellate advocacy.
- "Best Interest Recommendations: A Lawyer-Guardian Ad Litem's Roadmap for How to Get There" was provided to increase understanding and awareness of best interest recommendations.
- "From Hearings to Hearsay" for child welfare professionals focused on how to handle cases using best practice standards.
- "Developmentally Appropriate Strategies to Improve Child Well-Being in Abuse/Neglect Cases" assisted participants to recognize developmental needs of children.
- "Advanced Child Development for Child Welfare Professionals" provided an in-depth understanding of developmental needs, milestones and considerations for children involved in the child welfare system.
- "The Impact of Parental Incarceration on Children in the Child Welfare System" provided skills and tools to respond to the needs of children affected by parental incarceration.
- "Testifying in Court for Non-Lawyers" addressed preparation for court and how to improve courtroom performance.
- "Combating Passion Fatigue: Brain and Body Wellness for Caregivers" assisted participants to recognize and effectively cope with secondary trauma.
- "Communication, Collaboration, and Consistency: Comprehensive Solutions for Addressing the Barriers in Child Welfare" on improving services to families involved in the child welfare system.
- "Working with Homeless Clients: A Practical Guide for Child Welfare Attorneys and Social Workers who Have Homeless Clients" webinar was provided to increase awareness among professionals of the barriers homeless clients face.

The State Court Administrative Office provides up-to-date resources on child abuse and neglect. Texts from this reporting period were the "Parent Attorney Protocol (Revised)" and the "Case Flow Management Tool."

All trainings and resources 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: DHS will improve case management and services by decreasing the number of children in out-of-home placement and enhancing the role of parents and families throughout the case planning process. DHS is using the following strategies:

- CPS program office revised policy to require additional supervisory oversight for all complaint investigations including cases involving children in out-of-home placement. In December 2011, policy was modified to require a minimum of monthly case consultations between CPS workers and supervisors.
- In 2013, CPS program office modified policy to allow category III cases to be opened and closed without a period of monitoring. Prior to case closure the worker must:
 - Hold a family team meeting to address all safety concerns.
 - Complete thorough assessments of safety, risk and the needs and strengths of the children and families.
 - Ensure that the family indicates willingness, through safety planning and the creation of a Services Agreement, to address any immediate concerns and reduce the likelihood of repeat maltreatment
 - Convey to the family that unwillingness to accept services within a period prescribed by CPS policy (90 days) will be a factor considered if further allegations of abuse or neglect are received.
- Differential response: CPS investigative protocols. DHS does not utilize an alternative response/differential response protocol; however, CPS investigative staff is trained in the utilization of tools and protocols that guide critical safety decisions. These research-based tools and protocols were developed to address issues that emerged in Michigan. Based upon the circumstances of each case, a range of case responses may result, from referral for services to immediate removal.

In response to a 2012 legislative request, CPS program office created a work group to assess the possibility of incorporating differential response into CPS investigative practice. The work group conducted a review of research to determine the impact of dual track response in addressing issues of racial disparity and out-of-home placement rates for minorities compared to non-minorities. The review looked for evidence whether dual track responses result in improved safety and well-being of minority children. The work group concluded that:

- Dual track response leads to an increase in family satisfaction and possible long-term stability for families.
- DHS uses a number of programs to meet the needs of families at risk of abuse and neglect. Those programs include prevention services, wraparound services, Families Together Building Solutions and Pathways to Potential.
- In 2014, the Title IV-E Waiver Demonstration Project known as Protect MiFamily will provide services to families at high or intensive risk for maltreatment. The waiver includes evaluation to assess outcomes and service efficacy.

- Family Team Meetings - Michigan developed the MiTEAM case management model to integrate engagement, assessment, mentoring and family team meetings, all crucial components of a family-centered, strength-based and team-guided process. In 2013, this protocol was completed and referenced in CPS and foster care policy.

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 two county pilot in September 2009. Training, technical assistance and support were provided to the counties.

Status: In 2013, the department began an effort to focus on the MiTEAM practice within a number of identified “champion counties.” These counties are provided with additional guidance and support for the implementation of MiTEAM, helping ensure model fidelity and assisting with a robust rollout statewide.

The CPS program office updates policy each year to improve case management and enhance child safety. Significant policy changes in 2013 include:

- For placements occurring after hours, workers must make verification through their local county resource or contact centralized intake.
 - Assessments of child safety and background checks must occur for all non-licensed relative homes prior to any out-of-home placement.
 - Centralized intake assists with completion of a central registry and criminal history check for all members of a household. If a household member is listed on the central registry, placement is prohibited.
- Placement is prohibited if any adult member of the household is convicted of a good moral character offense.
- If the court or referee refuses to authorize or dismisses the petition, with or without warning and regardless of the basis for dismissal, the Office of Children’s Legal Services must be notified immediately to determine whether the court’s decision should be appealed or other additional steps are required.
- During a CPS investigation and an ongoing CPS case involving a child 12 months old or younger, CPS must:
 - Conduct a home visit to observe the infant’s sleep environment and record the observation in the narrative of the CPS Investigative Report. The documentation should address whether:
 - The infant is sleeping alone.
 - If the infant has a bed, bassinet or portable crib.

- If there is anything in the infant's bed.
 - If the mattress is firm with tight-fitting sheets.
- Inform the parents of safe sleep and the dangers of not providing a safe sleep environment. When discussing this with the parents, the worker should:
 - Utilize established safe sleep educational materials.
 - Educate the family on how to provide a safe-sleep environment for the child.
- If the infant is not provided with a safe sleeping environment, the worker will attempt to assist the family in obtaining one. DHS may utilize community resources and family supports to secure a safe sleep environment.
- Clarification that workers are expected to assess safety continually, even if a situation does not rise to the level of one of the key decision points that require a formal safety assessment. Workers must, throughout every intervention, be observant, ask questions and be aware of any possible safety concerns.
- CPS must provide the child's parent/caregiver a copy of A Parent's Guide to Working with Children's Protective Services (DHS Pub-137).

Goal: DHS revises policy throughout the year to incorporate updated legislation or programming and provide staff with direction to carry out responsibilities effectively. The CPS program office and Field Operations Administration determine the actions necessary to improve the performance of staff on Child and Family Services Review safety measures.

Status: DHS will modify CPS policy in accordance with changes to the Child Protection Law and enhance outcomes related to the modified settlement agreement and Child and Family Services Review goals.

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

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

- The department has begun an executive level focus on child safety initiatives. An Executive Safety Committee was developed and meets monthly to address and guide safety initiatives. The following initiatives received committee support:
 - Safety assessment and planning trainings.
 - Safe sleep initiatives.
 - Signs of Safety pilots in multiple counties.
 - OK2Say, an anti-bullying initiative that focuses on safety concerns in public schools.
 - Suicide prevention initiatives.
- DHS reviewed and modified the Medical Child Abuse and the Model Child Abuse protocols. These changes were completed and the protocols were provided to the field.
- DHS modified safety assessment tools and practices. In 2012, CPS policy was modified to require that workers conduct safety assessments following every contact with children. If safety factors are identified, a safety plan is required, developed with the family.

- Caseworker visit tools and the CPS supervisory tool were finalized. Use of the tools is encouraged to ensure safety assessments lead to improvement in the quality of family engagement.
- CPS program office developed safety assessment and planning training that was provided to county offices statewide. The safety training teaches workers how to develop safety plans and how to utilize the Protective Factors in safety planning.
- This training was provided to over a dozen county offices, providing training to hundreds of child welfare staff. This training will:
 - Be provided to staff in each of the business service centers, with a goal to reach all supervisors and staff throughout the state.
 - Be provided to private contract agencies, with a focus on safety assessment and planning for foster care staff.
 - Be provided through podcasts, focusing on cases when better safety assessment planning and training may have resulted in better outcomes for families.
 - Include development of a safety assessment and planning web-page, for helpful safety assessment and planning tools.
- In 2012, DHS provided training on policy at multiple sessions offered by the State Court Administrative Office and during the New Supervisor Institute.
- In 2013, working with the Casey Family Foundation, the department expanded its use of the Signs of Safety program. Signs of Safety is an enhanced approach to assessing and addressing child and family safety. In 2011, Saginaw County began using Signs of Safety. In 2013, Calhoun and Wayne County began pilots and in 2014, the department will expand into another county.

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. Category III data was reviewed and it was determined that the policy will be changed to allow a case to be opened and closed without a period of monitoring. A family team meeting is required prior to case closing.

Status: Development of the reports is underway and requirements meetings are taking place. The reports will be published in the DHS Infoview System and county managers will be trained on how to use the reports.

Goal: DHS will continue to improve CPS investigative tools.

Status: CPS program office collaborated with the Michigan State Police, the Office of the Family Advocate and the Child Welfare Training Institute to develop a field guide for CPS workers. DHS will update the field guide to incorporate policy changes.

Section 106(a) 6. Developing, strengthening and facilitating training, including research-based strategies to promote collaboration, the legal duties of such individuals and personal safety training for caseworkers.

Goal: DHS will provide training statewide in collaboration with stakeholders.

Status: DHS will continue to plan and provide trainings and conferences for child welfare professionals, including:

- Michigan's annual Child Abuse and Neglect Prevention Conference.
- Yearly summit conferences on current issues in the investigation and judicial handling of child abuse, neglect and sexual abuse cases for legislators and other policy makers.
- 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.

CPS Workforce Enhancement

For 2014, there are 1,421 CPS workers allocated. Approval was received to fill existing vacancies for child welfare services specialists. DHS continues to collaborate with Michigan State University and other schools of social work and the Department of Civil Service to identify and hire qualified candidates and develop aggressive internship programs.

In 2013, DHS launched the Child Welfare Certificate Program through a partnership with the Michigan schools of social work. The program promotes consistent curriculum and child welfare internship experiences for students in schools of social work with endorsed child welfare certificate programs. Students participating in the Child Welfare Certificate Program complete 60 social work credit hours in child welfare related course work, including at least one core course specific to child welfare practice and at least one course in child development. In addition, students participate in a 400-hour internship in a CPS, foster care or adoption program at DHS, a private child-placing agency or a tribal partnership. During their internship, students must participate in specific activities that will assist them in beginning to develop the competencies desired for a child welfare worker in Michigan.

When students who have received university child welfare certification are hired into child welfare, they are able to attend a condensed version of the pre-service institute. Twelve universities were endorsed for Michigan's Child Welfare Certificate Program in 2013.

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 allow for added benefits for managers.

DHS completed the update in curriculum for the CPS Pre-Service Institute. DHS will ensure that the content is relevant, up-to-date and effective in preparing new workers. Alternative delivery methods for the knowledge-based segments of the training continue to be 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 2014, CPS will take the following steps to enhance mandated reporter training:

- Coordination with the DHS Office of Communication to develop and distribute an online video training for mandated reporters.
- Finalization of a mandated reporter training that will be provided statewide.
- Development of a list of staff in each county to provide mandated reporter training.
- Provision of an online training video to assist the public understanding of reporting child abuse and neglect. This training will provide a general guideline for how to report abuse and neglect, the resources available and the responsibility of mandated reporters to make referrals to CPS.
- Provision of online training for specific types of mandated reporters and exploring whether reporters may obtain continuing education credits for the training.

Beginning in 2013, 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 with questions or concerns about complaints, 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 work toward addressing the mandated reporter's concerns.

Other DHS activities regarding mandated reporters include:

- Distribution of the Mandated Reporter's Resource Guide and maintaining the web-site.
- In 2013, CPS program office updated the Mandated Reporter Resource guide.
- Working with the Children's Trust Fund to provide prevention councils with training material and the ability to incorporate mandated reporter education as part of Child Abuse Prevention and Awareness Month.
- Guidance regarding mandated reporting and training, as requested.
- In 2013, DHS provided training to hospitals and health departments throughout the state.
- Mandated reporter trainings were provided at conferences for the Central Districts Dental Hygienist's Society, the Michigan Association of Code Enforcement Officers and the Women, Infants and Children of Michigan.

The DHS mandated reporter web-site is located here: www.michigan.gov/mandatedreporter.

Section 106(a) 9. Developing, implementing or operating programs to assist in obtaining or coordinating necessary services for families of disabled infants with life-threatening conditions.

Goal: DHS will provide the necessary medical services to infants at risk of disability or life-threatening conditions. DHS will continue chairing the Medical Advisory Committee and the Medical Resources Services contract. The Medical Advisory Committee reviews policies and make recommendations on how DHS can meet the medical needs of children. The committee provides a bi-monthly forum to discuss medical issues pertaining to child abuse and neglect.

Topics of past meetings include:

- CPS policy.
- Child malnourishment.
- Child obesity.
- Drug-exposed infants.
- The use of psychotropic medication.

The committee convenes an annual conference on abuse and neglect to educate medical professionals and facilitate discussion on issues related to abuse and neglect.

Status: In 2012, the Medical Advisory Committee worked with DHS to require second opinions in situations in which:

- Medical findings are in conflict with other evidence, including statements made by the child or witnesses.
- Injuries are found on a child who is not mobile.
- Bruising to a child in uncommon locations, such as the abdomen, ears, neck, and away from any bony prominences or protuberances.
- Burns on children under 3 years.

Medical Resource Services

Goal: DHS will provide coordinated medical consultation to help staff address health issues effectively.

Status: DHS addresses medical and health issues through a contract with the Child Protection Team at DeVos Children’s Hospital and the University of Michigan Child Protection Team. The Medical Resource Services contract provides:

- A hotline for caseworkers and physicians who need verbal or written consultation on cases involving medical issues. A physician is always on call for direct consultation.
- A statewide medical provider network for local and regional medical resources.

Early On

CAPTA requires all child victims, ages birth to 36 months in substantiated cases of categories 1 or 2, to be referred to a Part C funded early intervention service, known in Michigan as *Early On*. *Early On* assists families with infants and toddlers from birth to 36 months that display developmental delays or have a diagnosed disability.

Goals: DHS will improve the CPS referral process to facilitate the provision of specialized services to children birth to 36 months and focus on increasing awareness *Early On* services to CPS workers and DHS clients.

Status: DHS continues to focus on enhancing developmental information provided by CPS workers about *Early On* to ensure appropriate services are provided to the child. In 2013, DHS referred 5,701 children to *Early On*. Of these:

- The number of drug-exposed infants was 1,854 (33 percent).
- The number of infants less than 1 year old at referral was 2,904 (51 percent).

In 2014, DHS will focus on the following projects related to *Early On*:

- Provide online training on the use of the new referral process.
- Establish an internal web-site for caseworkers to learn more about *Early On* and CAPTA requirements and receive training and updates.
- Continue to work with agency *Early On* partners to remain abreast of ongoing projects and policy changes.
- Develop a new brochure for DHS workers to give to clients referred to *Early On*.
- Update policy on referral to *Early On*.
- Establish a joint agency protocol.
- Establish web-site for interested families or DHS participating clients interested in *Early On* or those referred by a worker.
- Continue to identify programs within DHS 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: DHS will educate the public on the roles and responsibilities of the child protection system. CPS program office has contact with county office staff and the public daily, providing technical assistance with data systems and policy.

Status: DHS provides training through contracts with the Prosecuting Attorneys Association of Michigan to educate mandated reporters of their responsibilities to report suspected abuse and neglect as required under Michigan's Child Protection Law. CPS program office will provide technical assistance to the field, professional groups and the public on the role of CPS.

DHS activities to assist mandated reporters includes training and education on how the public may report suspected child abuse and neglect. These activities include:

- Coordination with the DHS Office of Communication to develop and publicize online video training for mandated reporters.
- Finalization of a mandated reporter training that will be provided statewide.
- Development of a list of staff in each county to provide mandated reporter training.
- Providing an online training video to assist the public understanding of reporting child abuse and neglect. This training will provide a general guideline for how to report abuse and neglect, the resources available to the public and the responsibility of mandated reporters to make these referrals when abuse or neglect is suspected.

Section 106(a) 11. Developing and enhancing the capacity of community-based programs to integrate shared leadership strategies between parents and professionals to prevent and treat child abuse and neglect at the neighborhood level.

Goal: DHS will work collaboratively with state and local stakeholders to ensure community involvement with integrated prevention and treatment efforts.

Status: DHS works with the Citizen Review Panel on Children’s Protective Services, Foster Care and Adoption and the CPS Advisory Committee to improve CPS policy. DHS will implement policy revisions throughout the year, incorporating new programs, initiatives or trends, providing staff with direction to carry out their responsibilities effectively.

In October 2013, Wayne County DHS conducted a safety forum co-sponsored by the Casey Foundation and the Skillman Foundation. The forum brought together community partners, prosecutors and families to discuss child safety. The goal is to educate the community on the shared responsibility for child safety. Community resources will assist in the identification and prevention of child abuse, accessing mental health services and creating centers for families to receive services in one location.

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. DHS’ response to the 2013 report is in the approval process and will be forwarded once it has been finalized.

Goal: To determine a means by which DHS, in collaboration with the Safe Sleep Statewide Advisory Committee, may influence a change in public attitudes and actions that will prevent infant sleep deaths.

Status: In response to a recommendation from the Office of 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. DHS will update CPS policy as necessary based on review of cases and available data.

Citizen Review Panel on Child Fatalities

The Michigan Child Death State Advisory Team serves as the Citizen Review Panel for Child Fatalities. The panel is comprised of DHS, 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 grant with the Michigan Public Health Institute, which houses the Michigan Child Death Review Program. Please see CAPTA State Plan Attachment C: 2013 Combined Citizen Review Panel Annual Report.

Child Maltreatment Deaths

DHS has a contract with the Michigan Public Health Institute to manage the Child Death Review program. Institute staff attends local Child Death Review meetings to provide technical assistance and encourage prevention efforts. Staff assists teams with case identification, research on causes of death, county and cause-specific data analysis and other types of technical assistance and support. The institute provides training for team members and statewide training on child death procedures. Annual regional meetings of local Child Death Review teams are held throughout the state.

The state Child Death Review program has relationships with numerous organizations throughout the state to promote child health and safety, including DHS. The program has led to the implementation of innovative strategies to protect children and prevent deaths. Michigan Public Health Institute staff manages the Fetal Infant Mortality Review Program funded by the Department of Community Health. In 2009 and 2010, the Fetal Infant Mortality Review Program conducted intensive reviews of infant deaths in 14 Michigan communities.

Michigan Child Death State Advisory Committee

The committee reviews findings and data from local Child Death Review teams to make recommendations for policy and statute changes and guide statewide education and training to prevent child deaths. The committee writes an annual report, a compilation of all the reviews of child deaths in Michigan, and disseminates it to stakeholders. The report outlines recommendations on policy, legislation and procedures to reduce the number of preventable deaths. Sleep-related fatalities, fetal drug exposure resulting in death and violence are areas critical for future study. The project coordinator of the National Citizen Review Panels has recognized this team as the model for other states' citizen review panels.

Goal: DHS will increase public awareness of the dangers of placing infants to sleep in an unsafe sleep environment. DHS will continue to attend meetings of the Statewide Safe Sleep Advisory Committee, a multi-agency collaborative group that advocates for education of the public on this issue. The Citizen Review Panel and the foster care fatality reviews completed by the DHS Office of the Family Advocate have resulted in recommendations for changes in DHS policy and procedures. DHS is improving the quality of CPS investigations through initiatives including:

- **CPS Child Death Alert and Report.** This new software enhancement collects child death information and notifies key DHS personnel. The information collected at intake and at disposition of an investigation is stored in a secure database that promotes consistency and accuracy of data collection.
- **Foster Care, Adoption and Juvenile Justice Child Death Alert and Report.** Programming has started to help DHS collect accurate death information for children under the care

and supervision of DHS. The information collected prior to case closure will be stored in a secure database.

Status: Ongoing.

Goal: DHS will work to prevent sudden unexpected infant death through public education.

Status: DHS continues to educate families on the risk of Sudden Unexpected Infant Death Syndrome through the local DHS offices. DHS sponsored a safe child/safe sleep campaign for the prevention of child deaths. Identified risk factors in child deaths include:

- Lack of smoke detectors.
- Poor prenatal care.
- Drug or alcohol use during pregnancy.
- Unsafe sleep environments.
- Poor supervision.
- Inappropriate selection of babysitters.

The DHS prevention campaign educates customers on home safety, shaken baby syndrome and creating safe sleep environments for children. The local offices have brochures, videos and resources available to clients and providers. DHS distributed Safe Sleep Kits statewide that include posters, brochures, toy cribs and dolls, reminder door hangers, and an informational DVD. DHS also provides a web-site for ongoing education. The web-site includes a video with testimonials from parents who have lost a child due to unsafe sleep. The CPS Infant Safe Sleep web-site can be found here: www.michigan.gov/safesleep.

CPS program office will continue its coordination with the Department of Community Health, Department of Education, numerous community providers and the state Child Death Review Team to create and maintain a statewide plan to provide the video to the public in a variety of settings, including:

- Health care settings.
- Public health offices.
- DHS county offices.

On May 14, 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 to parents readily understandable information and educational and instructional materials regarding infant safe sleep practices.

DHS modified CPS policy to require that investigators discuss the dangers of unsafe sleep with parents of any child under 12 months. Workers are required to address with the parent whether:

- The infant 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 DHS funds to assist the family in creating this safe sleep environment.

Each year, Michigan reports deaths attributed to unsafe sleep environments to the Centers for Disease Control. Obtaining accurate numbers of these types of deaths can be a lengthy process, and is dependent on assessments by medical examiners and reviews by local child death review teams. In March 2014, the final numbers of infant deaths occurring in 2012 due to unsafe sleep environments were reported to the Centers for Disease Control. The number of preventable deaths (132) appears to be the first reduction in these types of deaths in many years.

Child Death Investigation Training

Training on child death investigations, uniform definitions, new protocols and prevention is offered annually to CPS staff, medical examiners, law enforcement and other professionals. In 2013, the training was held in May. (Child Abuse Prevention and Treatment Act funded).

Goal: DHS will contract with the Michigan Public Health Institute to refine the death review process, develop DHS policy and CPS investigative protocols changes to prevent harm to children and ensure the child death annual report is completed each year.

Status: Ongoing.

Citizen Review Panel for Prevention

Since 1999, the Children's Trust Fund has administered the Citizen Review Panel for Prevention. The purpose of that panel is to improve and develop prevention services within the DHS. The Children's Trust Fund works to promote the health, safety and well-being of Michigan's children and families by funding community-based abuse prevention programs.

Section 106 (a) 12. Supporting and enhancing interagency collaboration between the child protection system and the juvenile justice system for improved delivery of services and treatment.

Goal: DHS will improve the collaborative delivery of service and treatment between the child protection and juvenile justice systems.

Status: DHS Juvenile 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 DHS Juvenile 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

DHS published policy on case management of dual wards (FOM 722-6D). The policy requires early identification of “crossover” youth and coordination of services and planning for the youth with other programs including CPS and foster care. Following this, Wayne County published that policy to address these issues. DHS is collaborating with Casey Family Programs to support a local office and court pilot of the Georgetown University Center for Juvenile Justice Reform Crossover Youth Practice Model. The DHS Bureau of Child Welfare Funding and Juvenile Programs is reviewing the potential benefit of adding a section requiring the juvenile justice service plan to include an analysis of previous or current child welfare history with the youth and their family and its impact on the youth’s behavior.

Goal: DHS will improve data collection to assess the targeting of services to crossover youth.

Status: The Data Management Unit is working with the Department of Technology, Management and Budget on the integration of juvenile justice data into a single repository to facilitate integration of juvenile justice and child welfare reports. This will assist identification of crossover youth.

DHS Juvenile Programs worked with the Data Management Unit to incorporate juvenile justice data into monthly reports on child welfare populations. The reports now include the state facility populations, a breakdown of the juvenile justice population by legal status, and the population of dual wards. Efforts continue to improve data collection and analysis by working with the Department of Technology, Management and Budget to integrate juvenile justice data into a single repository.

Goal: DHS will improve services to youth aging out of the juvenile justice system.

Status: The Health, Education and Youth unit is collaborating with Juvenile Programs to secure funds for youth aging out of the juvenile justice system. The bureau submitted a grant for funding to provide re-entry services to youth after residential treatment.

Status: DHS 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 DHS to process requests for funding.

Plan for 2013: Planning is ongoing for the enhancement of programs and services for young adults including:

- The Young Adult Voluntary Foster Care program to allow participation of eligible juvenile justice youth.
- Enhancing re-entry services to disabled youth who can work or be rehabilitated to ensure supports are available to help them return to the community.

- Streamlining applications for Social Security and State Disability Assistance for disabled youth returning to the community from residential placement.
- Enhancement of DHS' web-site to include information for juvenile justice youth on services such as the Tuition Incentive Program, Education and Training Vouchers, Youth in Transition funding and information on expunging delinquency record.

Section 106(a) 13. Supporting and enhancing collaboration among public health agencies, the child protection system and private community-based programs to provide child abuse and neglect prevention and treatment services.

Goal: In 2012, the Fatherhood Initiative, a group within the Collaboration, Coordination and Problem-Solving committee of the Governor's Task Force, 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 will promote positive outcomes for abused and neglected children through communication with legislators and policy makers at all levels and by identifying supportive partners in the legislature.

Status: Ongoing.

Section 106(a) 14. Developing and implementing procedures for collaboration among CPS, domestic violence services and other agencies in investigations, interventions, and the delivery of services and treatment provided to children and families and the provision of services that assist children exposed to domestic violence and the caregiving role of their non-abusing parents.

The goal for CPS is that in every investigation, domestic violence should be evaluated. 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.

In 2012, DHS began working with the Michigan Domestic and Sexual Violence Prevention and Treatment Board to enhance CPS investigations when allegations of domestic violence are made or when a history of domestic violence is discovered. Research shows that domestic violence is present in over half of all CPS investigations, and in open CPS services cases, it increases to over 70 percent. In 2013, the department continued this collaboration by meeting with a nationally recognized expert on domestic violence, David Mandel, and discussing the Safe and Together model and how this program could work within the department's child welfare system.

In 2013, DHS was part of a panel at the annual State Court Administrative Office conference to address domestic violence. In 2014, the department's efforts to enhance how workers assess and address domestic violence during child welfare cases are being explored with the board

with the possible evaluation of how the Safe and Together model could be integrated into Michigan's existing child welfare programs.

Describe the steps the State agency will take to expand and strengthen the range of existing services and develop and implement services to improve child outcomes. Explain planned activities, new strategies for improvement, and the method(s) to measure progress under CAPTA Section 106(b)2.

Goal: DHS collaborates with Michigan State University to develop mandated reporting guides for school personnel, physicians and pediatricians. DHS continues to:

- Update the web-site for mandated reporters.
- Educate the public on the role and responsibilities of the child protection system and the basis for reporting suspected incidents of child abuse and neglect. Examples of the activities that will continue are:
 - Contract with the Prosecuting Attorneys Association of Michigan to provide mandated reporter trainings around the state (Temporary Assistance for Needy Families funded).
 - Support local DHS offices to train school, medical, law enforcement and other personnel in their communities (CAPTA funded).
 - Distribute the Mandated Reporter Guide, as needed (CAPTA funded).
 - Provide training as requested. Each local DHS office has staff available to do mandated reporter presentations (CAPTA funded).
 - Work with the Children's Trust Fund to incorporate mandated reporter awareness and education into Child Abuse Prevention and Awareness Month activities (CAPTA funded), and by obtaining their assistance in training mandated reporters through the use of the Children's Trust Fund Prevention Councils.
- Provide an annual report on all training and activities related to CPS staff.

Describe the services to be provided, highlighting any changes or additions in services or program design and how the services will achieve program purposes (section 106(b)(2)(c)).

Goal: DHS will improve access to pediatric medical services in the assessment of child abuse and neglect.

Status: DHS addresses medical and health issues through a Medical Resource Services contract with the Child Protection Team at DeVos Children's Hospital and the University of Michigan as described earlier. In 2012, the contract realized its most significant utilization to date. CPS worked 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:

- An interagency agreement with the Department of Community Health to provide “birth match” services to identify parents who have had their rights terminated, leading to an automatic complaint and investigation, as described earlier.
- A medical services contract to provide specialized reviews of abuse and neglect cases.
- Annual child abuse and neglect conference for child welfare staff.
- A paternity testing contract for children coming into the child welfare system.
- CPS Advisory Committee and annual conference.
- Statewide child death review contract.
- Annual Medical Advisory Conference.
- CPS program office travel costs.

CAPTA ANNUAL STATE DATA REPORT

CPS Staffing Allocations and Ratios; Qualifications and Training Requirements

Goal: DHS will improve the skills, qualifications and availability of staff and supervisors who provide services to children and families.

Status: For 2014, there are 1,421 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:

- Ongoing: 17:1, for categories I, II and III.
- Assigned/Investigation: 12:1.
- CPS worker to supervisor: 5:1.

CPS workers must possess a bachelor's or master's degree with a major in one of the following:

- Social work.
- Sociology.
- Psychology.
- Family ecology.
- Consumer/community services.
- Family studies.
- Family and/or child development.
- Guidance/school counseling.
- Counseling psychology.
- Criminal justice.

CPS workers must successfully complete a nine-week pre-service training and 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 required 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. DHS will continue to provide program-specific training for supervisors in the monitoring of staff performance, policy and case reading.

For further information on education, qualifications and training requirements, please see Attachment A: Services Specialist Job Specifications. For information on 2014 CPS worker allocations, please see Attachment B: Worker Allocations 2013.

422(b)(19) of the Act;

Describe the sources used to compile information on child maltreatment deaths and, if applicable, why certain sources of information from the State vital statistics department, child death review teams, law enforcement agencies or offices of medical examiners or coroners are excluded, and how the agency will include the information

Michigan 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 Michigan child deaths. 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 2013, the population identified at greatest risk of maltreatment was children age 3 or younger living with their biological parents, constituting 37 percent of total child victims (12,400 of 33,970 total victims). This data 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 2013, 133 youths in Michigan's foster care system were adjudicated as delinquents, 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 DHS 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 population is challenging.

Goal: DHS will work collaboratively with the county courts to improve data collection.

Status: The juvenile programs division is an active participant in a statewide work group formed by county family courts called Juvenile Justice Vision 20/20. DHS finalized requirements for a new juvenile justice information management system that will take the place of the current system for case management.

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 youths 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 2013 totaled about \$400 million. This fund reimburses counties for 50 percent of eligible costs for juvenile justice and non-Title IV-E-eligible youth.

Many counties have used their Child Care Fund dollars to develop effective lower cost community-based interventions for juvenile delinquents. Wayne County previously supervised the largest juvenile justice population in secure facilities, but it worked aggressively to reduce the number of youth placed under state supervision and cut by more than half the number of youth placed in secure residential treatment.

Services to State-Supervised Youth

Youth referred or committed to DHS for juvenile justice services are provided with case management services by DHS juvenile justice specialists. A youth may remain in the community and be provided with service locally or placed in residential treatment that includes private facilities or one of three state facilities.