MICHIGAN’S
2010 ANNUAL PROGRESS AND SERVICES REPORT

for the

2010-2014 CHILD AND FAMILY SERVICES PLAN

JUNE 2010
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I. Introduction

The State of Michigan, Department of Human Services (DHS), is the agency recognized by the Department of Health and Human Services (DHHS), Administration for Children and Families (ACF) as responsible for administering federal child welfare programs under titles IV-B, IV-E and XX of the Social Security Act. The state’s child welfare program is state-supervised and administered. The DHS mission includes a commitment to ensure that children and youth served by our public systems are safe; to promote, improve and sustain a higher quality of life; and to have permanent and stable family lives.

The DHS Children’s Services Administration is responsible for planning, directing and coordinating statewide child welfare programs, including services provided by DHS offices and services provided by private agency providers. Michigan has 83 counties served by 109 local DHS offices; nine are designated by DHS as “urban” – four in Wayne County and one each in Oakland, Macomb, Kent, Genesee and Ingham counties. These offices have a separate child welfare director.

DHS Mission
DHS assists children, families and vulnerable adults to be safe, stable and self-supporting.

DHS Vision
DHS will:
- Reduce poverty.
- Help all children have a great start in life.
- Help our clients achieve their full potential.

Michigan’s Child Welfare Mission
The State of Michigan is committed to ensuring that economic, health and social services are available and accessible to vulnerable families, children and youth. Services are designed to:
- Strengthen families and help parents create safe, nurturing environments for their children.
- Reduce child maltreatment, abandonment, neglect, preventable illness, delinquency, homelessness, and other risks to a child’s development and well-being.
- Strengthen economic security, promote strong nurturing parenting and improve access to health care and safe, secure housing.

Child Welfare Demographics and Caseloads
As of March 31, 2010, DHS was responsible for the care and supervision of 15,794 foster children, which includes children supervised by private agencies under contract with DHS.
In FY 2009, there were 117,315 CPS complaints made to DHS. Of these, DHS assigned 75,441 for an investigation (64 percent). Substantiated CPS cases numbered 19,754, 26 percent of the cases assigned for investigation.

DHS contracts with 59 private agencies at 81 sites that provide case management services to children in out-of-home care. DHS has 47 adoption contracts operating at 56 sites. In FY 2009, private contractors completed 71 percent of the DHS adoptions in Michigan. Nine agencies are contracted to provide supervised independent living services. Many of these agencies provide multiple services.

As of September 30, 2009, of the 908 juvenile justice youths under DHS supervision, 715 are male and 193 are female. Slightly less than half of the youths (46 percent) are in community-based placements, foster homes or independent living. Of the youths in residential treatment, 65 percent are in privately-operated institutions and 35 percent are in publicly-operated training schools or community justice centers.

In Michigan:
- Thirty percent of the foster care caseload is in Wayne County.
- Sixty percent is in the six urban counties including Wayne.
- Seventy-seven percent is in the “Big 14,” which also includes Berrien, Calhoun, Jackson, Kalamazoo, Muskegon, Saginaw, St. Clair and Washtenaw counties, in addition to the urbans.
- Twenty-three percent is in the remainder of the state.

II. Child Welfare Reform

DHS continues its significant child welfare reform efforts. These efforts include the continuation of the consent decree that DHS entered into with Children’s Rights, Inc. because of the Dwayne B. v. Granholm, et. al. lawsuit. The consent decree builds upon reform efforts already under way and improves safety for children while providing stronger support for those who care for them. DHS is also implementing recommendations from the Child Welfare Improvement Task Force. The change priority recommendations from the task force are highlighted in the Annual Progress and Services Report (APSR) and the Child and Family Services Review (CFSR) program improvement plan.

Moreover, DHS Director Ahmed has formed the Child Welfare Advisory Board to support DHS’ efforts to design and oversee the creation of an implementation strategy for systemic change. The board provides support and advocacy in the creation and implementation of the strategic plan that incorporates the recommendations of the task force and the consent decree. The board consists of stakeholders who are committed to the child welfare reform initiated by the director when he created the Child Welfare Improvement Task Force in April 2008.
Race Equity
Service Description
To address racial equity effectively, DHS is committed to making systemic changes that will ensure all children, regardless of their race and/or ethnicity, receive protection from abuse and/or neglect. These changes include maintaining children safely in their homes. However, when children must be removed, they should be placed in an environment that supports their physical, emotional and cultural needs in a holistic manner. Outlined below is an overview of Michigan’s plan to address disproportionality in the coming five years.

The report resulting from Michigan’s examination of race issues is entitled *Equity: Moving Toward Better Outcomes for All Michigan’s Children - Report from the Advisory Committee on the Overrepresentation of Children of Color in Child Welfare (March 2006)*. One of the recommendations from the report focused on the need for Michigan to conduct an external review of its child welfare system. This review was intended to “help identify the strengths of current programs, policies, and procedures in addressing the needs of families of color, as well as to clarify specific changes needed to reduce over-representation.” The scope of this review provided an opportunity to delve deeper into the problem of over-representation, and the lessons learned in Michigan can be broadly applied to other states and localities.

The findings and recommendations are as follows:

Review the impact of all policies, programs and procedures on families and children of color
Update: DHS is in the process of creating a CPS centralized intake unit. A combination of qualified staff, information technology and telecommunications systems will be used to receive and manage all calls alleging child maltreatment. CPS intake staff will all receive the same training and will be expected to make decisions consistently. (Reference the CAPTA section for additional information on centralized intake.)

DHS is also working to improve the placement process. These improvements include but are not limited to placing siblings together and placing children in their home neighborhoods to aid with proximity of parental visits and increase the ability to continue community relationships. Staff are also being encouraged to look at all viable relative placements and foster care options prior to placing children in a residential setting.

DHS is ensuring that children in relative placement receive the same level of safety in placement, services and financial support as children placed in foster homes. A significant number of relative placements are becoming licensed and DHS is implementing a guardianship assistance program. This program was developed as a permanency option and designed specifically for children who would otherwise remain in foster care, and who will remain with the guardian until adulthood. This program provides financial assistance to the individuals providing permanence for foster children who are in situations in which reunification and adoption are not viable options.
(Reference the Foster Care and the Permanency Division sections for additional information.)

**Ensure culturally proficient practice**

**Update:** DHS is establishing a contract selection process that assesses agencies’ willingness to serve a diverse population, report on outcomes by race and develop innovative culturally appropriate services.

DHS continues to work with the Tribal State Partnership. (Reference the Coordination with Tribes: Office of Native American Affairs section for additional information.)

DHS also encourages staff to review data and many local initiatives have begun to look at disproportionality and find ways to address it. These initiatives include:

- In Wayne County, DHS is working with the private agencies and the Black Administrators in Child Welfare to address culturally proficient policies for dual wards (children who are in the abuse/neglect and the juvenile justice systems). The workgroup is establishing training and writing policy to help form a comprehensive case management report that addresses the family’s needs in both the juvenile justice and child protection system.
- St. Clair County DHS has established a workgroup with private providers and community partners to look at the number of children of color in the child welfare system and design strategies to reduce the number of children of color.
- Ingham County DHS is working with community leaders to improve policies and practices that will assure all youths in Ingham County have successful outcomes in the areas of education, health, employment and economic development. The workgroup is also examining the elements of juvenile and criminal justice, media and youth, and public relations. This initiative began because of the identified disparate treatment of African American males in Ingham County.

**Engage families as partners**

**Update:** DHS continues to engage parents on many levels in the decision making process. The implementation of permanency planning conferences will improve family engagement.

**Address families’ basic needs and focus resources on the most vulnerable families**

**Update:** DHS has developed training to address poverty. This training is designed to give trainees a better understanding of how:

- Poverty and neglect differ.
- To recognize the difference when determining a family’s situation and needs.

The training also explores the difference between generational and situational poverty and the differences in how people in each situation view the world. It also provides the trainees with helpful tools for determining the best services or resources to assist a family and how to locate these services and resources. More than 600 child welfare workers participated in this training in FY 2009.
Building community support for reducing disproportionality

Update: In collaboration with the State Court Administrative Office, DHS organized a conference titled “Changing Perceptions and Practices: Addressing Disproportionate Minority Representation in Michigan’s Child Welfare and Juvenile Justice Systems.” This conference was held on October 5-6, 2009. All child welfare professionals were invited to attend including judges, lawyers, CPS and foster care workers, and educators. The goal of the conference was to provide information and encourage discussion, in a solution-focused manner, that encouraged problem-solving while:

1. Introducing participants to disproportionality and its history.
2. Addressing racism and its effects on our society.
3. Highlighting what is being done nationally through the courts and other Michigan stakeholders to measure and reduce disproportionality.
4. Assessing the interest of participants to become involved locally with disproportionality reduction efforts.

After the conference, several committee members expressed an interest in continuing to address disproportionality and a subcommittee was formed. This subcommittee will work in partnership with DHS and national foundations to collect and analyze data that will help guide decisions that address disproportionality.

Monitor DHS' progress in reducing disproportionality

Update: DHS is working with State Court Administrative Office to establish a committee of public and private child welfare employees. It will analyze disproportionality data and the policies, procedures and/or practices that will reduce the overrepresentation of children of color in the child welfare system.

Ensure local accountability

Update: DHS is working to establish an annual report that will inform the community on progress in reducing overrepresentation in the child welfare system.

Training and workforce development

Update: DHS is working with a community partner to provide training to over 1,500 child welfare workers in cultural diversity. This two-day training is designed to create an atmosphere of acknowledgement and acceptance, while working with staff to define and examine the benefits of diversity. Participants are also encouraged to address their own attitudes, thoughts and feelings about diversity, while also identifying ways to detect and challenge their own assumptions and stereotypes.

DHS has developed the following trainings to address cultural responsiveness, competence and appropriateness, adherence to the Indian Child Welfare Act and racial equity. DHS has trained more than 600 workers in:

- Family Preservation: Self Awareness – This training widens trainees’ views of other cultures and increases their sensitivity and creativity with the families they serve. The training helps participants examine how their own cultural background
influences their view of different cultures. It also broadens the definition of culture and challenges trainees to apply the new cultural knowledge to their work.

- **Self Awareness/Cultural Diversity** – This training helps participants define diversity and understand the benefits to families. Participants explore their personal attitudes, hidden feelings and assumptions toward individuals that affect their interactions with families and they learn how to address their bias while respecting families.

- **Indian Child Welfare Act** – This training provides foster care, CPS and adoption specialists with an overview of the historical impact, federal laws, DHS policy, and operational requirements of the Indian Child Welfare Act. It provides resources that can help workers comply with the law/policy, and in working with American Indian families and children.

- **Knowing Who You Are** – This training is a self-paced, interactive learning program for exploring racial and ethnic identity. Trainees discover ideas for helping youths in foster care achieve a positive and healthy sense of racial and ethnic identity. They are given opportunities to investigate the impact of stereotypes, messages and social influences on one’s own racial and ethnic identity. Data about the impact of institutional racism on various racial and ethnic groups is presented, as well as strategies for addressing racism in the trainees’ personal and professional lives.

Reference the Child Welfare Training Institute section for additional training information.

**Child and Family Services Review (CFSR)**

The Michigan CFSR onsite review was conducted during the week of September 21, 2009 in Wayne, Berrien and Kent counties.

Michigan achieved a “strength” rating in the areas of preventing re-entries into foster care, close proximity of a child’s foster care placement to his/her removal community, and placement with a child’s siblings in foster care. Overall, Michigan did not achieve substantial conformity with the safety, permanency or well-being outcomes.

Michigan achieved substantial conformity with the following systemic factors:
- Staff and provider training.
- Agency responsiveness to the community, i.e., collaboration.
- Foster and adoptive parent licensing recruitment and retention.

Michigan did not achieve substantial conformity with the following systemic factors:
- Statewide information system. The system does not have up-to-date information on private agency cases.
- Case review system.
- Quality assurance system.
- Services array and resource development.

In the report, DHHS acknowledged Michigan’s progress on improving child welfare practice. Of particular note were the collaborative efforts between DHS and the courts to
improve permanency for children in foster care, including the Adoption Forums, which are now called Permanency Forums, to include other permanency outcomes besides adoption. Other areas receiving positive notice were the collaboration between the DHS and the Department of Community Health on the 1915 (c) waiver for children with serious emotional disturbances, the efforts to reduce the case per worker ratios, and the use of Families First of Michigan and Family Reunification Program services.

Program Improvement Planning Efforts
Beginning in October 2009, DHS staff began meetings to discuss and plan the program improvement plan goals and strategies. DHS developed the plan based on the CFSR final report published by the Children’s Bureau. Michigan received the courtesy copy on January 27, 2010. On March 2, 2010, Michigan received a copy of the final report. The report findings were based on:

1. Michigan’s performance for fiscal year 2008 on defined safety and permanency data measures.
2. The statewide assessment.
3. Case-level reviews conducted by a team of federal and state reviewers during the onsite review week.
4. Interviews with key stakeholders during the onsite review.

DHS submitted a copy of the program improvement plan to the Children’s Bureau Region V office on April 27, 2010. The plans’ goals and strategies seek to build on the existing child welfare reform efforts. Michigan’s first year of reform focused on communicating the vision and outcomes for the achievement of the consent decree. DHS developed strategic and tactical plans with input from stakeholders. Staff reviewed baseline data and evaluated it for compliance. Improvement efforts were initiated and the general infrastructure of the child welfare system was reconfigured and strengthened.

Now, in the second year of reform, DHS has begun to see the results of these efforts including reduced children’s length of stay, improved safety and well-being, and achieving lasting permanency for children in foster care. DHS is developing new and innovative ways to identify and address gaps in service array to address currently unmet needs. Staff and management are beginning to systematically measure and evaluate services to ensure positive outcomes for children and families. The major efforts of child welfare reform this year include:

- Reducing the population and length of stay for children in residential care.
- Improving access to mental health services and alternative therapeutic placements.
- Licensing relatives as foster parents.
- Moving children to timely permanency through permanency reviews.
- Reducing maltreatment in foster care.

From October 1, 2009 to March 31, 2010, DHS has continued to:

- Reduce caseloads.
- Reduce the permanency backlog.
- Recruit and license relative foster and adoptive parents.
- Expand quality assurance efforts to improve case management skills.
- Provide greater access to data and monitoring reports.

DHS staff utilized the following information in the development of the program improvement plan:
- The CFSR round one findings and the resultant program improvement plan.
- Data from the statewide information system, focus groups, surveys and supervisory case readings.
- Findings from the CFSR onsite review.
- Ongoing collaborative efforts with the State Court Administrative Office, the Court Improvement Program, the CFSR Core Workgroup and the Governor’s Task Force on Children’s Justice.
- Assistance from the National Resource Center for Organizational Improvement and the Children’s Bureau Region V office.

Program Improvement Plan Strategies, Goals, Actions Steps and Benchmarks
The DHS has developed four themes and strategies to address the areas needing improvement in the CFSR Final Report. The four strategies include:
1. Reassess and improve children’s protective services policy and practice.
2. Enhance the state’s capacity to provide for children and families’ needs by identifying those needs, providing services and engaging families in the service planning process.
3. Implement permanency planning conferences and concurrent permanency planning.
4. Enhance accountability and workforce development.

The CFSR program improvement plan and the APSR have been developed in consultation with CFSR Core Workgroup members, DHS stakeholders and child welfare partners. DHS consulted with the Governor’s Task Force on Children’s Justice on the Child Abuse and Prevention Treatment Act section of the APSR.

Collaboration with the Court in Developing the CFSR Program Improvement Plan
The Federal Compliance Division requested input from the state and local court system regarding the development of the CFSR program improvement plan. The Court Improvement Project (CIP) convened an advisory group of key representatives from the court and legal system consisting of local judges, a state Supreme Court Justice and attorneys representing children and parents. The following represents their recommendations as they relate to outcomes in which the state was found not to be in compliance with federal standards. The advisory group forwarded its recommendations to DHS, and they are represented below. These recommendations provided input to DHS regarding both what the court can address within its operations to facilitate improved outcomes in these areas, and what the court recommends DHS address in its policies and practices.
DHS has included representatives from the local and state courts in its CFSR Advisory Group and Core Workgroup in developing the improvement plan. Central office staff and staff from local field offices participate in the CIP committee and sub-committee meetings to identify and recommend court related practice and policy changes targeted at meeting the plan’s objectives and achieving improved outcomes for children and families.

Court Improvement Project Advisory Group Recommendations

**CFSR Permanency Outcome #1**: Children have permanency and stability in their living situation.

- Expand and institutionalize the present Permanency Forum as a means of developing and sharing successful practices to improve permanency outcomes statewide. This includes maintaining and expanding the local county teams to include representatives from all stakeholders in protective proceedings.
- Implement concurrent planning statewide; pursue joint/collaborative training of local jurists/attorneys and caseworkers.
- Regular involvement of foster parents in court proceedings to identify potential placement problems before they result in unplanned moves of children.
- Increased recruitment of appropriate foster parents, improved training and support by the supervising agency and improved matching of child’s needs to the home’s ability to meet those needs.
- Improved communication to and among legal professionals to ensure they are updated on the latest statutory requirements and court rules related to protective proceedings, as well as the sharing of best practices and identification of systemic problems. Suggestions include using present systems of communication affiliated with formal legal organizations, e.g., Michigan Judges Association, Michigan Probate Judges Association, Michigan Bar Association Children’s Law Section, etc.
- Establish a court rule that requires “compelling reasons” be noted on the record and in the court order when indicated for not filing for termination of parental rights if the child has been in care for 15 of 22 months. Revise the court order to accommodate the rule.
- Training of jurists and lawyer-guardians ad litem (LGALs) regarding DHS policy requirements related to the permanency plan of another planned permanency living arrangement and placement with fit and willing relative to provide a basis for a court finding of reasonable efforts being made to achieve that plan and court approval of the plan.
- The court should ensure at each hearing that the child is safe and well cared for in their present placement and that the agency is providing necessary support to ensure the stability of the placement.
- The court should ensure that foster parents have been properly noticed and encourage their input regarding the child’s safety and well-being.
CFSR Permanency Outcome #2: Continuity of family relationships and connections is preserved.

- The frequency and quality of parenting time and support of the parent-child relationship is critical to child well-being and improvement in the timeliness of reunification and the number of children reunified.
- Development of a joint task force, with courts, DHS and private agency staffs, to address and overcome the barriers to the provision of necessary parenting time.
- Judicial leadership is required to facilitate DHS/agency provision of parenting time consistent with the needs of the child, and to promote timely reunification. There is a need to determine if this is a reasonable efforts issue.
- Parent attorneys can be more assertive in requesting an appropriate level of visitation.
- LGAL should evaluate and request increased parenting time if they determine it is in their clients’ best interest.
- Assess policies and practices that delay services to parents that should be ordered and made available to them at the preliminary hearing.
- SCAO should support courts with related training, data and research.
- Identification of absent parents and relatives should be required at preliminary hearings. Courts should follow up at each hearing.
- Courts should monitor at each hearing the following child well-being issues:
  - Sibling visitation.
  - Efforts by the agency to maintain important connections for the children.

CFSR Well-Being Outcomes #2 and #3: Children receive appropriate services to meet their educational needs; children receive adequate services to meet their physical and mental health needs.

Court must ensure at each hearing that the child’s specific needs are being met in each of these well-being areas, including obtaining a verbal report from the child’s court appointed LGAL, input from the foster parents and input from the child when possible.

CFSR Systems Outcome #2: Case Review System

- Current written case plans and related court reports are woefully inadequate as a means of monitoring progress toward permanency, child well-being, and child safety.
- The advisory group recommends a joint court, DHS and private agency task force to develop a functional, useful and user-friendly written case plan and related court report.
- Jurists, parents’ attorneys and LGALs should monitor and hold the agency accountable to include parents and youth in the development of their case plans and service agreements. Courts could withhold approval/acceptance of the plan until this requirement has been met.
- The group strongly recommends institutional change that includes a regular communication process between the courts and DHS on either a local- or state-level to address statutory and policy issues and changes, and how they can be
implemented collaboratively and efficiently. It also recommends appropriate data sharing, problem solving and resource development, etc.

- The group recommends that the DHS address the disconnect between DHS central office and field operations which has a significant impact on case management practices and which adversely impacts the operations of the court and ultimately, the care of children and families.

**CFSR Safety Outcome #2:** Children are safely maintained in their homes when possible and appropriate.

The court is seeing petitions in which the case was opened for services three to six months prior to the petition being brought to the court and the parent has been unresponsive, thus leaving the children at risk during that time. The group recommends a possible statutory change to require early involvement by the court under certain conditions while the children are still in their home.

**New Goal:** As a part of the program improvement plan approval process, DHS will include SCAO in its discussions with the Children’s Bureau. These recommendations for improvement will either be included within the improvement plan or addressed as part of the ongoing 5-Year CFSP.

DHS and the SCAO will continue their collaboration to achieve child safety, permanency and well-being. These efforts include:

- Training judges and court staff on the results of the CFSR final report and the program improvement plan strategies and action steps.
- Participation in the ongoing Permanency Forums.
- Data sharing through the DHS and the courts data collaboration committee.
- The exploration of legislative and court rule changes to increase permanency.

**Caseload Reduction**

Central to good social work practice is manageable caseloads and the necessary resources to ensure children return to, or are placed into, a permanent home. The counties have reduced their caseloads through extensive hiring and redistribution of caseloads. DHS also collaborated with the private providers to create funding mechanisms that will allow agencies to bring their foster care and adoption worker caseloads in line with the reduced staffing ratios.

**Goal:** DHS has set the following caseload reduction goals:

**Supervisors:**

- Foster care, adoption, CPS, licensing, and purchase of service monitoring supervisors will be responsible for the supervision of no more than five caseworkers. DHS will achieve this standard as follows:
• By January 2010, 50 percent of foster care, adoption and CPS supervisors will supervise no more than five caseworkers.
• By January 2011, 95 percent of foster care, adoption and CPS supervisors will supervise no more than five caseworkers.
• By January 2011, 50 percent of licensing and purchase of service monitoring supervisors will supervise no more than five caseworkers.
• By January 2012, 95 percent of licensing and purchase of service monitoring supervisors will supervise no more than five caseworkers.

Foster Care Workers:
Foster Care workers will have a caseload of no more than 15 children. DHS will achieve this standard as follows:
• By November 15, 2008, 95 percent of foster care workers will have caseloads of no more than 30 children and 60 percent of foster care workers will have caseloads of no more than 25 children.
• By October 2009, 70 percent of foster care workers will have caseloads of no more than 22 children.
• By October 2010, 80 percent of foster care workers will have caseloads of no more than 20 children.
• By October 2011, 95 percent of foster care workers will have caseloads of no more than 15 children.

Adoption Workers:
Adoption workers will have a caseload of no more than 15 children. DHS will achieve this standard as follows:
• By February 2009, 60 percent of adoption workers will have caseloads of no more than 25 children.
• By April 2009, 95 percent of adoption workers will have caseloads of no more than 30 children.
• By October 2009, 70 percent of adoption workers will have caseloads of no more than 22 children.
• By October 2010, 80 percent of adoption workers will have caseloads of no more than 20 children.
• By October 2011, 95 percent of adoption workers will have caseloads of no more than 15 children.

CPS Investigation Workers:
CPS workers assigned to investigate or assess allegations of abuse or neglect will have a caseload of no more than 12 open cases. DHS will achieve this standard as follows:
• By April 2009, 95 percent of investigation/assessment staff will have no more than 16 open cases.
• By October 2009, 60 percent of investigation/assessment staff will have no more than 14 open cases.
• By October 2010, 80 percent of investigation/assessment staff will have no more than 13 open cases.
• By October 2011, 95 percent of investigation/assessment staff will have no more than 12 open cases.

**CPS Ongoing Workers:**
CPS workers assigned to provide ongoing services will have a caseload of no more than 17 families. DHS will achieve this standard as follows:

- By April 2009, at least 95 percent of CPS ongoing services workers will have no more than 30 families.
- By October 2009, 60 percent of CPS ongoing services workers will have caseloads of no more than 25 families.
- By October 2010, 80 percent of CPS ongoing services workers will have caseloads of no more than 20 families.
- By October 2011, 95 percent of CPS ongoing services workers will have caseloads of no more than 17 families.

**Purchase of Service Monitoring Workers:**
Purchase of service monitoring worker will have a caseload of no more than 45 cases. DHS will achieve this standard as follows:

- By October 2009, 60 percent of POS monitoring workers will have a caseload of no more than 55 cases.
- By October 2010, 75 percent of POS monitoring workers will have a caseload of no more than 50 cases.
- By October 2011, 95 percent of POS monitoring workers will have a caseload of no more than 45 cases.

**Licensing Workers:**
Licensing workers will have a caseload of no more than 30 cases. DHS will achieve this standard as follows:

- By October 2009, 60 percent of licensing workers will have a caseload of no more than 36 cases.
- By October 2010, 75 percent of licensing workers will have a caseload of no more than 33 cases.
- By October 2011, 95 percent of licensing workers will have a caseload of no more than 30 cases.

DHS believes its caseload compliance is:

**April 2009:**
CPS Investigations: 55.4 percent urban counties were in compliance of 16:1. 71.4 percent outstate counties were in compliance of 16:1. 65.0 percent statewide average.

CPS Ongoing: 54.0 percent urban counties were in compliance of 30:1. 71.8 percent outstate counties were in compliance of 30:1. 64.6 percent statewide average.
Adoption: 92.0 percent urban counties were in compliance of 30:1. 59.5 percent outstate counties were in compliance of 30:1. 97.5 percent private agencies were in compliance of 30:1. 90.6 percent statewide average.

**August 2009:**
CPS Investigations: 89 percent urban counties were in compliance of 16:1. 82.5 percent outstate counties were in compliance of 16:1. 85.1 percent statewide average.

CPS Ongoing: 89.6 percent urban counties were in compliance of 30:1. 81.0 percent outstate counties were in compliance 30:1. 84.5 percent statewide average.

Adoption: 80.0 percent urban counties were in compliance of 30:1. 55.9 percent outstate counties were in compliance of 30:1. 95.8 percent private agencies were in compliance of 30:1. 89.5 percent statewide average.

DHS will continue to monitor the caseloads of its local offices and private agencies.
III. Case Management Model

Michigan’s caseworker management model includes the structured decision making and permanency planning conference models. The conference was previously called team decision making. These practices assist DHS and private agency caseworkers in assessing child safety and permanency planning. The structured decision making tools ensure consistent caseworker practice. Permanency planning conferences assist caseworkers to meet child and family needs and ensure family engagement in the case planning process.

Structured Decision Making (SDM)

During the CFSR program improvement plan period, DHS will be reviewing policy and the structured decision making templates to ensure caseworkers are thoroughly addressing the parents’, children’s and foster parent’s needs and appropriately identifying and documenting services provision. The CPS program office will examine the appropriate use of structured decision making tools by field workers, particularly in the areas of risk and safety management. Once they assess the appropriate use of the tools, they will work to enhance appropriate use through policy clarification. Furthermore, the program office will work with the Child Welfare Training Institute to develop and provide updated training to those staff in need.

Other improvements in the assessment process will include changes to the family and child assessments and how they are completed. DHS will explore using the structured decision making tools during contact by field staff with the child’s parent(s). An enhanced approach of completing the Family Assessment of Needs and Strengths and Child Assessment of Needs and Strengths with the family and child will likely provide more accurate assessments and therefore more appropriate decisions related to safety of the child(ren). The change will also improve worker/family engagement and help to create a more successful service plan. (For additional information on changes to SDM, reference the Child Abuse Prevention and Treatment Act and the Foster Care sections).

Permanency Planning Conferences

Michigan recognizes family engagement as a key component for successful well-being and permanency outcomes for children and families. Michigan continues to integrate the principles of family engagement through its use of permanency planning conferences, which are paired with structured decision making, resulting in a family centered, strength based, needs driven and safety sensitive decision making process focused on permanency. The meetings are held at critical stages of a case. The family and child(ren) (if age appropriate) are involved in all aspects of case decisions and service planning. Policy requiring PPCs has been released to the field and is in effect state-wide.

The goal is to conduct permanency planning conferences at the following stages/decision points:

1. Prior to placement, or by the next working day after an emergency placement.
2. Prior to a placement change for a foster child, or by the next working day after an emergency transfer.
3. When a child returns from “absent without legal permission” status.
4. Prior to reunification.
5. Prior to a change in the permanency goal.
6. When a child has been in care for 9 months with a goal of reunification and sufficient progress has not been achieved to ensure reunification within 12 months.
7. When a child has been legally free for adoption for three months but does not have a permanent placement identified.

Thus far, DHS and private agency foster care providers have implemented permanency planning conferences as follows:

- **At all seven stages/decision points of a case**: Wayne, Oakland, Macomb, Kent and Genesee counties.

- **Prior to placement, or by the next working day after an emergency placement**: Berrien, Calhoun, Ingham, Jackson, Kalamazoo, Muskegon, Saginaw, St. Clair, and Washtenaw counties.

**Goal**: By October 2011, DHS and private agency staffs will hold conferences in all of the circumstances listed above, in all counties of the state.

Reference the Data Management section for additional information on permanency planning conference tracking.
IV. Coordination with Other Federal Programs

Director Ahmed expanded the DHS mandate to provide financial assistance to individuals and families in need by publicly examining the causes and effects of poverty and beginning a discussion of ways to address poverty in Michigan through a broad based coalition of the public and private sectors.

Poverty Summit: Voices for Action
DHS, in conjunction with the Governor’s Commission on Community Action and Economic Opportunity, hosted Voices for Action: The 2008 Poverty Summit, on November 13, 2008. The Poverty Summit began Michigan’s Campaign to End Poverty. The Voices for Action (V4A) network sought to improve outcomes for families in poverty while engaging customers and providers to build neighborhood and community resources. This statewide network of eight community-based teams worked to:

- Link poverty-reduction initiatives to every county.
- Focus on poverty as a key component of economic recovery.
- Identify and share best practices in poverty reduction and community engagement.
- Improve government/community collaboration.
- Identify community-based measures and set baselines for poverty reduction.

DHS’ V4A team continued its collaboration with community action agencies (CAAs) and nonprofits in FY 2009. For example, a Michigan Community Action Agency Association grant supported the expansion to other counties of the poverty reduction measurement tool first developed in Kalamazoo.

The V4A team also worked to create a statewide Poverty Reduction Initiative Fund modeled after the Center for Economic Opportunity in New York, which partners with universities to evaluate local projects and make funding decisions based on results. In Michigan, private and public support would fund effective local poverty reduction projects. V4A partners found ways to utilize existing resources while creating initiatives around local priorities, including:

- In the Upper Peninsula, AMCAB, a nonprofit serving Alger and Marquette counties, helped pay for GED testing. This removed a potential roadblock for people who want to work or gain additional skills.
- In mid-Michigan, local poverty reduction advocates helped remove barriers for Mid Michigan Community College students, such as lack of transportation and child care, so they could stay in school.
- In southwestern Michigan, almost 3,000 people participated in simulations that allowed them to understand better the challenges facing those in poverty. Local partners, including Western Michigan University and the Kalamazoo Poverty Reduction Initiative, provided technical assistance so other regions could use this successful model.
• In addition, in southeastern Michigan, low-income families received financial literacy training, access to financial management resources, and expert assistance.

**Welfare 101: Busting Myths about Welfare**

Michigan's economic climate has caused an unprecedented number of families to seek help paying their bills or putting food on their tables. Coupled with such a staggering increase in demand for services are a variety of myths that are tarnishing the purpose of the welfare system and may prevent individuals, especially families with young children and the elderly, from seeking help. The DHS launched a statewide campaign to bust those myths with facts.

The Welfare 101: Busting Myths about Welfare campaign began in April 2010, and will continue through June. The campaign is an effort to reduce the widespread negative perceptions and show how valuable the welfare system is for so many Michigan residents, as well as to the state's economy. The DHS Welfare 101 website is located at:

http://www.michigan.gov/dhs/0,1607,7-124-5458_7691_55778---,00.html

**Coordinated Service Delivery**

Michigan is a state-administered, state-supervised child welfare system, meaning that policy is developed at the state level and state staff through county-based offices deliver services. This system allows for flexibility in service delivery driven by the identified needs of individual communities. Michigan’s model assures continuity of policy and practice across these diverse communities to ensure all children and families are cared for utilizing the same set of principles.

DHS also administers Temporary Assistance for Needy Families (TANF), known as the Family Independence Program (FIP), State Disability Assistance (SDA), Refugee Assistance Program (RAP), Child Care and Development Block Grant (CCDBG), known as the Child Development and Care (CDC) program, the Food Assistance Program (FAP), State Emergency Relief (SER) services, the Low-income Home and Energy Assistance Program (LIHEAP), adult community placement and protective services, and the title IV-D program. DHS also determines eligibility for Medicaid, although the Department of Community Health (DCH) is the administering agency. Finally, DHS administers the Disability Determination Services for title II and XVI funds. Service descriptions for all DHS programs are located at:


The majority of counties utilize a multi-faceted approach to identify and refer at-risk families to community resources. The strategies used to provide services to these families include:

• Providing cards and pamphlets describing the availability of and contact information for community resources.
• Utilizing the United Way’s 211 Call Center, which is available all counties.
• Utilizing web-based resources, such as the Listening Ear Community Resource
Some resource manuals and lists are maintained by the Family Resource Centers, others by a designated local manager or by a community agency. Wayne County DHS, being the largest urban county, houses a Contract Management Unit that updates the community resource list on their website as contractors and resources change.

At DHS, the Bureau of Community Action and Economic Opportunity also provides support and oversight to activities of Michigan’s 30 CAAs. CAAs develop community partnerships, involve low-income clients in their operations and coordinate an array of services within their communities. In 2009, Michigan received $36 million in Community Services Block Grant funding under the American Recovery and Reinvestment Act (ARRA) in addition to the yearly $23 million federal allocation. CAAs serve almost 489,000 low-income individuals each year. Those services include housing assistance, income tax preparation, food, transportation, employment assistance and economic development.

FY 2009 brought a new kind of poverty to Michigan. Many families who once enjoyed middle-class lifestyles faced serious financial woes. Accordingly, DHS developed innovative strategies to meet the rising demand for services.

In September 2009, partnering with the Unemployment Insurance Agency, DHS established temporary mini-Problem Resolution Offices at three sites to help the growing numbers exhausting their unemployment benefits. The sites provided clients with help for unemployment claims problems, a direct-dial telephone to a claims line to file for unemployment, and computers with Internet access for filing claims. DHS also offered Short-Term Family Support, a lump sum, one-time benefit for normally self-sufficient families facing temporary obstacles, who may be better served by a one-time, lump sum other than ongoing cash assistance. It is provided to resolve barriers quickly and save families from dependence on public assistance.

By the end of FY 2009, more than 1.5 million Michigan residents were receiving food assistance. To make fresh, healthy foods available to them, DHS and vendor partners launched Neighborhood Food Movers in Detroit. Vendors offer fresh, quality, affordable produce to FAP participants, who can pay using their Bridge cards. That is important in urban areas like Detroit, where access to fresh, quality food is limited.

In August, DHS joined the Helping Hand Web portal, which weaves together the various threads of Michigan’s safety net. It provides a single source of information and resources for people who might otherwise fall through the cracks. Available at www.michigan.gov/helpinghand, the sites’ major features include links to DHS programs and offices and the new online FAP application.

**Family Resource Centers**

Family Resource Centers (FRCs) are comprised of DHS and community agency staff housed within schools to coordinate services to families, including financial assistance.
Each FRC developed its own service goals shared by families, the community, school and other partner agencies. These centers serve as “one stop shops” for family services located within or near a neighborhood school. There are currently 49 FRC sites in operation in Michigan.

Services provided through FRCs include all DHS services, including cash assistance, food, clothing and shelter assistance, prevention services, Medicaid eligibility and assistance for utility shut off, rental eviction and other housing issues. FRCs also provide access to mental health services and school-based programs.

Long-term goals for the FRCs are:
- The creation of user-friendly service delivery for families in need of state and local human services.
- Increase efficiency of state and local services through pooling resources.
- The promotion of family stability through collaborative service provision.

The expected family outcomes include:
- Improved academic performance.
- Increased parental participation.
- Decreased absenteeism and truancy.
- Decreased student behavior problems.

FRC sites are funded through partnerships with local intermediate school districts and other local funding sources, such as private foundations. The funding partners may be different in each community. Local DHS offices with FRC sites have been successful in working with their community partners to bring in additional external (private and federal) funding because of the potential efficiencies of the FRC collaborative model.

Local evaluations indicate that the impact of FRC involvement is positive across expected outcomes. These outcomes include:

**Attendance**
- For students identified as having “problem attendance,” i.e., 12 or more absences in a school year, truancy decreased by an average of 12.3 percent at FRC schools.
- The number of students identified as having “positive attendance,” three or fewer absences, increased by 1.78 percent at FRC schools.

**Feedback**
- Priority schools with FRCs are significantly more likely to meet federal Adequate Yearly Progress expectations for enough years in a row to move completely off the priority schools list – 40 percent of FRC-linked schools compared to ten percent of non-FRC linked schools.
- Partner agencies who locate services within FRCs have reported significantly improved outcomes for children and families due to the increased accessibility of services.
Coordination between the Title IV-E and the Title IV-D Programs
DHS has convened a workgroup with the CPS and foster care program offices, Office of Child Support, and community health staffs to develop a process and system requirements for child welfare workers to access community health’s Central Paternity Registry, an online, web-based system providing access to information on paternity establishments in Michigan. The registry is a central data repository for the information derived from affidavits of parentage and notices of orders of filiation filed in Michigan.

Furthermore, a subcommittee of the Governor’s Task Force on Children’s Justice is examining the issue of paternity establishment and early identification of fathers in child welfare cases. The group consists of members of CPS program office, State Court Administrative Office, the courts and representatives of Michigan’s child support program. (Reference the Children’s Protective Services: Child Abuse Prevention and Treatment Act (CAPTA) State Grant section for additional information).

Coordination with Fostering Connections to Success and Increasing Adoption Act of 2008
DHS has taken action across its child welfare programs to address the provisions of Fostering Connections. The Federal Compliance Division within DHS served as the lead office in monitoring each program’s efforts toward compliance with the legislation. The division submitted Michigan’s Title IV-E State Plan amendment in December 2009. In the submission, DHS demonstrated compliance with nearly all of the provisions. DHS is, however, still finalizing policies for the 90-day transitional plans for youth transitioning from foster care and decisions regarding the possible extension of foster care, guardianship assistance, and adoption assistance to older youth. DHS also continues to work toward integrated data reporting for all Fostering Connections requirements. DHS is waiting for official response from the Children’s Bureau regarding compliance with the state plan and the Fostering Connections provisions.

Title IV-E Compliance
Federal Compliance Division
Funding Unit
DHS continues to support the Federal Compliance Division to oversee Michigan’s coordination of federal programs and to assure continuity across the state. The division includes the management of the title IV-E state plan, title IV-B state plan, the federal Child and Family Services Plan and the Annual Progress and Services Report, along with the federal CFSR review and program improvement plan.

The Michigan legislature continued funding for the 80 child welfare funding specialist positions (commonly referred to as IV-E funding specialists) in the local offices. The main responsibilities of these staff are to assure foster care funding determinations and redeterminations are done correctly and to interface with relatives when children are placed in foster care to encourage them to become licensed foster care providers. The division staff provide ongoing support for the field regarding funding and payments for children in foster care and juvenile justice programs. Staff have trained 167 DHS staff and supervisors for the child welfare funding specialist positions since April 2008. Staff
continue to identify particular areas of focus for training items. The division staff will be able to focus on training strategies once the Title IV-E Federal Foster Care Review is over in June 2010.

Local offices submit monthly reports to the division that record and provide information on the funding specialist activities. A database has been created to track the information received from these reports, which will reduce the amount of hand tabulations required. Federal compliance staff follow up with the local offices based on the reports submitted to assure consistency.

The staff continue to provide technical assistance to local DHS and court staffs on specific child welfare cases regarding appropriate title IV-E eligibility. The internal DHS title IV-E Review Committee continues to review inquiries from courts and local DHS offices weekly. Additional technical assistance is offered to the six urban field offices to assure title IV-E program compliance. As a quality assurance practice, analysts conduct monthly visits in those counties for consultation and title IV-E case reading. Conference calls have been held with the non-urban counties in the state to offer similar assistance. All counties have direct access to the analysts for any questions regarding funding and payments for foster care and juvenile justice.

Federal compliance staff are also actively involved in testing and development of data systems. They are involved in the rewrite of the Model Payments System and the development of requirements for Michigan’s statewide automated child welfare information system. Staff completed the security sign on project with Department of Management and Information Technology in 2009 and the security functionality has been working well. Staff also advocated for and facilitated the funding specialist access to Bridges information to assist with accurate title IV-E funding determinations.

Coordination with the State Court Administrative Office has continued with regard to training and preparation for the title IV-E federal review. Federal compliance and state court staffs meet in person monthly and frequently by email and telephone to ensure consistency with regard to the judicial requirements of title IV-E. Federal compliance is charged with responsibility for planning and organizing Michigan for the review.

DHS continues to provide direct support and consultation for the Wayne County title IV-E agreement. DHS assures coordination between DHS and the County of Wayne to assure the contract is being administered with adequate controls and quality assurance.

The division staff are responsible for processing exceptional foster care payments. Analysts are very familiar with the payment processes within the department and are often contacted to resolve payment problems. DHS has become alerted to substantial backlogs in payments to private agency providers. In an effort to reconcile those outstanding amounts, the division staff facilitated a reconciliation of unpaid foster care claims with private agency foster care providers. Staff gathered and assessed the claims submitted and communicated with the local DHS offices to resolve any unpaid claims. Payments were executed to private providers, but this project also highlighted
the significant training needs of DHS staff and private providers with regard to funding and payment processes. Division staff have made recommendations for change to the DHS administration for implementation.

Consultation with Tribes on Title IV-E Agreements
Federal compliance has begun development of tribal consultation and title IV-E agreements in Michigan. Federal compliance staff have also developed contract language for title IV-E agreements with Michigan Tribes. At least two Tribes are currently prepared to move further into contract negotiations.

The Michigan Court Improvement Program (CIP) Overview
The Child Welfare Services Division (CWS) of the Michigan State Court Administrative Office (SCAO) administers Michigan’s Court Improvement Program (CIP) and receives federal CIP Main, Training, and Data Collection and Analysis grants. CWS serves as the local courts’ central resource for child protection, foster care and adoption issues. CWS provides a wide range of guidance and technical support services to family division courts and coordinates judicial liaison contacts with the executive and legislative branches of state government.

CWS operates the CIP program through statewide, cross-disciplinary task forces aimed at improving the three key elements of child protective proceedings: safety, permanency and well-being for children. The CIP allows Michigan to implement necessary reforms, and track its progress toward meeting requirements of state and federal laws, national standards and program improvement plans to improve child protective court proceedings.

CWS was active in 2009. In tandem with DHS, CWS assisted with the CFSR, and upon completion of the review, began developing a program improvement plan to improve Michigan’s compliance in specific areas. The CIP statewide task force and committees met regularly and produced numerous tools to assist family division courts, proposed legislation to address gaps in the law, proposed court rule changes to improve administrative court functions and joined with the American Bar Association to evaluate the status of legal representation for parents involved in the child welfare system.

CWS efforts through the CIP are producing results. Some highlights for 2009 include:
- The number of children in state foster care has declined.
- The number of permanent wards adopted increased by 9.3 percent between 2007 and 2008. The total number of finalized adoptions increased by over 14 percent from 2008-2009. The new Adoption and Permanency Forums sponsored by CWS and attended by county-level child welfare personnel accounted for many of those increases.
- Michigan achieved its goal to reunify at least 50 percent of the children in the temporary court ward backlog cohort (children who had been awaiting permanent placement for at least one year), a requirement of the recent consent decree.
A. CIP Main Grant
The CIP programs funded by the main grant operate through a statewide task force, which meets quarterly and has 55 members, including judges, attorneys, referees, private agency workers, DHS caseworkers, DHS program office managers, the Office of the Children’s Ombudsman, the State Bar of Michigan, and other child welfare advocates and experts. The task force is a uniquely collaborative entity that operates by consensus. Each task force member participates in a committee that meets in between the statewide task force quarterly meetings. Below is a summary of the work performed by the CIP committees in 2009.

1. Quality Representation Committee:
   • **Statewide Assessment of Lawyer Guardians Ad Litem**
     The committee evaluated the legal representation provided to children involved in the foster care system and released its report and recommendations on October 9, 2009. The report may be found at: http://courts.michigan.gov/scao/services/CWS/LGALReport10-09.pdf. The committee currently is working on a plan to implement the recommendations by creating a best practice model contract.
   • **Statewide Assessment of Legal Representation Provided to Parents**
     The Quality Representation Committee’s subcommittee on Parent Representation worked with the American Bar Association’s Center on Children and the Law to study the legal representation available to parents in child protective proceedings. The report and recommendations from this study were released in September 2009 and can be reviewed at: http://courts.michigan.gov/scao/resources/publications/reports/2009ABAParentRepresentationReport.pdf.

On October 22, 2009, CWS, with the support of Casey Family Programs, hosted a symposium to bring together various stakeholders to discuss the results and recommendations of the American Bar Association study. National and local speakers participated as well as several state judges, legislative staff, community leaders, referees, court administrators and attorneys. The CWS developed a strategic plan with the input from the symposium. The committee is currently working on implementing several of the recommendations. Additionally, the committee assigned several of the recommendations to various other workgroups. The committee anticipates a follow-up meeting regarding implementation of the recommendations to occur in October 2010.

2. Policy Committee:
   • **Involving Foster Youth in Court Hearings**
     The Policy Committee drafted an SCAO administrative memorandum to advise all courts of the new requirement to obtain the child’s views regarding his or her permanency plan at each permanency planning hearing. The committee presented a training program on November 5, 2009.
   • **Overnight Removal Issues**
The Policy Committee formed a special multidisciplinary workgroup to discuss issues related to emergency removals of children from their homes when the courts are closed (e.g., overnight or on a weekend). Michigan statutes and court rules provide only minimal guidance, which has resulted in disparate practices and uncertainty at the county level. The workgroup held its first meeting on December 8, 2008 and met through the summer of 2009 to reach consensus on recommended changes to court rules and statutes. A Michigan senator intends to introduce legislation based on the recommendations.

- **Non-Respondent Parent Issues**
  The Policy Committee formed another special multidisciplinary workgroup to analyze issues concerning non-respondent parents (NRP) in abuse/neglect cases to determine whether statutory changes are necessary to ensure that parental rights are adequately protected. Specifically, the task force is examining whether to require, upon a child’s removal from home, placement with the NRP unless, after investigation, the agency alleges an offense against the child and moves to include the NRP in the legal proceedings. The committee will also examine whether to require, or when to require, legal counsel for the NRP. The committee will continue to focus on these issues throughout 2010.

3. **Quality and Depth of Hearing Committee:**
   The Quality and Depth of Hearing Committee has begun to review child protective hearings in an effort to develop best practice recommendations. The committee’s case reviews have focused on whether the court’s oversight substantially advances the child’s permanency, whether the individuals appearing at the hearing are encouraged to participate effectively, and whether the jurist, lawyers and caseworkers have sufficient training to complete their tasks. Once the committee establishes best practices for each type of hearing, the CWS division will publish those recommendations and provide statewide trainings.

4. **Child and Family Services Review (CFSR) Committee:**
   The CIP’s CFSR Committee played an instrumental role in preparing local courts and specifically the selected counties in September 2009. The committee determined that the courts needed to have a clearer understanding of the linkage between the Adoption and Safe Families Act (ASFA) of 1997 and the CFSR, and training for that purpose was developed and implemented. The 2009 trainings included:

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<th>Date</th>
<th>Event</th>
<th>Location</th>
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<tbody>
<tr>
<td>March 19</td>
<td>Region II Judges</td>
<td>Lansing</td>
</tr>
<tr>
<td>May 1</td>
<td>Region III Court Administrators</td>
<td>Mt. Pleasant</td>
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<tr>
<td>May 8</td>
<td>Region III Judges</td>
<td>Mt. Pleasant</td>
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<tr>
<td>June 29</td>
<td>State Probate Judges Assoc.</td>
<td>Traverse City</td>
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<td>July 23</td>
<td>Statewide Webcast – ASFA Revisited</td>
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<td>August 13</td>
<td>Kent County Judges</td>
<td>Grand Rapids</td>
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The committee also developed the initial draft of bench cards to guide the courts in their effort to ensure compliance with ASFA and title IV-E requirements. The committee’s work in 2010 will focus on collaboration between the state agency and court in the establishment and implementation of a CFSR program improvement plan. CWS anticipates conducting co-training with DHS on the implementation of the plan.

5. Tribal Court Relations Committee:
In September 2008, the CWS division created a special CIP Indian Child Welfare Act (ICWA) committee, which authored a guide with practical tips for Michigan jurists on how to implement the ICWA in their courts. Representatives from 11 of the 12 federally-recognized tribes attended the four meetings between September 2008 and June 2009. The ICWA committee published the Court Resource Guide in September 2009; it can be found at: http://courts.michigan.gov/scao/resources/publications/manuals/cws/ICWACtResourceGuide.pdf.

The collaboration between SCAO, the trial courts, DHS and the federally-recognized tribes in Michigan was so positive and long overdue that staff in CWS decided to create a permanent CIP committee dedicated to continuing collaboration with the tribes. The Tribal Court Relations Committee met for the first time on July 10, 2009. The committee membership was drawn from the special ICWA committee.

The committee identified its goals at this first meeting and has met since then to begin work. The primary goals at this time include:

- Codify ICWA into state law.
- Draft a tribal/state agreement that will initially be between the courts and the tribes, then CWS will include DHS once consensus is reached.
- SCAO staff is to meet with each of the tribes individually and consider how our relations can improve. These meetings will likely include the American Indian Law Section of the State Bar.

B. CIP Data Grant
The CIP Data Grant Steering Committee has been hard at work this year organizing and prioritizing data to share. With limited CIP data funds, the collaboration of the steering committee members has been crucial to the data sharing success this year. Undoubtedly, the assembled team, consisting of leadership from DHS, the Department of Technology, Management and Budget (which manages the DHS enterprise data warehouse), SCAO and the Michigan Judicial Information Systems, is fully committed to maximizing funds and talent among the group to bring data to DHS caseworkers and court staff.
Initially, Michigan identified three pilot counties to begin the data-sharing project. They were Oakland, Saginaw, and Genesee. This year Livingston County was added since they are a National Council of Juvenile and Family Court Judges Model Court and data sharing is one of their self-identified local goals.

Genesee, Saginaw and Livingston counties all have access to nine of the 62 performance measures identified in previous reports. These nine performance measures are court-driven in nature and evaluate the timeliness of court hearings. Genesee’s local DHS staff are gaining access to this data, and Saginaw and Livingston counties’ local DHS will not be far behind. The best way to benefit from the use of data is for it to be shared at the local level. Then, each local team can start at the same point when setting mutual goals.

At the most recent steering committee meeting, the committee outlined the next phase of data sharing. During this FY, the committee will provide the following data to the pilot counties with the goal of going statewide in the years to come:

**Data courts will receive:**
- Date of placement.
- Location of placement.
- Title IV-E eligibility.
  - Is the child eligible?
  - Is title IV-E actually paying for services?
- A direct view into the DHS enterprise data warehouse of:
  - The permanency backlog cohort data.
  - The reunification alerts.

**Data DHS will receive:**
- Aggregate adoption data for purposes of statistical accuracy comparison.
- Access to the Judicial Data Warehouse to assist in locating absent parents, verifying addresses, etc.
- Information from court orders including next hearing dates.

Since the beginning of this calendar year, DHS has been sharing its permanency backlog cohort data. By sharing this data with each county, the local DHS and court staff are collaborating to bring these children to permanency. Thanks to the CIP data grant funds providing this data statewide to courts, and the collaborative environment at the local county levels, 50 percent of the children in the temporary court ward cohort reached permanency (i.e., reunification) by September 30, 2009. This is a tremendous accomplishment for Michigan’s foster youth and their families.

Michigan has made tremendous progress in the area of data sharing and collaboration over the past two years. This has been achieved in large part due to the progressive data team at DHS. The data steering committee is forward thinking and dedicated to systemic improvements with data.
C. CIP Training Grant

Each training funded by Michigan’s CIP Training Grant operates through an individualized planning committee, which typically includes a cross-disciplinary group of experts in the topic from a variety of public and private agencies including DHS, Department of Community Health, Office of Children’s Ombudsman, the University of Michigan Law School, the Michigan State University Chance at Childhood clinic, and the Michigan Department of Education (MDE). The CIP trains judges, court staff, attorneys, private and public agency field workers and Michigan’s 12 federally-recognized tribal social services counterparts. CWS designs each training based on recommendations from CIP statewide taskforce committees, DHS, various stakeholder community agencies and the Governor's Task Force on Children’s Justice.

In 2009, the CWS training division administered or co-sponsored 31 trainings around the state. In June, CWS held its first annual judicial curriculum training for family court judges and referees covering such topics as judicial leadership in child welfare proceedings, child development stages as related to best interest determinations, concurrent planning and mental health evidentiary issues. Other CWS trainings covered various child welfare topics, including the invisible injuries of neglect and emotional abuse, legal representation of parents and children, concurrent planning, legal updates, special education issues, and racial/ethnic disproportionally. CWS also conducted eight regional trainings throughout the state on title IV-E, three regional trainings on the Guidelines to Achieving Permanency in Child Protective Proceedings, the “yellow book,” and trainings on Michigan’s 2009 Child and Family Services Review. The full 2009 training schedule is linked here: http://courts.michigan.gov/scao/services/cws/TrainingDevelopment/2009TrainingSchedule.pdf

The training website is now fully operational and allows for online registrations for trainings, posting training materials and resources for public access, live webcasts, and archived off-site live trainings and luncheon webcasts. Luncheon webcasts, as a training medium, have been well received and the number of these will be expanded to 10 in 2010. The live webcasts provide an interactive format by allowing participants to submit their questions to the presenters. All webcasts are then archived for viewing by professionals either who are new to the field or who were unable to view the live broadcast. Reference the Children’s Protective Services: Child Abuse Prevention and Treatment Act (CAPTA) State Grant section for additional information on the training.

D. Other Court Improvement Committees and Workgroups

1. Permanency Options Workgroup:

 Supreme Court Justice Maura D. Corrigan created the Permanency Options Workgroup in the fall of 2006 to examine state child welfare laws and policies. The workgroup, chaired by Justice Corrigan, includes circuit court judges, a Court of Appeals judge, DHS management staff, legislative staff, Supreme Court
legal counsel and CIP staff. The workgroup meets approximately six times per year. Issues currently under consideration include:

1. Allowing the Michigan Children’s Institute Superintendent to designate another individual to provide consent to adoptions in uncontested cases. This would speed up the adoption process.
2. Allowing the court to reinstate parental rights under certain conditions.
3. Allowing court and DHD jurisdiction to continue to age 20.
5. Notifying and placing children with relatives.

2. Adoption Oversight Committee:
CIP staff also serves on the statewide Adoption Oversight Committee (AOC), which is administered for DHS by the Michigan Adoption Resource Exchange. The committee meets bimonthly to develop recommendations for improving adoption practices and procedures. CIP staff led the AOC’s Policy/Legal Workgroup. The Policy/Legal Workgroup is currently working to create uniform court adoption packets.

3. State Child Death Review Team:
CIP staff joined the State Child Death Review Team in November 2007. The Team meets bimonthly to review cases in which a child died despite CPS having had some previous involvement with the family.

4. SCAO Child Death Review Committee:
In December 2007, CWS created the Michigan Supreme Court’s own Child Death Review Committee to immediately review deaths that occur while a child is under court jurisdiction because of abuse or neglect allegations. A retired judge chairs the committee, and it includes a member of the State Child Death Review Team, a referee, a prosecutor, the DHS Family Advocate, a DHS county director, and two CWS staff members. The committee reviewed two cases in 2009.

Reference the Children’s Protective Services: Child Abuse Prevention and Treatment Act (CAPTA) State Grant and the Quality Assurance sections for additional information on child death reviews.

E. Special Projects

1. Bench Cards:
During the 2008 CFSR trainings, a number of judges commented that it would be helpful to have a written outline of the various points covered in child protection hearings. Mindful of this suggestion, CWS developed dependency hearing bench cards for Michigan’s juvenile courts. The bench cards assist judges and referees in their efforts to provide safe and timely permanency for abused and neglected children, while protecting the legal rights of all parties. Each bench card identifies procedural issues, outlines the legal and due process requirements of the hearing and details considerations for child well-being, safety, and permanency.
The bench cards also list the statutorily required judicial findings made at certain hearings.

There is a bench card for each of eight dependency hearings, including:
- Protective custody hearing.
- Emergency removal hearing.
- Preliminary hearing.
- Adjudication hearing.
- Dispositional and review hearing.
- Permanency planning hearing.
- Termination of parental rights hearing.
- Post-termination review hearing.

2. Quarterly New Judges Training:
In an effort to aid jurists who are new to the family court bench, CWS initiated new judges training on a quarterly basis. Beginning in August 2009, CWS staff has trained four newly assigned judges. The half-day training covers topics such as title IV-E and the Adoption and Safe Families Act requirements, the CFSR review, data collection and sharing, SCAO resources, and other relevant and timely issues of interest. CWS will continue these training sessions indefinitely.

3. Adoption and Permanency Forums:
In 2009, CWS held two Adoption and Permanency Forums designed to encourage interagency and inter-branch collaboration on expediting permanency for children who have remained in foster care for more than one year. This initiative, previously called simply the Adoption Forum, began in 2008 with the state’s 13 counties with the largest number of children in foster care and focused solely on increasing the number of adoptions. The 2009 forums held March 13 and October 30, 2009, added Michigan’s next 10 largest counties and expanded the focus to include all permanency goals. The 23 participating counties account for approximately 85 percent of the total foster care caseload. During the forums, a judge from each attending county formed a multi-disciplinary county team that developed innovative ways to expedite permanency for the targeted cases. The teams’ efforts resulted in a 14 percent increase in adoptions for FY 2009 from the previous year. (Reference the Permanency Division section for additional information).

4. Infant Mental Health Court:
CIP has hired national experts to assist three Michigan counties that have created multidisciplinary court teams and special dockets to help maltreated infants (birth up to age three). The teams oversee a process that screens abused or neglected infants for signs of emotional injury and then refers them for mental health services. Their parents also receive services, including dyadic therapy that teaches them to be more responsive to and responsible for the child’s developmental needs. The goal is to improve parent-child interaction and achieve permanency with no recurrence of abuse or neglect.
5. **AWOLP (Absent Without Legal Permission):**
   In 2009, CWS implemented technology updates to make the AWOLP court report forms more user-friendly for courts and DHS.

F. **Collaboration with the Michigan DHS**
   SCAO’s CWS division continues to invite and facilitate DHS involvement in each CIP project. DHS central or county office staff participated in every CIP workgroup and project listed above. CWS has established a solid working relationship with DHS central office mid-level management.

G. **Summary**
   Michigan’s CIP program continues to engage all the branches of Michigan’s government, as well as a dedicated cross-disciplinary group of child welfare professionals. The program assesses statewide issues and works collaboratively to improve them.

   The DHS, Supreme Court Justice Maura D. Corrigan and the Michigan legislature as a whole have strongly supported CIP’s interbranch and interdisciplinary collaboration efforts. The CIP intends to continue those collaborative efforts in order to accomplish its primary assignments:
   - Assess Michigan’s laws on foster care and adoption and the state’s judicial processes.
   - Develop and implement systemic improvements.
V. Educational Collaboration

DHS leads or partners in a number of collaborative initiatives focused on the educational system that work toward improving outcomes for children from pre-school through high school. Although DHS customers are often direct beneficiaries of these collaborations, Michigan children of all family income levels participate in programs and services at the community level.

The Michigan Model
The Michigan Model for Health® is the nationally acclaimed health education program. Over 90 percent of Michigan's public schools and more that 200 private and charter schools utilize this health education model. Through replication of the Michigan Model®, comprehensive school health now encompasses over 30 states, foreign countries, universities and medical schools.

Michigan established the Michigan Model® in 1985 as a cooperative effort of seven state agencies: public health, education, mental health, social services (including DHS staff), Office of Highway Safety Planning, state police and substance abuse. These agencies agreed to collaborate in providing an efficient delivery mechanism for key disease prevention and health promotion messages.

Today, the Michigan Model® curriculum facilitates skills-based learning through lessons that include a variety of teaching and learning techniques, skill development and practice, and building positive lifestyle behaviors in students and families. Teacher training in the implementation of the model ensures that students, and their schools as a whole, get maximum benefits from this carefully structured program.

Central Michigan University's Educational Materials Center (EMC) is the official distribution center for the Michigan Model®. The Center works with the Michigan Model® State Steering Committee to keep materials current and to extend the network of concerned educators, parents, school districts and state agencies committed to providing the best possible health education curriculum for grades K-12. Additional information on the model is available at http://www.emc.cmich.edu/mm/default.htm.

Early Childhood Investment Corporation (ECIC)
The Early Childhood Investment Corporation (ECIC) is a public corporation housed within DHS and is one of the Governor’s key initiatives. It assures that every young child in Michigan has a great start and arrives at the kindergarten door healthy and ready to succeed in school, with parents who are committed to educational achievement. Accomplishing this important goal is not the work of any one organization or individual but takes the combined efforts of parents, community leaders, business, the legislature, state and local government, faith-based organizations and philanthropy. The ECIC brings these leaders together on behalf of a better life for Michigan’s youngest citizens and their parents.
Each year too many Michigan children enter kindergarten with previously unidentified health, social-emotional or learning problems. Parents of young children across Michigan lack easy access to information and resources in their communities that can help them in their role as their child’s first and most important teachers. Research studies have demonstrated that necessary investment in the first five years of life pays high dividends both to the public and to the individual. In fact, for each dollar spent before age five, there is a $17.00 rate of return realized through increased success in high school, higher earning employment opportunities and a decreased likelihood of incarceration.¹

The ECIC provides funds for community leaders to work together as members of a Great Start Collaborative to create the kinds of helpful information, services and resources that parents want and need. The ECIC provides training and consultation to community leaders about what works to improve the health, development and learning of young children. The ECIC seeks to bring together information about child, family and community needs and to educate and advocate for policy changes that assure the most efficient and effective use of all financial resources.

One of the key mechanisms to support the Great Start Project is the development of local focal points known as Great Start Collaboratives (GSCs). As of February 2010, a GSC serves every community in the state. ECIC has steadily increased the number of GSCs from 21 in 2007 to 55 in 2009.

Each GSC oversees the planning, implementation and ongoing improvement of an infrastructure designed to support a local, comprehensive early childhood system. Each GSC commits to a set of activities designed to assess community capacity and challenges, to develop strategic plans to improve services for children birth to five years of age and their families, and to increase local understanding and involvement in this issue. In addition, GSCs engage with parents in local efforts through the development of parent coalitions and through 20 percent parent participation in the GSC.

In addition to the Great Start Collaborative grants, the ECIC has responsibility for the continuation of the following quality childcare initiatives:

**FY 2009**

**Child Care Resource and Referral**

ECIC entered into three contracts to provide resource and referral services throughout Michigan. These contracts assist families who need childcare services by maintaining a register of childcare providers in the geographical area for which they were responsible and provided appropriate referrals. ECIC contracted with the Michigan 4C Association, Child Care Connections/Northwest MI 4C and Detroit/Wayne County 4C. There was geographical coverage of the entire state through these three contracts.

¹ Early Childhood Investment Corporation website, History.
Child Care Provider Training
Two contracts provide training and professional development opportunities for childcare providers. These contracts assured that providers find a wide range of training opportunities to assure that they have the skills and knowledge necessary to provide safe and stimulating settings for children. One contract was through Michigan State University Extension and the other is through the Michigan 4C Association.

Accreditation Scholarships and Incentives
This service under the development contract provides a limited amount of funding to childcare providers to become a nationally accredited center or home program. The Michigan 4C Association provides these services.

Day Care Aide and Relative Care Provider Incentives
This service under the professional development contract establishes an incentive for day care aides and relative care providers to receive training on issues relevant to their role as providers of childcare. Day care aides and relative care providers who meet eligibility requirements and who complete at least sixteen hours of training receive a one-time incentive of $150. The Michigan 4C Association provides these services.

Teacher Education and Compensation Helps (T.E.A.C.H.)
This is a scholarship program for childcare professionals working toward an associate’s or bachelor’s degree in early childhood education, child development or a Child Development Associate credential. The Michigan 4C Association administers this program.

Consumer Education
ECIC has two contracts for publications designed to provide child development, health and safety information and resources for childcare providers. One publication, Healthy Child Care, targets regulated providers and is published and distributed through Healthy Child Publications. The other publication called Start focuses on customer families using DHS childcare services and relative care providers. Between both publications, nearly 100,000 childcare providers and families received information on a bi-monthly basis.

FY 2010 – Great Start Child Care Quality Project
Beginning in October 2009, ECIC completely revamped the manner in which it allocates the “quality” dollars. The Great Start Child Care Quality Project culminates two years of research, review and restructuring of how Michigan has used its childcare quality dollars for more than two decades. The new plan provides a comprehensive system of supports and services designed to improve childcare quality.

Great Start CONNECT was created as a 24/7 database for available childcare, resources and training information. This system is important because it is a resource for thousands of Michigan childcare providers across all settings and for families who use childcare. The project supports childcare providers with professional development, training and resources. The project supports families who are consumers of childcare with resources and childcare referrals.
The Great Start Child Care Quality Project is a statewide network of ten Great Start Regional Child Care Resource Center projects, the Great Start Michigan Child Care Resource Center, Great Start Connect, the online Early Learning Resource, T.E.A.C.H. and the Child Care Enhancement Project (CCEP), separately funded by DHS and DCH through an interagency agreement.

The ten regional projects coordinate supports and services for childcare providers across settings, and for families who use childcare. Each project leader developed regional childcare quality improvement plans with early childhood representatives from the region. The regional quality improvement plans reflect the characteristics unique to each region, the challenges affecting childcare quality, and the optimum strategies to improve quality. The improvement plans incorporate connections, collaborations, and early childhood partnerships, identify the assets within a given region, and address the identified needs and gaps. It is these improvement plans along with state-mandated training requirements that ECIC is funding in fiscal year 2010.

The Great Start Michigan Child Care Resource Center maintains Great Start Connect, works with ECIC to establish a Curriculum Review Advisory Council (key to the building of a professional development system in Michigan), and in conjunction with ECIC aligns the regional quality improvement initiatives and efforts statewide. The Curriculum Review Advisory Council reviews childcare provider professional development and training content and curriculum, approves content and curriculum and approves trainers. The Curriculum Review Advisory Council approves content, curriculum and trainers aligned with Michigan’s professional development system. ECIC provides funds to Central Michigan University to house and provide statewide coordinating efforts.

Great Start Connect, Michigan’s new online Early Learning Resource houses a licensed childcare provider search database, childcare provider profiles, the childcare provider professional development registry and maintains connections to resources across the state.

**Educational Services to Foster Youth**

For information on educational services to foster youths, please see the description of Educational Planners in the Chafee Foster Care Independence Program section.
VI. Domestic Violence Shelter and Support Services

The goals of the Michigan Domestic Violence Prevention and Treatment Board (MDVPTB) funded services are to:

- Contract for the provision of:
  - Emergency shelter and related services (counseling, information, referral and advocacy) to victims of domestic violence and their children.
  - Rape prevention and services (counseling, advocacy, public awareness and emergency intervention services) to victims of sexual assault, their family members and/or their significant others.
  - Transitional supportive housing and supportive services (transitional housing, counseling, transportation, financial/specific assistance, employment services, health care, and client development seminars).
- Educate service providers and other professionals on the prevention and treatment of domestic and sexual violence.
- Improve the response of the criminal justice, legal, medical, mental health and social welfare systems to the crimes of domestic and sexual violence.
- Ensure that safety, confidentiality and justice are provided to victims of domestic and sexual violence.

Program Description
To achieve these goals the enabling legislation mandates the MDVPTB to:

- Provide funding to community-based agencies for domestic violence prevention and treatment.
- Develop standards for operation of victim service programs.
- Provide technical assistance to service providers.
- Conduct research to identify means of domestic violence prevention and treatment.
- Assist the state police in setting up a reporting system for law enforcement agencies.
- Carry out educational efforts targeted to both the public and relevant professionals.
- Advocate for policies and procedures that will improve the treatment of domestic violence victims.
- Advise the legislature and governor.

Services Provided
Comprehensive Domestic Violence Services
The following services are provided under contracts with 44 non-profit domestic violence programs: emergency shelter, emergency intervention (24-hour crisis lines and emergency response services), supportive counseling, community education and prevention services, personal and support advocacy with health care, criminal justice systems, housing location, financial assistance, transportation, child care and children’s services.
STOP Violence Against Women Grant
The Federal STOP Violence Against Women Grant for FY 2010 will provide $4.35 million to local collaborative projects to improve victim services and the criminal justice response to violent crimes against women. Local projects address domestic violence, sexual assault and stalking throughout the state including specialized sexual assault nurse examiner programs. These funds also support the development of statewide policies, protocols and training in collaboration with state agencies and statewide organizations.

Rape Prevention and Services Program
The MDVPTB currently funds 26 non-profit sexual assault programs under the rape prevention and services programs to provide comprehensive services to sexual assault survivors.

Transitional Supportive Housing Projects
The MDVPTB currently funds 19 non-profit domestic violence transitional supportive housing programs to provide for safe transitional supportive housing for up to 24 months.

Recovery Act STOP Violence Against Women Grant
The Recovery Act STOP Violence Against Women Grant funds 44 non-profit domestic and sexual violence programs and provides over $4 million from May 2009 to April 2011. The grant funds are used to support communities in their efforts to develop and strengthen law enforcement, prosecution, and court responses to violence against women and to provide services to victims. They also support communities in their effort to hire and retain criminal justice and victim service personnel who respond to violent crimes against women, as well as support other strategies to create and preserve jobs and promote economic growth, while improving responses to domestic violence, dating violence, sexual assault and stalking.

Recovery Act Transitional Housing Assistance Grant
The Recovery Act transitional housing assistance program will provide $2 million from May 2010 to June 2012 to support six programs that provide:

a. Transitional housing, including funding for the operating expenses of newly developed or existing transitional housing.

b. Short-term housing assistance, including rental or utility payment assistance with related expenses, such as payment of security deposits and other costs incidental to relocation to transitional housing.

c. Support services designed to enable individuals who are fleeing domestic violence, sexual assault or stalking to locate and secure permanent housing.

Sources of funding for the MDVPTB include:
- State funds.
- Federal Family Violence Prevention and Services Act Grant.
- Violence Against Women Act – STOP Violence Against Women Grant.
• Temporary Assistance for Needy Families (TANF) block grant.
• Violence Against Women Act – Centers for Disease Control.
• Crime Victims Rights Fund.
• Violence Against Women Act – grants to encourage arrest policies.
VII. Coordination with Tribes: Office of Native American Affairs

Description of Services
The DHS Office of Native American Affairs (NAA) serves as the department’s avenue to comply with federal and state requirements for consultation with American Indian Tribes regarding all state plans, programs, legislative changes and policy changes that affect North American Indian children and families. The title XX Social Services Block Grant funds the program.

The NAA delivers a broad range of services to Michigan’s approximate 130,000 American Indian population and DHS field staff. These services include policy and program development, resource coordination, advocacy, training and technical assistance, coordination of efforts to ensure implementation of applicable state and federal laws, including the federal Indian Child Welfare Act (ICWA) and Tribal consultation (Reference the NAA Business Plan at: http://www.michigan.gov/americanindians).

To combat the disproportionate representation of American Indian children in child welfare, Indian child welfare services in Michigan focus on supporting and preserving Indian families and creating other permanent alternatives for Indian children if family preservation cannot proceed.

Service elements include:
- The NAA office is located in the DHS Central Office.
- Indian Outreach Services (IOS), which includes 12 Indian Outreach Workers (IOWs) who are located in county offices across the state.

In addition, NAA coordinates statewide efforts to ensure the safety, permanency and well-being of Indian children and families in Michigan including:
- Tribal State Partnership (TSP) – A collaborative body of Tribal Social Service Directors and DHS staff focusing on Indian child welfare and the implementation of the ICWA. Conducted four TSP meetings in 2009, January, April, July, and October.
- Urban Indian Partnership – A collaborative body of urban Indian organizations and DHS staff focusing on the unique challenges facing Tribal at-large membership and point-of-entry for DHS services.
  - Conducted one Urban Indian Partnership meeting in January 2009.
  - Conducted eight monthly urban site visits in 2009.
- Michigan Tribal Child Care Task Force – A collaborative body of Tribal child care and Tribal education directors and DHS staff working to ensure Zero to Three, Great Start and Pathways to Success for young children and adults. The meeting is rescheduled for later in 2010.
- Child Welfare Training Institute – Assists DHS training with ICWA training for new child welfare and supervisory staff – conducted monthly trainings for new
caseworkers and new supervisors in the months of January through November 2009.

- **Regional Indian Outreach Worker Meetings** – Cohort forum to provide professional development – conducted two Regional Indian Outreach Worker meetings in 2009.
- **Collaboration with the State Court Administrative Office (SCAO), Court Improvement Program (CIP), Statewide Task Force Member (Policy, Data, Tribal Court Relations, and ICWA Subcommittees)** – Advocating on behalf of Tribal families.
  - Attended three SCAO CIP Statewide Task Force meetings.
  - Attended three SCAO CIP Policy Committee meetings.
  - Attended three ICWA Committee meetings.
  - Attended three Data Committee meetings.

### ICWA Compliance

The purpose of ICWA is:

To protect the best interests of Indian children and to promote the stability and security of Indian tribes and families by the establishment of minimum federal standards for the removal of Indian children from their families and the placement of such children in foster or adoptive homes which will reflect the unique values of Indian culture, and by providing assistance to Indian tribes in the operation of child and family service programs (25 U.S.C. §1902).

Pursuant to the 1994 amendments to the Social Security Act (title XX), states consult with Tribes and tribal organizations in developing a statewide plan to ensure ICWA compliance and in all other matters related to Indian children and families. DHS strives to provide culturally appropriate services to Indian families through increasing the involvement of Indian Tribes, communities and agencies in furthering the development of community-based services to children and families, as well as continued funding and support. These efforts include:

- Quarterly Tribal State Partnership meetings with representatives from Michigan’s 12 federally-recognized Tribes, Tribal organizations, local county DHS and central office staffs, including CWTI trainers.
- Regional/national Tribal consultation as requested through the Midwest Alliance of Sovereign Tribes (MAST), National Indian Child Welfare Association (NICWA), Casey Family Programs, and the Child Welfare League of America (CWLA), National Indian Child Welfare Association.
- New grant/contract opportunities for Tribal communities from the Midwest Child Welfare Implementation Center (MCWIC) and Casey Family Programs.
- Contracts with the Michigan Indian Child Welfare Agency (MICWA) and the Sault Sainte Marie Tribe of Chippewa Indians Binogii Placement Agency for foster care and adoption services for American Indian children.
- The DHS Indian Outreach Worker (IOW) program. The Native American Affairs Business Plan enumerates the plan to strengthen the Indian Outreach Services (IOS) program. Current IOS policy (updated April 1, 2010) is available at:
The 12 counties with IOWs are: Baraga, Chippewa, Delta, Gogebic, Isabella, Kent, Luce, Mackinac, Marquette, Menominee, Van Buren and Wayne. All Tribes may access IOWs regardless of where they are located.

- ICWA and Indian Child Welfare policy training for DHS and private child-placing agency staffs.
- Culturally competent human service materials that reflect the unique status of American Indian peoples and laws that protect their sovereignty, which include the ICWA poster, Tribal Service Area Map and Michigan Bar Journal (MBJ) article at: http://www.michigan.gov/americanindians.
- Families First of Michigan, a family preservation program that services seven of ten reservation communities. Tribal representatives participated in the bid rating process in geographic areas servicing Tribes. DHS staff determine eligibility for Families First and coordinate tribal referrals in collaboration with local DHS offices or the DHS family preservation program office.
- The DHS website where the public can find information about DHS programs, services and policies, as well as contact information for DHS staff, Tribes and Tribal organizations at: http://www.michigan.gov/americanindians.
- Continuing review and revision of the department’s Indian Child Welfare policy to strengthen and achieve compliance with federal rules and regulations.
- Ensuring the exchange of Tribal CFSP and APSR with NAA during the DHS annual APSR process.
- Strengthening the state court’s application of ICWA through collaboration with Tribal courts, attorneys and social services, state court administrative staff and the DHS legal affairs staff, by working towards the development and codification of the Michigan Indian Child Welfare Act.
- Negotiating in good faith with any Indian Tribe or organization that requests the development of Tribal/state agreements including title IV-E and IV-D agreements. Specifically, Michigan will assist the Tribe(s) in accessing title IV-E administrative funding, CFCIP, training, and data collection resources (Reference the Chafee Foster Care Independence Program section for additional information on the CFCIP and consultation with the Tribes).
- Development of CFSR program improvement plan goals regarding Indian child welfare (Item 14).
- Conducting stakeholder surveys to ensure quality assurance of the NAA office and policy.
- Conducting public awareness events to sensitize consumers and vendors to issues and successes of American Indian peoples in Michigan and improve cultural competency.
- Consult with state and private agencies pertaining to state Indian child welfare issues.

**Departmental Indian child welfare statistics**

In the fourth quarter of FY 2009, DHS had:

- 214 American Indian foster care cases.
- 45 American Indian children eligible for adoption.
• 35 American Indian children in DHS care who were eligible for youth in transition services (YIT).
• 86 American Indian foster homes that were licensed with DHS.
• 37 American Indian juvenile justice cases.

Tribal Consultation
Michigan is taking steps to increase government-to-government relations with Michigan’s federally-recognized Tribes by facilitating a Tribal Training Day, which was held on December 2, 2009 and is planning a Tribal Consultation Day to be held in the summer of 2010. The purpose of these meetings is to define Tribal consultation and emphasize Tribal consultation policy to ensure title XX compliance and foster a good faith effort to collaborate with Tribes. To engage the Tribes in the Tribal consultation process, the NAA director began research and best-practice resource sharing with the Tribes regarding Tribal consultation models from Region V.²

The following list enumerates the issues raised at the Tribal Training day in December 2009, followed by action steps planned or taken to resolve them.

1. Issue
   Participants raised the Indian Child Welfare Act (ICWA) and the role of concurrent planning as a concern. Several Tribal attendees indicated that they had asked to be involved in discussions related to ICWA and how concurrent planning fits with the mandates of ICWA. The questioner expressed frustration that they have not been involved in any meaningful discussion and DHS is already piloting concurrent planning.

   Action Step
   DHS referred this concern to the DHS Director of the Child Welfare Bureau, which is responsible for the DHS concurrent planning initiative.

2. Issue
   One participant raised a concern regarding the role of the Interstate Compact on the Placement of Children (ICPC) office in cases when Tribal Social Services is involved. Currently, it appears no process exists for the ICPC office to communicate directly with a Tribe when an issue arises regarding the placement of an Indian child. The ICPC office works through the local DHS, which contacts the Tribe.

   Action Step
   The manager of the ICPC unit indicated he would like to have more discussion with the Tribes on this issue and he is willing to modify ICPC processes based on need.

3. Issue
   A participant raised a concern regarding the lack of a quality assurance (QA) process in Michigan related to the implementation of ICWA. DHS does not

systemically review our handling of cases with American Indian children to assure that local offices are complying with ICWA and that services adhere to the ICWA precepts.

**Action Step**
DHS indicated there is an ICWA question on the supervisory case reading form (a QA tool for monitoring the quality of child welfare casework), but it was acknowledged that DHS can do more to track adherence to ICWA. DHS established a meeting between with NAA and the Child Welfare Improvement Bureau staff to look at ways to involve the Tribes in the QA process.

4. **Issue**
A participant expressed concern about the availability of timely, accurate and thorough child welfare data on Native American children.

**Action Step**
The Director of the Child Welfare Improvement Bureau (CWIB) has already begun discussion on this issue with Tribal representatives and is committed to continuing to improve the availability of child welfare data on Indian children. Currently, the NAA director presents American Indian data reports at the Quarterly Tribal State Partnership meetings and disseminates reports to the Tribal partners via email.

5. **Issue**
A group member expressed concern about Tribal access to Chafee and Youth in Transition (YIT) funding and services. Currently, Tribes access Chafee or YIT funding through the local DHS and they have found adequate funding is not available for Tribal youth. Title IV-B funding requires that DHS assure Tribal youth access to Chafee services. Tribes would like to have a direct funding stream for youth services rather than access funding through the DHS or the agency that manages the Education and Training Voucher program.

**Action Step**
DHS will refer this issue to the Youth Services Unit, which manages the Chafee and YIT programs. (Reference the Chafee Foster Care Independence Program section for additional information).

6. **Issue**
A group member raised concerns about the understanding of DHS financial assistance and child welfare staff regarding the income and asset treatment of casino/gaming per capita payments to Indian children and/or families. The issue of per capita income comes into play when determining eligibility for title IV-E funding, financial and food assistance.

**Action Step**
The Federal Compliance Division (FCD) will follow up on title IV-E concerns and issue clarifying policy regarding the consideration of per capita income. They will
refer financial and food assistance concerns to the Director of Financial Assistance programs. Child welfare funding determinations will become part of Child Welfare Training Institute training and, when necessary, will involve the county DHS director in discussion to militate against possible bias.

7. Issue
Practice in local DHS offices in determining title IV-E eligibility appears to be inconsistent. Some local offices determine IV-E eligibility using a paper format in conjunction with the Tribal social services staff. The questioner raised concerns as to whether the paper process was accurate or whether information built into the SWSS determination might be applied inaccurately during the process. Secondly, Tribes need copies of the approval or denial of eligibility and which factors were considered. The lack of proof of denial is particularly important, as there are requirements of adequate notice and a proper appeal, as well as the need to provide sufficient proof in cases of denial that permit Tribes to apply for additional assistance from the federal government.

Action Step
The FCD committed to review the determination process, convene a workgroup with Tribal members and develop a process that will meet the DHS and Tribal needs. FCD staff has begun research on the issue and will convene a workgroup in 2010.

8. Issue
A participant raised concerns in regard to the federal requirement for title IV-E eligibility that a judge determines that it is contrary to the child’s welfare to remain in that home in the first order removing the child on an emergency basis. Tribal court administrators may not be available after hours and on weekends to issue an order to authorize the emergency removal of an endangered child. Tribal Code, however, allows such a removal for child safety. DHS policy on title IV-E funding does not recognize these variances.

Action Step
DHS will consult with the Tribes and determine the range of practices to be accommodated within policy. DHS will further consult with the Administration for Children and Families (ACF), Region V to clarify proper procedures to accommodate Tribal practice. FCD will follow up and begin broader consultation in January 2010.

9. Issue
A participant asked for information on title IV-E Tribal agreements.

Action Step
There are two levels of title IV-E agreements with Tribes. The federal government authorized the first in October 2008 through Public Law 110-351, Fostering Connections, which authorizes Tribes to negotiate directly with the federal government to administer a tribally based title IV-E program.
The second is for the State to negotiate in good faith with Tribes to create a title IV-E agreement based on the individual needs of the Tribe and their children. FCD staff indicated they have sought technical assistance from ACF Region V on this issue. The FCD staff conducted research on other agreements approved by ACF within Region V and will meet with each federally-recognized Tribe who wants to negotiate an agreement. DHS will schedule individual consultation beginning in January 2010 to work on the details with each Tribal government who wishes to enter into such an agreement.

10. Issue
A group member asked for policy clarification on the federal title IV-E requirement of proof of status for families considered qualified aliens. Policy cited during the training referred to the need to provide proof that persons born in Canada are at least 50 percent American Indian. The questioner raised concerns related to the blood quantum percentage requirements and individual Tribal membership codes.

Action Step
DHS foster care policy manual (FOM 902-2, Title IV-E Eligibility Requirements, page 2) states the federal requirements for Qualified Alien Status for U.S. citizens. The policy states: “The following persons are considered U.S. citizens or have an acceptable status for benefits . . . Persons born in Canada are at least 50 percent American Indian.” DHS will assure this policy is applied correctly through ongoing title IV-E case reading and appropriate follow up. DHS also asks any Tribes who believe there are issues regarding this provision to raise their concerns with the local DHS office and with the FCD staff. DHS field operations will assist with local county application of the policy as needed.

11. Issue
A participant asked about CFSR program improvement plan process as it relates to concerns raised by Tribes during the on-site stakeholder interviews.

Action Step
DHS is committed to implement consultation for the CFSP and CFSR in a different manner. Historically, DHS has utilized the Tribal/State Partnership as consultation. DHS will establish Tribal consultation policy in conjunction with NAA, Tribal State Partnership (TSP) and Tribes to assist in the process of clarifying Tribal expectations and definitions of Tribal consultation. The FCD staff will begin individual consultation with Tribes based on their request for both the CFSP and title IV-E. This action step has already begun implementation. The Tribal State Partnership (TSP) will continue to be a forum for open dialogue, training and Tribal/state negotiations to improve the implementation of ICWA and children’s services in Michigan.

12. Issue
A group member raised concerns about DHS and Tribes relying upon each other’s foster homes (borrowed beds) and good faith efforts to license Tribal homes under
Tribal standards (which may vary from state licensing standards). This is especially important for IV-E subsidized guardianships.

**Action Step**
This issue was referred for response to the director of the Bureau of Child Welfare, whose staff is responsible for the IV-E guardianship program and to the director of the Bureau of Child and Adult Licensing (BCAL). The DHS Legal Department director, the director of the Child Welfare Improvement Bureau, the manager of the Contract Compliance Office, the NAA director and a manager at BCAL met to review Tribal concerns. BCAL staff currently is writing new policy regarding borrowed beds and full faith and credit for Tribal licensing programs. The FCD will remain involved to assure IV-E policy comports with any decisions made.

13. **Issue**
A participant raised a concern regarding the CPS intake statewide hotline required by the consent decree. The questioner asked about the possibility that someone at a centralized hotline could possible “screen out” Tribal referrals when he or she may have little to no understanding of the specific situation.

**Action Step**
DHS issued a letter in January 2010 from Director Ismael Ahmed requesting a Tribal representative to serve on the CPS centralized intake steering committee to ensure a Tribal perspective is considered in the planning and implementation stages.

14. **Issue**
A participant expressed the concern that better identification of Native American families and children needs to occur by DHS staff at the outset of services. This issue also ties into the need for accurate data.

**Action Step**
The director of the Child Welfare Improvement Bureau will include this concern in her discussions on data. Currently, new caseworkers and supervisors receive training through the Child Welfare Training Institute regarding the DHS NAA Manual and ICWA policy implementation, including identification of American Indian children. Further, in partnership with the State Court Administrative Office, NAA has published an ICWA poster that highlights ICWA and DHS services for American Indian children and families in Michigan. This poster will be posted and disseminated at all DHS facilities, Tribal Social Services and court offices, state courts, and urban Indian centers to assist with proper identification of Indian children in care.

**Native American Affairs (NAA) and Tribal collaborative partnerships in 2009:**
- Tribal Social Services Directors (Indian child welfare) – See attached contact list.
- Tribal Health Directors (Emergency Preparedness) – See attached contact list.
- Tribal Child Care Directors (Child Care and Early Head Start/Head Start) – See attached contact list.
- Tribal Chairpersons (Tribal consultation) – See attached contact list.
• Tribal Attorneys and Judges (Indian child welfare and Tribal court relations) – See attached contact list.
• Urban Indian organization Directors (Indian child welfare and contract services) – See attached contact list.
• Native American Placement Agencies Directors (Indian child welfare) – See attached contact list.
• State historic Tribes (Indian child welfare) – See attached contact list.
• Indian Outreach Workers and Supervisors (Indian Outreach Services) – See attached contact list.
• Federal Indian Program Coordinators/Consultants (Indian child welfare) – See attached contact list.

**Tribal Consultation Plan Updates**
Below is the five-year CFSP update for Tribal consultation in 2009.
<table>
<thead>
<tr>
<th>Child and Family Services Plan</th>
<th>Tribal Consultation and Implementation for FY 2010-2014</th>
<th>FY 2009 Benchmarks and Progress</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Specific Topics</strong> (Mandatory for Native American Affairs)</td>
<td><strong>1) Training:</strong> a) All Children's Services Supervisors and staff will attend mandatory ICWA Training by FY 2013. b) Mandatory ICWA Training will be a full (8 hr) day. c) ICWA Training will be approved by the Tribal State Partnership (TSP) Training Subcommittee by FY 2012.</td>
<td><strong>1) Training</strong> a.) The Child Welfare Training Institute (CWTI) in collaboration with the Office of Native American Affairs (NAA) provided a 2.45 hour ICWA training to 685 new caseworkers and 139 New Caseworker Supervisors in FY 2009. b. The Tribal State Partnership (TSP) made recommendations to the Child Welfare Training Institute (CWTI) to add more ICWA training including on-line and video training options to increase hours of ICWA training to 8 hours (July 2009).</td>
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<tr>
<td>Notification of Indian parents and Tribes of State proceedings involving Indian children and their right to intervene.</td>
<td><strong>2) Data Management:</strong> a) Quality assurance of ICWA will be ensured through quantifiable data demonstrating all Indian cases per program (CPS/FC/JJ/Adoption/Guardianship/APPLA/YIT/ETV), ICWA data measures (notification, placement, active efforts, Tribal right to intervene), and case plan services (TDM/CPP/APP/DFSP) per system (SWSS/JJ QLT/SWSS-FAJ/BRIDGES) per county; will be captured from monthly ICWA case tabulations from FY 2010-2012. b) By FY 2012, there will be a process to extract American Indian ICWA case totals and ICWA data reports electronically (reports will be per county and reflect gender, ages, and Tribal affiliation).</td>
<td>Minutes for TSP Meetings are found on the NAA Web site at: <a href="http://www.michigan.gov/americanindians">http://www.michigan.gov/americanindians</a>.</td>
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<td><strong>3) Quality Assurance:</strong> a) Quality Assurance Plan development and implementation will occur by FY 2011 (includes: standards, case reads, self-assessment and reporting). b) A Tribal ICWA Compliance Review Board will be created by FY 2011.</td>
<td>c. The Office of Native American Affairs (NAA) provided copies of current CWTI New Caseworker and New Caseworker Supervisor Training curriculum to the Tribal Social Services Directors and Tribal State Partnership (TSP) Training Subcommittee for further development and approval (April 2009).</td>
</tr>
</tbody>
</table>

**Notes:**
- ICWA = Indian Child Welfare Act
- CPS = Child Protective Services
- FC = Family Counseling
- JJ = Juvenile Justice
- Adoption
- Guardianship
- APPLA = American Indian Planning and Loan Association
- YIT = Indian Training Institute
- ETV = Early Training
- TDM = Tribal Data Management
- CPP = Child Protective Plan
- APP = Adoption Placement Plan
- DFSP = Developmental Foster Home/Parental Services Provider
- SWSS = Substance Use Services
- JOLT = Juvenile Occupations and Life Training
- SWSS-FAJ = Substance Use Services for Juvenile Treatment
- BRIDGES = Behavioral Resource Intervention, Developmental, Growth, Education, Joint Efforts, and Support System
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<tr>
<th><strong>Child and Family Services Plan ICWA Specific Topics (Mandatory for Native American Affairs)</strong></th>
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<td>c) DHS and the Tribes will define Tribal consultation by FY 2010.</td>
<td>b) SACWIS/FOX Gap Analysis recommendations from Tribal Social Service (TSS) Directors and Native American Affairs (NAA), included ICWA data measures per the National Indian Child Welfare (ICW) Data Project and adding Indian Outreach Services (IOS) to SWSS to ensure proper data management and extraction.</td>
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</table>
| | | 3) Quality Assurance  
a) i. The DHS Quality Assurance unit submitted the case review tool to TSS Directors and NAA to begin the planning for an Indian case quality assurance plan (October 2009).  
a) ii. Tribal recommendations for the Child Welfare Improvement Task Force (February 23, 2009) regarding improving Indian child welfare in Michigan:  
1) Tribes are not involved as critical decision-makers, although that is the legal requirement.  
2) Timely assessments.  
4) Designate ICWA staff.  
5) Fully utilize the Bureau of Indian Affairs funding.  
6) Report number of Native individuals on central registry.  
7) Include issues related to sovereignty in training curriculum.  
8) Use Gogebic County as an example of best practice; partnerships between DHS and the Tribes are very positive in this region ([http://www.michigan.gov/cwitf](http://www.michigan.gov/cwitf)).  
a) iii. NAA submitted the CFSR program improvement plan goal: To ensure American Indian Children maintain connections to their community and heritage for Item 14 (Permanency) Strategy: To preserve the child’s connections to neighborhood, community, heritage, extended family, faith and friends while in foster care. |
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| Placement preferences of Indian children in foster care, pre-adoptive, and adoptive homes. | **1) Quality Assurance:**
a) 25% of all ICWA cases will be reviewed for compliance annually (Tribal ICWA Compliance Review Board) by FY 2011.  
b) DHS and Tribes will define Tribal consultation by FY 2010.  

**2) Data Management:**
a) Reports tabulating 1) Placement via ICWA, 2) Placement outside of ICWA with Tribal approval, and 3) Placement outside of ICWA without Tribal approval will be developed from hand-counted ICWA cases from FY 2010-2012.  
b) By FY 2012, there will be a process to extract American Indian Placement Priority Reports electronically per county to reflect gender, age and Tribal affiliation.  

1) Quality Assurance  
a) i. The CFSR onsite review in September 2009 included a sample of Indian cases.  

The NAA Director and one Tribal Representative accepted invitations to be state reviewers and participated in stakeholder interviews in September 2009. The NAA Director was stationed at the Wayne County Site. The tribal representative was not available for the September on-site review dates.  

12 Tribal Social Service (TSS) Directors were invited to a federal stakeholder’s interview meeting.  

a) ii. Tribal recommendations for the Child Welfare Improvement Task Force (February 2009) regarding improving Indian child welfare in Michigan:  
1) Tribes are not involved as critical decision-makers, although that is the legal requirement.  
2) Timely assessments.  
4) Designate ICWA staff.  
5) Fully utilize the Bureau of Indian Affairs (BIA) funding.  

b) The TSP developed a new legal/policy/funding subcommittee to review new policy initiatives for working with Indian children and families in care (January 2009). Next steps for addressing tasks will occur within the executive and subcommittee structure.  
c) Tribal consultations were conducted with Nottawaseppi Huron Potawatomi Indians, Saginaw Tribe of Chippewa Indians and the Sault Ste. Marie Tribe of Chippewa Indians in FY 2009. Tribal consultation meetings for FY 2010 were in the planning stages during FY 2009. |
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<td>6) Report number of Native individuals on central registry. 7) Include issues related to sovereignty in training curriculum. 8) Use Gogebic County as an example of best practice; partnerships between DHS and the Tribes are very positive in this region (<a href="http://www.michigan.gov/cwitf">http://www.michigan.gov/cwitf</a>).</td>
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<td>iii. NAA CFSR Program improvement plan goal: To ensure Indian children maintain connections to their community and heritage for Item 14 (Permanency) Strategy: To preserve the child's connections to neighborhood, community, heritage, extended family, faith and friends while in foster care).</td>
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<td>b) Tribal consultations were conducted with Nottawaseppi Huron Potawatomi Indians, Saginaw Tribe of Chippewa Indians, and the Sault Ste. Marie Tribe of Chippewa Indians in FY 2009. Tribal consultation meetings for FY 2010 were in the planning stages during FY 2009.</td>
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<td>2) Data Management  a) DHS Data Management Unit commenced quarterly Tribal specific data reports for CPS/FC/BJJ/Adoption/YIT in June 2009. Data reports will undergo quality assurance upon TSP completion of the ICWA QA process.</td>
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<td>b) SACWIS/FOX Gap Analysis recommendations from TSS Directors and NAA, included ICWA data measures per the National Indian Child Welfare (ICW) Data Project and adding Indian Outreach Services (IOS) to SWSS to ensure proper data management and extraction.</td>
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<td>Active efforts to prevent the breakup of the Indian family when parties seek to place a ( \textbf{1) Policy:} )  a) Reinstatement and implementation of an ( \textbf{1) Policy} ) a) The reinstatement and implementation of active efforts</td>
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<td>child in foster care or for adoption.</td>
<td>acceptable Active Efforts rate for Tribal contract agencies and private agencies for active efforts by FY 2010. b) By FY 2010, Active Efforts will be defined by Tribes. c) DHS will dedicate leadership staff to quarterly TSP Meetings to ensure coordination and collaboration with Tribes and honor Tribal sovereignty. d) DHS and Tribes will define Tribal consultation by FY 2010.</td>
<td>for the Binogii Placement Agency was requested June 2009 and is under review due to legislative and state budget finalization processes. b) The TSP developed a new legal/policy/funding subcommittee to review new policy initiatives for working with Indian children and families in care (January 2009). c) Director Ahmed set forth the expectation for dedicating key leadership positions to the TSP at the July 2009 meeting. d) i. The TSP developed a new legal/policy/funding subcommittee to review new policy initiatives for working with Indian children and families in care (January 2009). d) ii. NAA researched best practice examples via Region V recommendations, conducted informational interviews with Wisconsin ICW, and shared Wisconsin Tribal consultation model with the TSP (April 2009).</td>
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<td>Tribal right to intervene in state proceedings, or transfer proceedings to the jurisdiction of the Tribe.</td>
<td>1) <strong>Data Management:</strong> a) Monthly county report (hand count) of Tribal intervention and transfers to Tribal court cases will be generated by FY 2010; reports will reflect child age, gender and Tribal affiliation. b) By FY 2012, there will be a process to extract Tribal intervention and transfer to Tribal court reports electronically by county to reflect gender, age and Tribal affiliation. c) DHS and Tribes will define Tribal consultation by FY 2010.</td>
<td>1) <strong>Data Management</strong> a) SACWIS Fox Gap Analysis recommendations were made including incorporating the National ICW SACWIS Data items (May 2009). b) NAA submitted a request to the Data Management Unit (DMU) to create a new report to capture transfer to tribal court data (October 2009). Data reports will undergo quality assurance upon TSP completion of ICWA QA process. c) A Tribal Training Day was conducted by the DHS Federal Compliance Division in December 2009 in which Tribal consultation for data elements were discussed (December 2009).</td>
</tr>
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<td>Child and Family Services Plan ICWA Specific Topics (Mandatory for Native American Affairs)</td>
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<tr>
<td>Overall Child and Family Services Plan Topics (Optional for Native American Affairs)</td>
<td>Tribal Consultation and Implementation for Future 5-Year Plan</td>
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**Stephanie Tubbs Jones Child Welfare Services Program (title IV-B subpart 1 – DHS Foster Care Services).**

1) **Policy:**
   a) Minimum of one county with a Tribe should be selected for any future pilot programs occurring from FY 2010-2014.
   b) Tribes will be consulted regarding contract opportunities by FY 2010.
   c) Tribal representatives will be invited to participate in DHS policy committees that impact ICWA and Tribal sovereignty by FY 2010.
   d) Tribal set-asides for programming will be researched by FY 2010.
   e) DHS and Tribes will define Tribal consultation by FY 2010.

1) **Policy**
   a) Presently, Bay Mills Indian Community and Inter-Tribal Council of Michigan have 3-year FCAN grant contracts with DHS.

   The contract administrator for these grants is the NAA director.

   b) Information on the new process to bid for state contracts and opportunities was provided to the Tribes via L-Letter

   ii. NAA FY 2011-2014 FCAN contracts will be explored in FY 2010.

   iii. NAA and the Bureau of Juvenile Justice (BJJ) began dialogue for Tribal grant opportunities and contracts in FY 2011.


   Urban Indian center and state historic Tribes provide consultation and representation via the Urban Indian State Partnership meetings conducted annually and monthly site visits from the NAA director.

   d) The Tribes and NAA submitted a 3-year planning grant concept paper ($700,000) to the Midwest Child Welfare Improvement Center (MCWIC) for a collaborative to
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<td>improve Indian child welfare practices in Michigan.</td>
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<td>d)ii. The Tribes and NAA are currently consulting with Casey Family Programs 2020 initiative to target Indian child welfare specific improvements.</td>
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</table>
| Family Preservation (Includes Families First of Michigan (FFM) and Family Reunification Program (FRP). | 1) Policy:  
   a) Minimum of one county with a Tribe should be selected for any future pilot programs occurring from FY 2010-2014.  
   b) Tribes will be consulted regarding contract opportunities by FY 2010.  
   c) Tribal representatives will be invited to participate in DHS Policy Committees that impact ICWA and Tribal Sovereignty by FY 2010.  
   d) Tribal set-asides for programming will be researched by FY 2010.  
   e) DHS and Tribes will define Tribal consultation by FY 2010. | e) i. The TSP developed a new legal/policy/funding subcommittee to review new policy initiatives for working with Indian children and families in care (January 2009). |
| | 1) Policy  
   a) Zoe Lyons, CPS program manager, invited tribal participation in the new Concurrent Permanency Planning (CPP) pilot (July 2009).  
   b) i. Information on the new process to bid for state contracts and opportunities was provided to the Tribes via L-Letter.  
   b) ii. Current NAA Tribal FCAN Grant FY11-14 RFP development is being negotiated and will be put to bid in FY 2010.  
   b) iii. NAA and the BJJ began dialogue for Tribal grant opportunities and contracts in FY 2011.  
   c) Tribal representation in DHS committees includes the Centralized Intake Unit Core Workgroup, Child Welfare Improvement Task Force, and Child Welfare Training Consortium in 2009. | e) ii. NAA researched best practice examples via Region V recommendations, conducted informational interviews with Wisconsin ICW, and shared Wisconsin Tribal Consultation model with the TSP (April 2009). |

Urban Indian center and state historic Tribes provide
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<td>consultation and representation via the Urban Indian State Partnership meetings conducted annually and monthly site visits from the NAA director.</td>
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<td>d) ii. The Tribes and NAA are currently consulting with the Casey Family Programs 2020 initiative to target Indian child welfare specific improvements.</td>
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<td>e) ii. NAA researched best practice examples via Region V recommendations, conducted informational interviews with Wisconsin ICW, and shared Wisconsin Tribal consultation model with the TSP (April 2009).</td>
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<td>Adoption Promotion and Support Services.</td>
<td>1) <strong>Policy:</strong> a) Minimum of one county with a Tribe should be selected for any future pilot programs occurring from FY 2010-2014. b) Tribes will be consulted regarding contract opportunities by FY 2010. c) Tribal representatives will be invited to participate in DHS Policy Committees that impact ICWA and Tribal sovereignty by FY 2010. d) Tribal set-asides for programming will be researched by FY 2010. e) DHS and Tribes will define Tribal</td>
<td>1) Policy a) During the Tribal Training Day (December 2009), the Adoption unit invited all the 12 federally recognized Michigan Tribes to be partners to the Permanency Plan as signature authorities to approve plans.</td>
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<td></td>
<td>b) i. Information on the new process to bid for state contracts and opportunities was provided to the Tribes via L-Letter.</td>
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<td>b) ii. Current Tribal FCAN Grant FY 2011-2014 RFP development is being negotiated and will be put to bid in FY 2010.</td>
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<td>consultation by FY 2010.</td>
<td>b) iii. NAA and the BJI began dialogue for Tribal grant opportunities and contracts in FY 2011.</td>
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<td>c) Tribal representation in DHS committees included the Centralized Intake Unit Core Workgroup, Child Welfare Improvement Task Force, and Child Welfare Training Consortium in 2009.</td>
<td>Urban Indian center and state historic Tribes provide consultation and representation via the Urban Indian State Partnership meetings conducted annually and monthly site visits from the NAA director.</td>
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<td>d) i. The Tribes and NAA submitted a 3-year planning grant concept paper ($700,000) to the Midwest Child Welfare Improvement Center (MCWIC) for a collaborative to improve Indian child welfare practices in Michigan.</td>
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<td>e) i. The TSP developed a new legal/policy/funding Subcommittee to review new policy initiatives for working with Indian children and families in care (January 2009).</td>
<td>e) ii. NAA researched best practice examples via Region V recommendations, conducted informational interviews with Wisconsin ICW, and shared Wisconsin Tribal consultation model with the TSP (April 2009).</td>
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<td>1) Policy: a) Minimum of one county with a Tribe should be selected for future pilot programs occurring from FY 2010-2014.</td>
<td>1) Policy a) Zoe Lyons, CPS program manager, invited tribal participation in the new Concurrent Permanency Planning (CPP) pilot (July 2009).</td>
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**Caseworker Visit Funds**

1) Policy:
   - a) Minimum of one county with a Tribe should be selected for future pilot programs occurring from FY 2010-2014.
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| Child and Family Services Plan ICWA (Mandatory for Native American Affairs) | b) Tribes will be consulted regarding contract opportunities by FY 2010.  
c) Tribal representatives will be invited to participate in DHS policy committees that impact ICWA and Tribal sovereignty by FY 2010.  
d) Tribal set-asides for programming will be researched by FY 2010.  
e) DHS and Tribes will define Tribal consultation by FY 2010. | b) i. Information on the new process to bid for state contracts and opportunities was provided to the Tribes via L-Letter.  
b) ii. Current Tribal FCAN Grant FY 2011-2014 RFP development is being negotiated and will be put to bid in FY 2010. |
| Tribal Consultation and Implementation for FY 2010-2014 | | b) iii. NAA and the BJJ began dialogue for Tribal grant opportunities and contracts in FY 2011. |
| | c) Tribes will be consulted regarding contract opportunities by FY 2010.  
c) Tribal representatives will be invited to participate in DHS policy committees that impact ICWA and Tribal sovereignty by FY 2010.  
d) Tribal set-asides for programming will be researched by FY 2010.  
e) DHS and Tribes will define Tribal consultation by FY 2010. | c) Tribal representation in DHS committee includes the Centralized Intake Unit Core Workgroup, Child Welfare Improvement Task Force, and Child Welfare Training Consortium in 2009.  
Urban Indian center and state historic Tribes provide consultation and representation via the Urban Indian State Partnership meetings conducted annually and monthly site visits from the NAA director. |
| | | d) i. The Tribes and NAA submitted a 3-year planning grant concept paper ($700,000) to the Midwest Child Welfare Improvement Center (MCWIC) for a collaborative to improve Indian child welfare practices in Michigan.  
d) ii. The Tribes and NAA are currently consulting with the Casey Family Programs 2020 initiative to target Indian child welfare specific improvements. |
<p>| | | e) The TSP developed a new legal/policy/funding subcommittee to review new policy initiatives for working with Indian children and families in care (January 2009). |</p>
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| Training activities and costs to be funded through titles IV-B and IV-E of the Social Security Act. | **1) Policy:**  
   a) Minimum of one county with a Tribe should be selected for any future pilot programs occurring from FY 2010-2014.  
   b) Tribes will be consulted regarding contract opportunities by FY 2010.  
   c) Tribal representatives will be invited to participate in DHS policy committees that impact ICWA and Tribal sovereignty by FY 2010.  
   d) Tribal set-asides for programming will be researched by FY 2010.  
   e) DHS and Tribes will define Tribal consultation by FY 2010.  
| The NAA researched best-practice examples via Region V recommendations, conducted informational interviews with Wisconsin ICW, and shared Wisconsin Tribal consultation model with the TSP (April 2009).  
   b) i. Two Tribal FCAN grants currently are administered via Native American Affairs (NAA): Anishnaabe Future Leaders Camp ($41,000/yr) and Bay Mills Boys and Girls Club Summer Camp/Afterschool Program ($15,000/yr).  
   b) ii. Information on the new process to bid for state contracts and opportunities were provided to the Tribes via L-Letter.  
   b) iii. The NAA and BJJ began dialogue for Tribal grant opportunities and contracts in FY11.  
   b) iv. Current Tribal FCAN Grant FY 2011-2014 RFP development is being negotiated and will be put to bid in FY 2010.  
   The Urban Indian Center and state historic Tribes provide consultation and representation via the Urban Indian State Partnership meetings conducted annually and monthly site visits from the NAA director.  
   d) i. The Tribes and NAA submitted a 3-year planning grant
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**Child and Family Services Plan ICWA Specific Topics** *(Mandatory for Native American Affairs)*

**Tribal Consultation and Implementation for FY 2010-2014**

| Training Voucher Program (ETV) on an annual basis starting FY 2010.  
| c) DHS and Tribes will define Tribal Consultation by FY 2010. |

**2) Data Management:**

| a) Quality assurance of ICWA will be ensured through quantifiable data demonstrating all American Indian cases per program (CPS/FC/JJ/Adoption/Guardianship/APPLA/YIT/ETV), ICWA data measures (notification, placement, active efforts, Tribal right to intervene), and case plan services (TDM/CPP/App/DFSP) per system (SWSS/JJOLT/SWSS-FAJ/BRIDGES) per county; will be captured from monthly ICWA case tabulations from FY 2010-2012.  
| b) By FY 2012, there will be a process to extract ICWA case totals and ICWA data reports electronically (reports will be by county and reflect gender, ages, and Tribal affiliation). |

**3) Policy:**

| a) Minimum of one county with a Tribe should be selected for any future pilot programs occurring from FY 2010-2014.  
| b) Tribes will be consulted regarding contract opportunities by FY 2010.  
| c) Tribal representatives will be invited to participate in DHS policy committees that impact ICWA and Tribal sovereignty by FY 2010.  
| d) Tribal set-asides for programming will be researched by FY 2010. |

**FY 2009 Benchmarks and Progress**

| Quarterly Regional Tribal State Partnership (TSP) meetings compile minutes and meeting evaluations for service development and reporting (See website: http://www.michigan.gov/americanindians).  
| a) ii. NAA is developing a survey monkey to assess stakeholder satisfaction and recommendations for improving youth services.  
| a) iii. NAA submitted a CFSR Performance Improvement Plan (PIP) Goal: To ensure Indian Children maintain connections to their community and heritage for Item 14 (Permanency) Strategy: To preserve the child’s connections to neighborhood, community, heritage, extended family, faith and friends while in foster care).  
| b) SACWIS/FOX Gap Analysis recommendations from TSS directors and NAA, included ICWA data measures per the National Indian Child Welfare (ICW) Data Project and adding Indian Outreach Services (IOS) to SWSS to ensure proper data management and extraction.  
| 2) Data Management  
| a) DHS Data Management Unit commenced quarterly Tribal specific data reports for CPS/FC/JJ/Adoption/YIT in June 2009. Data reports will undergo quality assurance upon TSP completion of the ICWA QA process.  
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**3) Policy**

| a) Presently, Bay Mills Indian Community and Inter-Tribal Council of Michigan have 3-year FCAN grant contracts with DHS providing services to youth ages Infant to 18.  
| The contract administrator for these grants is the NAA director. |

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   b) ETV and YIT presentation was scheduled for April TSP 2010 meeting; due to cancellation it will be rescheduled for the July 2010 TSP meeting.  
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**e)** ii. NAA researched best-practice examples via Region V recommendations, conducted informational interviews with Wisconsin ICW, and shared Wisconsin Tribal Consultation plan model with the Tribal State Partnership (TSP) (April 2009). |

| Child Welfare Waiver Demonstrations approved under section 1130 of the Act, as appropriate. | **1) Policy:**  

a) Minimum of one county with a Tribe should be selected for any future pilot programs occurring from FY 2010-2014.  

b) Tribes will be consulted regarding contract | **1) Policy:**  

a) i. The SED waiver negotiated between DHS and MDCH was operational 10/1/09 and is valid in Ingham, Kalamazoo, Macomb, Oakland, and Saginaw counties and applicable to Tribal services in those counties. |
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VIII. Child Welfare Continuum of Care

Michigan continues to offer a broad array of services. The following information details the continuum of care services that DHS and community providers deliver. These services range from prevention services where DHS may or may not be involved in the lives of the family, to post-permanency and transition services for youths who are leaving the foster care system. Safety, permanency and child and family well-being frame the goals and outcomes for these programs. In the future, quality assurance and data management will play a large part in the design of Michigan’s continuum of care. DHS is also implementing new program standards for child welfare services contracts, including the implementation of outcome-based contracts for private child placing agencies. The CFSR outcomes, the Child Welfare Improvement Task Force, the children’s services philosophy and the principles of the consent decree are the foundation for all DHS service contracts.

Goal: DHS’ goal is to refine the coordinated service delivery system with other state agencies in order to meet the needs of children and families in a more coordinated approach.

This goal also corresponds to the Child Welfare Improvement Task Force’s change priorities 1, 2, 3 and 6.

Update: Michigan is in a sustained and severe financial crisis. The seasonally adjusted unemployment rate for April 2010 was 14 percent compared to the U.S. unemployment rate of 9.9 percent.³ State funds supporting human services programs have been reduced because of lower than estimated tax revenues in the current fiscal year. The governor’s executive budget projects deficits for the fiscal year 2011 at $1.5 billion.⁴ Funding for the family group decision making, Before and After school program and the teen parent programs were cut in FY 2009.

DHS has developed strong relationships with Michigan Department of Community Health (DCH) and has made inroads creating a comprehensive plan for children in foster care that provides adequate medical, dental, and mental health services. A legislative mandate to enroll all foster children in Medicaid managed care means DHS and DCH will tailor provider contracts to meet the special needs of the foster children in 2010. (Reference the Health Care Services Plan for additional information).

³ http://www.milmi.org/
These services are discussed later in this document.

**Goal:** DHS will develop a plan for addressing the services gaps. The plan will ensure that the services provided are sufficient in range and quality to meet services and placement needs, including medical and dental care, mental health services, and appropriate educational services.

**Update:** The Child Welfare Resource Center at Michigan State University conducted a needs assessment that assesses the Michigan child welfare service array. DHS is using the results of the assessment to guide decision making for developing services and programs that are essential for the safety, permanency and well-being of Michigan’s children.

DHS is targeting the $4 million needs assessment funding to expand or develop youth transition services, mental health services and prevention programs. These funds are targeted towards the following programs:

**Youth Transition Services**
The May 2009 needs assessment report indicated that youth transition services were effective when utilized, but not sufficiently available to many of the youths. One of the specific services listed was Michigan Works! DHS is planning to use $800,000 of the funding and $200,000 of Chafee funds to provide a Summer Employment and Educational Support program for up to 2,000 foster youths.

The Permanency Division is working with Michigan Department of Energy, Labor and Economic Growth to develop an interagency agreement that will include, at a minimum, Wayne, Oakland, Macomb, Genesee and Kent counties.
By June 1, 2010, the agreement will be in effect supporting a comprehensive approach to serving foster youths that includes:

- Job search and placement along with other employment development opportunities, such as referral to internships, apprenticeships, on-the-job training, and work experience.
- Mentors to support educational and employment success.
- Improved educational outcomes for foster youth through initiating credit recovery pilots in conjunction with Michigan Works! Agencies experienced in credit recovery programming.
- Development of vocational competencies in demand occupations for local economies.

Because of the Summer Employment and Educational Support program, foster youths will receive paid work experience, skill based training and an opportunity to recover educational credits in the four core areas of English, math, science and social studies. Involvement in the program will increase the confidence of participating youths and provide additional resources toward achieving self-sufficiency. Reference the Chafee Foster Care Independence Program section for additional information.

**Mental Health Services**

The needs assessment highlighted the importance of addressing the mental health needs of children in collaboration with systems partners and providing families and foster care providers with the training and support required to keep children in community settings. These findings were validated when conducting reviews of children in residential placement for over one year. Children often enter residential settings after a succession of failed foster home placements. DHS believes early intervention with in-home and wraparound services may have strengthened many of these placements and prevented the eventual placement in a residential setting. DHS is working on two different projects that will impact mental health services.

**Wayne County Residential to Permanency Initiative**

DHS is conducting a root cause analysis of 28 Wayne County children under the age of 14 in the permanency backlog who are currently in residential placement to gather data and evidence to define the factors that led to placement in residential care and to identify effective solutions for these factors. The managers assigned to Wayne County began focusing on these cases on March 22, 2010.

DHS is setting aside $1 million of the needs assessment appropriation to fund the initiative. DHS staff plan to conduct an individualized approach to each case. Specific services and funding amounts will vary with each case’s requirements. Flexibility will be key in determining what each child needs to step down from residential into a setting that will lead to permanency.

DHS is taking an innovative approach with these 28 children. Additional mental health assessments may be necessary to build a permanency plan for a child. Relatives or loved ones may need assistance with transportation to visit the child in order to
reestablish their relationship. If a child does not have an identified next placement, a foster home recruiter may be engaged by contract to target a home. Birth families may need assistance to address barriers to reunification when no current funding source is able to do so. Building success for these children relies not only on targeting mental health services but also on preparing and supporting them in school. DHS is partnering with the University of Michigan-Dearborn to do educational assessments on the 28 children. The plan is to complete the assessments over this summer.

An executive review team meets monthly to review progress and develop plans for each case. Members of the team include DHS executive staff including the medical director, DCH staff, and the three DHS resource program managers in Wayne County. DHS intends to use the analysis to improve permanency practice for children with emotional and behavioral needs that challenge families.

**Mental Health Case Rate Model**

The DHS seriously emotionally disturbed waiver pilot is operating in Genesee, Kent, Ingham, Kalamazoo, Macomb, Oakland, Wayne and Saginaw counties. By June 2010, Department of Community Health will use federal funds to support a community mental health position in each pilot office. One job duty will be to partner with DHS staff and identify appropriate referrals and proceed with referrals for screening and assessment of children/youths that may be eligible for the waiver or other mental health services.

Children not meeting the waiver criteria might still be eligible for other community based services. In some counties, when either court or DHS makes a referral to mental health for intensive community based services, either entity is billed based on the components of the bundled services that particular family accesses. Funds from court and DHS (at this point all local/county money) are matched against the county child care fund. A county commissioner designates the number of slots available for DHS supervised children. When these slots are taken, children are placed on a waiting list. DHS will use $1 million of the needs assessment funding to buy additional slots in waiver counties for seriously emotionally disturbed children that do not meet its eligibility requirements. A case rate for the bundled services is being negotiated with DCH that would include intensive in-home services, wraparound and a family advocate. It is expected almost 70 additional children and families could be served with the addition of the assessment funding. (Reference the Health Care Services Plan section for additional information).

**Prevention Programming**

A key finding made in the 2009 needs assessment final report was that prevention and preservation services are needed in Michigan that are effective in supporting families and reducing the need for removal from the home. (Reference the Prevention of Child Abuse and Neglect section for additional information on prevention programming.)

**Goal:** DHS will monitor the provision of services to determine whether they are of appropriate quality and are having the intended effect (Reference the Quality Assurance section).
Goal: DHS will designate an administrative staff who is responsible for determining funding sources for the provision of goods and services.

Update: The manager of the Federal Compliance Division is fulfilling this role. In addition to the title IV-E and the CFSR units, the County Child Care Fund Unit has been moved to the division.

Goal: DHS will conduct or contract for a second needs assessment two years after the conclusion of the first needs assessment.

Update: DHS will not accomplish this goal until FY 2011.
IX. Prevention of Child Abuse and Neglect

Children’s Trust Fund of Michigan
The Children’s Trust Fund (CTF) serves as Michigan’s only source of permanent funding for the statewide prevention of child abuse and neglect. Established by the Michigan legislature as an autonomous agency by Public Act 250 of 1982, CTF does not receive state general funds for operations. Governor Granholm designated CTF to serve as the state lead agency to receive and administer the federal Community-Based Child Abuse Prevention (CBCAP) grant.

To serve Michigan’s families and protect Michigan’s children, CTF works with an extensive network of local prevention organizations. CTF provides funding for direct service programs and local child abuse and neglect prevention councils (hereafter referred to as “local councils”). In FY 2009, CTF funded 30 direct service grants that served 25 of Michigan’s 83 counties. CTF awarded direct service grants on a three-year cycle through a competitive process. In FY 2009, CTF also funded 72 local councils that served 82 counties. By statute, local councils develop and facilitate collaborative community prevention programs. Councils also conduct local needs assessments and provide public awareness and other prevention services based on community needs. CTF supports its community-based prevention programs through training and technical assistance, evaluation assistance, parent leadership, a Child Abuse Prevention Month campaign and other activities.

Service Description
In FY 2009, CTF worked to strengthen its funded prevention programs to help mitigate risk factors and increase protective factors for Michigan’s children and families. CTF was also involved in efforts to enhance collaboration and influence systemic change in Michigan’s prevention and child welfare systems, as well as to improve internal effectiveness.

Local Councils: In FY 2009, local councils were in their third year of a three-year grant cycle. For a complete list of local councils, see Children’s Trust Fund Attachment #1. CTF awards local council allocations based on compliance with the CTF designation agreement and tier criteria. (See CTF Attachment #2 for a description of tier criteria.) Most local councils serve a single county, but several northern Michigan councils serve two or three counties. In FY 2009, CTF provided funding to 25 Tier I councils (which receive $5,000), 27 Tier II councils (which receive $10,000), and 20 Tier III councils (which receive $20,000 or more). Multi-county councils receive $1,000 (on top of the base grant amount) for each additional county served.

By statute, local councils have as their primary purpose the development and facilitation of a collaborative community prevention program. CTF charges local councils with conducting (or taking part in) local needs assessments and increasing public awareness. They provide a wide array of additional non-direct services based on specific community needs, including providing information and referrals, implementing
public awareness campaigns, organizing Child Abuse Prevention Month activities, providing prevention leadership on local committees, developing local resource directories, and providing educational workshops and in-service trainings (such as shaken baby syndrome, safe sleep, body safety, parent education, and mandated reporting).

Highlights of councils’ public awareness and outreach activities in FY 2009 were as follows:

In total, councils provided information via 351 information booths and fairs that reached an estimated 505,801 people, held baby pantries on 715 days, which reached an estimated 15,412 people, distributed 18,012 new parent packets, produced and/or distributed 508 newspaper articles, 206 public service announcements, 163 purchased ads, and 378 press releases, produced 369 newsletters and distributed 133,041 of these newsletters. In addition, councils held 489 speaking engagements and 201 other public awareness events. Councils also conducted 237 mandated reporter trainings that reached 7,136 attendees, 110 professional development and training activities that reached 2,973 attendees, and 58 other types of training or technical assistance (e.g., assistance to community partners in the direct service RFP process). Local councils also reported 7,206 referrals in the reporting period.

In addition to these public awareness and outreach activities, councils provided 4,748 educational services and activities to adults and children. In total, 43,155 adults (including 278 special needs adults) and 108,245 children (including 1,389 special needs children) were served. Specifically, councils provided 1,728 sexual abuse prevention programs (including 136 Stewards of Children programs), 715 parent education presentations, 204 Never Shake a Baby presentations, 177 Baby Basics presentations, 133 car seat safety presentations, and 130 Baby Think It Over presentations. An additional 1,661 other types of educational workshops were held.

Direct Services: Direct service grants fund prevention programs and services to promote strong, nurturing families and to prevent child abuse and neglect. They provide services to families who do not have an active CPS case (i.e., CTF does not fund tertiary or crisis intervention programs). In FY 2009, CTF funded 30 direct service grants in the following areas: 12 parent education/family support programs, five home visitation programs, five positive youth development programs, three youth mentoring programs, two teen parenting programs, one respite care service, one youth homeless shelter and one sexual abuse prevention school education program. See Children’s Trust Fund Attachment #3 for a more detailed summary of direct service programs.

CTF direct service grants served 3,829 families in FY 2009. The unduplicated participant counts that programs reported serving were 5,798 adults (including 142 special needs adults) and 11,908 children (including 364 special needs children). The populations served by race for adults were white or Caucasian (57.7 percent), Black or African American (21.0 percent), Hispanic or Latino American (10.1 percent), Asian American (0.2 percent), American Indian (1.2 percent), multi-racial (0.5 percent) and
other (9.3 percent). The populations served by race for children were white or Caucasian (54.9 percent); Black or African American (24.0 percent); Hispanic or Latino American (14.9 percent); Asian American (1.3 percent); American Indian (0.8 percent); multi-racial (1.5 percent) and other (2.6 percent).

Direct Service grants delivered 55,783 direct prevention services. (Note: each individual service delivery counts as one prevention service.) Of this total, 43.39 percent was for one-on-one counseling, 7.39 percent for home visits, 6.63 percent for transportation, 5.68 percent for resource coordination, 4.91 percent for workshops, 3.64 percent for referrals, and 3.33 percent for childcare services. The remaining 25.03 percent of services was for parenting classes, support groups, group counseling, screening, respite care, prenatal services and other direct services.

Based on CBCAP priorities, CTF also emphasizes the importance of outreach to special populations in its direct service Request for Proposal (RFP). The RFP instructs applicants to "Describe outreach to special populations, including racial and ethnic minorities, children and adults with disabilities, homeless families and those at risk for homelessness, and members of other underserved or underrepresented groups." In FY 2009, 11 of the CTF funded direct service programs served special populations.

Circle of Parents®: CTF continued to serve as the lead agency for the Circle of Parents® initiative, implemented in October 2006. Circle of Parents® provides an opportunity for parent involvement, leadership and support. Its purpose is to create or incorporate shared leadership and strong parenting skills into an existing or new community support group for all parents, but especially for those at risk for abuse or neglect. In FY 2009, Circle of Parents® increased from 11 to 18 statewide program sites, with multiple groups operating at most sites. Approximately 227 parents/caregivers and 306 children participated in the program.

Responsible Fatherhood: In FY 2009, CTF continued to support the Responsible Fatherhood initiative in partnership with three of our Circle of Parents® sites. This initiative originated in FY 2008 with the receipt of a $20,000 Responsible Fatherhood grant from the U.S. Department of Health and Human Services, Administration for Children and Families. Although the initiative was only funded through the first quarter of FY 2009, three sites continued to implement the fatherhood component through the end of the fiscal year. Fathers who attended the Conscious Fathering workshops (a component of the grant) in FY 2009 provided the following feedback:

“I wanted more time, this class is very interesting. We have to put machismo aside and care for our children and our partners.”

“I thank the people who took the time to teach us how to be real dads.”

“I really like the workshop because I learned things that I did not know about being a dad or that I had forgotten, please invite me again.”
“I like being able to practice holding, changing, and feeding a baby, and being able to learn from others that were present.”

MSU Partnership: In FY 2009, CTF entered the first year of its three-year grant with the Michigan State University (MSU) Department of Advertising, Public Relations and Retailing. MSU created an entity called “Children’s Central” with a mission to broaden the definition of child abuse and neglect (and prevention activities) to include negative effects of media, effect social change for the more ethical practice of advertising and media targeted to children, work toward the protection of families and to generate recognition of violence by or against children. Children’s Central also began to examine social marketing and branding strategies for CTF and the grantees, particularly local councils. Highlights of Children’s Central activities in FY 2009 included the following:

- Children’s Central research fellows presented papers at conferences, published journal articles and wrote grant proposals, bringing additional attention to the collaboration. At the close of FY 2009, 25 ongoing research projects were being tracked.
- Children’s Central administered the first MSU campus-wide “Innovation Award” competition. Seven papers were accepted for presentation at the joint CTF-MSU conference in November 2009.
- Students in eight MSU classes in the Department of Advertising, Public Relations, and Retailing worked in teams to design projects to provide fundraising, public awareness, social marketing, and advertising ideas for CTF local councils. In FY 2010, the CTF will compile these ideas and present them to councils.
- In the summer of 2009, Children’s Central identified and placed students who were interested in internship opportunities with CTF local councils. MSU received nearly 100 applications for internships. After placing 18 students with CTF local councils, MSU contacted the Michigan Nonprofit Association on behalf of CTF with the offer to place additional interns. In all, MSU placed 22 students with other nonprofit organizations around the state.
- Children’s Central staff consulted with Prevent Child Abuse America on various themes associated with their effort to develop child abuse prevention as America’s number one policy issue. The CTF also held initial conversations with FRIENDS staff to discuss proliferation of the CTF/MSU model for involving university researchers and educators in prevention work.

CTF staff also worked closely with MSU to plan for the joint conference in November 2009 (FY 2010) that featured the CTF annual training, as well as the MSU conference titled, “Consumer Culture and the Ethical Treatment of Children: Theory, Research, and Fair Practice.” See Children’s Trust Fund Attachment #4 for a full report on MSU’s 2009 activities.

Increasing Prevention Awareness: CTF continued to serve as a statewide resource for prevention awareness. In FY 2009, CTF experienced a very slight increase (0.54 percent) in overall public awareness contacts (compared to FY 2008). The largest increases over the previous fiscal year were seen in parenting awareness initiatives.
(134 percent increase), fundraising initiatives (31 percent increase), electronic website and email communications (28 percent increase) and In Michigan We Love Our Kids materials (19 percent increase).

CTF also distributed over 6,085 copies of Wonder Years, over 10,718 In Michigan We Love Our Kids booklets, 91,227 Never Shake a Baby pieces, and 10,127 Infant Safe Sleep pieces. In total, CTF distributed awareness materials to 224,387 total contacts in FY 2009. CTF also distributed 22,651 Child Abuse and Prevention Month items. For example, 12,500 educational pinwheels (a 25 percent increase over FY 2008) and over 6,000 blue ribbon pins (a 33 percent increase over FY 2008) were distributed.

Citizen Review Panel: The United States Congress mandates that states receiving federal CAPTA funding develop and utilize a minimum of three Citizen Review Panels (CRP). Since 1999, CTF has assumed responsibility for overseeing the Michigan CRP for Prevention. The CRP identified two overarching goals for 2009:

- First, to gain a better understanding of how DHS defines prevention (e.g., through policy and services).
- Second, to more clearly identify any child abuse and neglect (CAN) prevention programs and/or services currently operating within the department.

Having a clearer, more comprehensive picture of how DHS defines prevention and what types of prevention activities are occurring will enable the CRP to make better and more purposeful recommendations.

After obtaining more comprehensive information about the status of prevention services in DHS, the CRP made recommendations related to five major areas, as follows:

1. The adoption of a prevention definition.
3. Creation of prevention policy for the CPS program and a review (and restructuring, as necessary) of prevention policy within the Family Independence Program (FIP).
4. Incorporation of a prevention training module into the CPS pre-service training and the FIP training, or as a stand-alone workshop.
5. Creation of a standardized data collection module to track CPS referrals to prevention services and prevention training.

The CRP noted it is willing to serve as the lead in exploring and developing the training module, if desired, in conjunction with other relevant stakeholders.

In 2009, three new members also joined the CRP (including one parent representative), which supported CTF’s goal to increase citizen representation and the overall capacity of the CRP. In the previous year, the CRP also expressed its desire to obtain more feedback and suggestions from both the child welfare and prevention fields. In FY 2009, it took steps to do this by inviting staff from DHS to attend a meeting to provide information and updates about prevention initiatives within the department.
Strengthening Families/Protective Factors: In FY 2009, CTF began to explore the more comprehensive use of protective factors within its programming. CTF staff met with a representative from Strengthening Families (administered by the Center for the Study of Social Policy) in August 2009 to discuss Michigan’s current involvement with the protective factors strategy. A CTF staff person attended a Region V federal meeting titled, “Renewing Our Promise: A Framework for Building Partnerships with Child Care and Child Welfare,” which sought to make stronger connections between the Strengthening Families framework and states’ child care, child welfare, and prevention entities. CTF staff also participated in multiple webinars related to protective factors and had conversations with the Leelanau Parenting Communities program (a current CTF direct service grant), which was one of the initial Strengthening Families pilot sites. The CTF held initial discussions about protective factors and the Strengthening Families framework with collaborative partners, including a number of local grantees, the Early Childhood Investment Corporation, Parenting Awareness Michigan and the Parent Leadership Workgroup.

Michigan Child Welfare Improvement Task Force: DHS director Ismael Ahmed established task force in April 2008 to provide recommendations to DHS regarding services and outcomes needed to evaluate and strengthen Michigan’s child welfare system (particularly for children at risk of, or receiving, child welfare services). The scope of the task force included developing measurable outcomes for the full continuum of state-supported services for children and their families. In FY 2008 and FY 2009, two CTF staff members, a CTF board member and a CTF local council representative served on the task force’s Prevention, Community Services and Treatment Work Group.

CTF Parent Leadership Workgroup: The CTF established the Parent Leadership Workgroup in FY 2008 and it continued to meet on a quarterly basis during FY 2009. The workgroup consists of direct service program representatives, and its goal is to strengthen parent leadership and involvement in CTF-funded programs. In FY 2009, the discussion topics included:

- Parent leadership components, particularly the difference between parent support, involvement and leadership.
- Best practices for parent leadership and ways to learn from other programs.
- Ways to assess parent leadership in programs. The FRIENDS “Parent Leadership Development Self-Assessment” tool was reviewed.
- How to connect with other parent leadership initiatives. On one call, members had an opportunity to talk with staff from other agencies involved in parent leadership, including Parenting Awareness Michigan, Michigan Head Start, the Early Childhood Investment Corporation (ECIC), the Michigan Council for Maternal and Child Health and the Fatherhood Initiative.
- Creation of a location on the CTF website dedicated to parent leadership resources.
- Training needs and opportunities, including development of the Parents Partnering for Change training.

Expanding and Strengthening Services
CTF continues to prioritize integration of best practices into its work and into the grantees’ programs and services. Specific areas that CTF plans to strengthen are the
implementation of evidence-based and evidence-informed programs and practices (EBP/EIP), improved evaluation processes among grantees and improved reporting on outcomes. CTF will continue to provide trainings and technical assistance to help grantees implement these priorities.

Local Councils: CTF will continue to utilize the standing Local Council Workgroup. The CTF executive director and a local council representative co-chair this workgroup, which meets monthly (via conference call). Its purpose is both to share information with councils about CTF initiatives and to help inform and steer CTF’s work; it also serves as a vehicle for peer sharing between councils.

CTF also plans to explore ways to implement a peer review pilot process with local councils. The Best Practices Workgroup that began in October 2009 (composed of approximately 12 local council representatives and CTF staff) is currently exploring ideas. The workgroup is also exploring initiatives around implementing protective factors into local council work and identifying ways to increase EBP/EIP and evaluation among local councils. In addition, CTF plans to explore a system for Tier III councils to mentor Tier I councils, especially those that are struggling with issues of sustainability.

Local councils identified additional areas they would like to strengthen. At the annual training in November 2009, councils met by tier group to identify common challenges. In FY 2010, all Tier III groups began meeting via webinar/telephone conference to begin working on their respective projects. Moving forward, the three groups will primarily function as steering committees to advance their efforts, with the CTF local council coordinator spearheading the work. The identified areas to strengthen are as follows:

- Tier I – create energized board involvement.
- Tier II – find ways to engage “mandated” board members and expand involvement from the community.
- Tier III – develop a manual/toolkit with media information about prevention and volunteer training/screening materials.

Direct Service Programs: CTF continues to refine the criteria and outcome expectations of direct service programs. In FY 2011, CTF will continue to require use of the Protective Factors Survey (PFS) for any family or parent support programs (a requirement implemented in FY 2010). The PFS is a valid and reliable tool developed by the University of Kansas and FRIENDS. Use of the PFS will allow CTF to collect aggregate, outcome-based evaluation data from its direct service grantees.

The most significant change for direct services will start with new FY 2011 grants. Based on discussions with multiple stakeholders (including local council and direct service grantees), CTF will make changes to the length and funding structure of new direct service grants. These changes will address issues of programmatic and financial sustainability. First, the new grants will be for four years (versus three) with a $50,000 per year maximum (versus a $100,000 maximum). Second, the funding structure will change. The current funding structure is as follows:
First Year of CTF Funding: CTF awards 100 percent of original grant amount
Grantee matches 50 percent of the first year award
(any combination of cash and/or in-kind)

Second Year of CTF Funding: CTF awards 75 percent of original grant amount
Grantee matches 75 percent of the first year award
(any combination of cash and/or in-kind)

Third Year of CTF Funding: CTF awards 50 percent of original grant amount
Grantee matches 100 percent of the first year award
(cash only)

Under the new funding structure, CTF will provide a consistent amount of funding each
year (e.g., $50,000 per year), and the grantee will be required to match 50 percent
of the grant each year, with no less than 20 percent cash match. Since CTF grants serve
as seed money, the intended outcome of this change in funding structure is to enable
programs to become self-sustaining and better rooted in their communities.

Peer Review: In FY 2009, peer sharing occurred primarily through the annual training,
the local council workgroup and the parent leadership workgroup. Although these
activities were important and beneficial to grantees, CTF also took steps in FY 2009 to
begin identifying new and systemic ways to incorporate peer review. A CTF staff
member was active in the FRIENDS peer review workgroup to help in the creation of a
peer review tool and to learn more about peer review. In summer 2009, three CTF staff
members met to review the FRIENDS tool “Peer Review in CBCAP: Current Activities
and Best Practices for Building Stronger Peer Review.” The staff discussed the CBCAP
five-step plan for implementing peer review and ideas for moving forward with peer
review for both local councils and direct service grantees. The staff decided that the
most important first step was to engage grantees in developing peer review, so that
they will have ownership of the process. In FY 2010, this process began for local councils
(through the best practices workgroup) and direct services (through the direct services
work group). CTF is currently in the midst of these discussions with grantees, and
anticipates that a pilot process will emerge in FY 2011.

MSU Partnership: As previously described, CTF is currently in its second year of a grant
with MSU. In FY 2011, CTF will specifically work with Children’s Central and Prevent
Child Abuse America on messaging for CTF and child abuse prevention. The goal is
two-fold: first, to strengthen the overall message of the value and importance of
prevention; second, to strengthen the message of what the CTF is and what they are
doing. The messaging approach utilizes the reframing work conducted by the
FrameWorks Institute as well as research on protective factors.

Parent Leadership: Building on the work of the Parent Leadership in State Government
Advisory Board and the CTF Parent Leadership Workgroup, CTF will work with its
partners to continue to support parent leaders, both directly and through our funded
programs. In FY 2011, CTF tentatively plans to offer a second “Parents Partnering for
Change” parent leadership training (assuming positive feedback from the anticipated summer 2010 training). CTF will also continue to support parent representatives on the Citizen Review Panel for Prevention.

Other Activities: The CTF may take a number of additional steps to expand and strengthen CTF’s existing services.

- The CTF board’s program committee is exploring the possibility of making a presentation to the Children’s Cabinet. The Children’s Cabinet is comprised of directors from all state departments who have a role in children and family issues. They meet regularly to facilitate inter-departmental coordination and collaboration on issues of common interest. In April 2009, the program committee decided that, as a first step, efforts should focus on the Interagency Planning Group. The Interagency Planning Group is comprised of departmental leaders who can help CTF link its mission and expertise to the priorities of the departments. CTF wishes to identify ways that it (and its prevention network) can better integrate with the work of other departments and add value to services for children and families.

- CTF plans to explore new and different strategies for fund development (particularly foundation and corporate funding possibilities).

- CTF plans to explore ways to facilitate better the direct service grant process between local councils and community agencies. CTF will also explore ways to integrate geographical balance and community needs into the RFP process.

Services to be Provided in FY 2011
The services for FY 2011 mirror the same program areas funded or administered by CTF in FY 2009.

Local Councils: Councils will support prevention services and activities in their communities as explained earlier in this report. By statute, councils do not provide direct services but rather primary and secondary non-direct services.

- The population to be served is either the general population or at-risk populations in the counties served by the council. Each council’s prevention plan identifies the population served.

- Currently, 70 councils serve 80 of Michigan’s 83 counties. The number of Tier I councils decreased by two (from the previous fiscal year) due to funding and capacity issues at the local level. CTF continues to engage with these councils and offer technical assistance, with the goal of reestablishing these councils in 2011.

Direct Services: Direct service grants will provide prevention programs as detailed earlier in this report. Because the FY 2011 RFP will be released in late spring 2010 (with new grants awarded in the fall), CTF cannot provide estimates for the program. However, in addition to the FY 2009 and FY 2010 direct service grants, which will continue services in FY 2011, CTF anticipates awarding up to $243,750 in FY 2011 for new direct service grants. The CTF will make changes to the length and funding structure of direct service grants beginning in FY 2011. These grants will be available
on a statewide basis to provide primary and secondary prevention services to Michigan’s families and children.

For both local councils and direct service grants, the estimated number of individuals and families served can vary greatly based on annual activities and services (as well as the number and type of new direct service programs funded in FY 2011). CTF will continue to implement a continuous quality improvement process for data collection and evaluation. CTF will also maintain the increased level of technical assistance and monitoring of quarterly reports.

**Collaboration**

**Prevention Partners:** CTF serves as the co-chapter of Prevent Child Abuse (PCA) Michigan and administers the Michigan Citizen Review Panel for Prevention. In addition, the statewide network of prevention partners continues to include policymakers, state and local government agencies, nonprofit organizations, parents and providers, prevention advocates, corporations, and schools. In FY 2009, CTF began an innovative partnership with MSU and began to work more closely with the Parent Leadership in State Government initiative. CTF also collaborated with the Michigan DHS, the Department of Community Health and the Department of Education (via interagency agreements and informal collaborative initiatives). CTF staff members had affiliations, memberships or sat on steering or planning committees with approximately 15 groups to strengthen and inform our prevention work.

**Local Partnerships:** As previously described, local councils serve as a community’s prevention authority and advocate. They are able to respond to specific community challenges and local neglect and abuse issues. CTF worked with local councils and other advocates in efforts to educate policymakers on the critical importance of child abuse prevention services. These efforts were of particular importance in 2009 because of the unprecedented fiscal challenges Michigan faced in the state budget process.

The CTF structured the direct service grant application process to complement the established local council prevention network. When applying for CTF grants, direct service applicants review the unmet community needs identified by the local council’s needs assessment. During the application review process, local councils determine whether prospective programs address unmet needs and provide effective prevention strategies. The local council endorses proposals that meet CTF grant requirements and then submits them to the CTF for final review and rating by a panel of volunteer reviewers.

**Parent Leadership Endeavors:** CTF continued to be active in three ongoing initiatives to increase coordination and collaboration around parent leadership. These initiatives were:

- The Parent Leadership Workgroup (described earlier in this report).
- The Advisory Board for Parent Leadership in State Government (described below).
- The Parent Leadership Lead Agencies Workgroup (described below).
In addition, in FY 2009 the Early Childhood Investment Corporation’s Parenting Leadership Advisory Committee invited a CTF staff person to serve on the committee.

Parent Leadership in State Government: In FY 2009, two CTF staff members served on the Advisory Board for Parent Leadership in State Government (PLSG). An interagency agreement between the Michigan Departments of Community Health, Education and Human Services funds the PLSG. At least 51 percent of board members must be parents of children ages 0-18 who have been or are eligible to utilize specialized public services (e.g., disability, social services, special education, early childhood intervention, mental health, etc.). The purpose of the board is to establish parent leaders among families who use specialized public services.

In FY 2008, the board created a parent leadership training entitled “Parents Partnering for Change” based on the following competencies: participants will have an understanding of their own leadership direction, the ability to be an effective partner and exhibit leadership when working alongside professionals and have the ability to advance cultural competence. The board held the first training in September 2008 and it received very favorable evaluation results. In FY 2009, the board expanded the training by offering three trainings in the northern, southeastern and western parts of the state.

CTF circulated news of these trainings to all CTF grantees and encouraged them to share the training with parents in their programs. The PLSG covered all related training costs and an honorarium, making the training accessible to a wider range of participants. In 2009, CTF also began to explore the option of making the training available specifically to parents in CTF-funded programs. This decision came about through discussions with the CTF Parent Leadership Workgroup and a desire to increase our direct support of parent leadership in our programs. Therefore, CTF staff held initial conversations with DCH and the Michigan Public Health Institute (MPHI) (the two entities that manage the PLSG initiative). They agreed to explore the CTF-specific training and treat it as a pilot initiative. CTF plans to move forward with this training opportunity and implement a pilot training in FY 2010.

In addition to the “Parents Partnering for Change” training initiative, the board also took steps to increase its capacity and better collaborate with other statewide organizations interested in (or currently implementing) parent leadership. To do so, the board developed four standing subcommittees: linkages, placement, evaluation and spread strategy. A CTF staff member served on the linkages and placement subcommittees. In FY 2009, the linkages subcommittee assembled a list of leadership-related training opportunities, which was available to graduates of the Parents Partnering for Change training. It also worked on a plan to establish better connections with other organizations involved in parent leadership. To this end, approximately 12 organizations were invited to a “linkages meeting” in September 2009. The purpose was to discuss the demand for parent leadership training in Michigan and what has been successful and brainstorm ways to establish a referral process between organizations.
In FY 2009, the placement subcommittee updated a list of organizations that have an interest/need for parents to join their boards, committees or advisory bodies. CTF provided information on the CRP for Prevention and CTF local council boards. The list was then shared with participants at the three 2009 trainings. Notably, in September 2009, a new parent representative contacted the CRP after going through the training and learning about the CRP placement opportunity.

Parent Leadership Lead Agencies Workgroup: CTF initiated this collaborative work group in FY 2008, and members continued to meet in FY 2009. Involvement grew from the initial meeting in the fall of 2008 to include the Early Childhood Investment Corporation, the Michigan Council for Maternal and Infant Health, Zero to Three, Parenting Awareness Michigan, Michigan Head Start and the DHS Fatherhood Initiative. The workgroup provided an informal opportunity to discuss parent leadership topics including: current parent leadership initiatives, parent leadership trainings and resources, needs identified by both providers and parents, parent and community involvement in prevention awareness efforts, effective ways to obtain parent feedback (e.g., surveys or feedback forms), funding challenges, opportunities for collaboration and the use of protective factors and the Strengthening Families model. Attendees agreed that it was a beneficial way to stay up-to-date on each organization’s activities and opportunities for parents and professionals in respective programs.

Prevent Child Abuse Michigan Partnership: In FY 2009, CTF worked closely with the PCA Michigan co-chapter, the Children’s Charter of the Courts of Michigan. The executive director of Children’s Charter served on the Citizen Review Panel for Prevention, and CTF staff worked with Children’s Charter staff to plan the first Prevention Awareness Day at the state capitol in March 2009.

Direct Service Client Feedback: The CTF-direct service RFP requires applicants to “identify the tool and include a detailed outline of how you plan to measure clients' satisfaction,” and scoring criteria are related to this item. Once the CTF funds a program, they require it to document client satisfaction. Direct service grants report that they facilitate participant feedback through satisfaction surveys, topic surveys, advisory boards, one-on-one discussions with participants, verbal comments, attendance at meetings, and written evaluations of satisfaction. In FY 2009, CTF continued to implement a more formal, systematic way to obtain feedback on client satisfaction in funded programs. Direct service grantees were required to complete a form that identified how they conducted client satisfaction and illustrate their results. The form helps CTF obtain data, while allowing for flexibility in the individual processes and tools the grantees use.

Most grantees gauge client satisfaction through both quantitative measures (e.g., Likert scale questionnaires) and qualitative measures. Qualitative client feedback, often in the form of open-ended questions, provides important insight into client satisfaction and the success of CTF-funded programs. For example, participants in the Leelanau Parenting Communities program gave the following feedback in response to the question "What is the best thing Parenting Communities does?"
“Support families in unique ways.”
“I feel valued because PC staff genuinely care.”
“Very friendly, accepting, helpful.”
“Introduces my child to other kids/people/activities/environments she might not otherwise encounter.”
“Being able to meet other moms with young kids.”
“Being there and willing to help in any way.”
“Provides a space for families to learn and teach each other.”

CTF also requires grantees to respond to the following items on the client satisfaction survey: “List any unmet needs or areas of program improvement identified by participants” and “Describe how participant feedback will be used to inform the CTF-funded program.” Grantees typically provide narrative responses to these questions. For example, a CTF-funded family mentoring program provided the following information:

“Two areas that showed the lowest level of agreement (although still falling into the range of “Agree”) at 3.36 and 3.38 were the statements, respectively: ‘Transportation was never a barrier to attending any portion of the program’ and ‘I am better able to manage my finances.’”

In addressing how this feedback will inform their work, the program explained:

“The program will be altered with the goal of addressing the above-mentioned lowest scored attributes. As a result, when designing the program for the upcoming year we will target these issues as topics that clearly need greater attention. These two lower scores represent areas for improvement and provide valuable insight. Prior to reading these results, these two issues would not have been areas of concern. This helpful insight will lead to program improvement in the form of better communication with regard to the need for transportation and enhancement of financial education within the Parent Education component.”

Program Support
During FY 2009, CTF conducted or sponsored a number of training, technical assistance, and evaluation activities. These included an annual training, EGrAMS (Electronic grants administration and management system) trainings, protective factors trainings (new in FY 2009), a Prevention Awareness Day leadership training (new in FY 2009), logic model trainings and technical assistance (expanded in FY 2009), a PART training; an RFP technical assistance session and one-on-one technical assistance for the new three-year local council grant application (new in FY 2009), data collection, sustainability, and other issues. In 2009, CTF purchased a GoToMeeting webinar subscription and continued their Survey Monkey subscription. CTF also continued its monthly CTF News Briefs, enhanced its website and worked with grantees and the EGrAMS purveyor to improve the EGrAMS system. Details of these activities are below.
Trainings and conferences: The CTF held its FY 2009 Annual Training on October 15-16, 2009, with approximately 130 people in attendance. The training built on the FY 2008 training, which had focused on educating grantees about evidence-based and evidence-informed programs and practices, as well as developing logic models. Day one of the training targeted its message toward local councils. Keynote speakers were Guadalupe Lara, LMSW, and David Ellis, Corporate Director of Planning and Future Studies at the Detroit Medical Center. His presentation, “Child Abuse: The Third Wave,” discussed the rapidly changing landscape of the Internet and the positive and negative repercussions for children and families. Edi Winkle, our designated FRIENDS training/technical assistance coordinator, then provided a general session for all local councils titled, “Evidence-Based and Evidence-Informed Practice: How it Promotes Sustainability and Good Outcomes for Communities and Families.” In the afternoon, councils rotated with their respective tier group between three different sessions. This rotating structure allowed each workshop to focus on the needs and capacity of the different tier levels. Edi Winkle provided three training sessions in the afternoon: “Evidence-Based and Evidence-Informed Practice: Strengthening Existing Programs” for tier I councils; “Evidence-Based and Evidence-Informed Practice: Using Data to Strengthen Programs” for tier II councils; and “Evidence-Based and Evidence-Informed Practice and Its Relationship to Continuous Quality Improvement” for tier III councils. In addition, Lisa M. Dietlin, President and CEO of Lisa Dietlin & Associates, presented on fundraising and capacity building in her presentation, “Philanthropy: Building and Supporting Your Organization.” CTF staff also presented a training session on EGrAMS, data collection and evaluation.

Day two of the training focused on direct service grantees and presented information on implementation of evidence-based and evidence-informed programs and practices. The day started with a keynote presentation by Dr. James Henry, Co-Director of Southwest Michigan Children’s Trauma Center. Edi Winkle then provided a three-part training titled, “Strengthening Programs Through Evidence-Based and Evidence-Informed Practice,” which focused on the following components:

- Steps to strengthening programs.
- Key terms related to EBP/EIP and PART.
- Existing research resources.
- Key components in evaluation.
- Logic models.
- Continuous quality improvement, data reporting and their role in strengthening programs.

CTF staff also provided a training session on EGrAMS, highlighting the correct ways to report participant and race data. The day closed with a presentation on parent leadership titled, “Nothing About Us Without Us” from CTF staff and a Zero to Three parent consultant. The goals of the presentation were to define parent leadership, discuss the benefits and challenges of parent leadership for programs and parents and help grantees move down the path of stronger parent leadership and resources for programs.
In addition to our own evaluation of the overall training, CTF received evaluation results from FRIENDS specifically related to Edi’s trainings on EBP/EIP. Since the CTF has been conducting a significant amount of training and technical assistance on EBP/EIP with our funded programs, it was of particular interest to see the evaluation results. The following highlights came directly from the evaluation results. For the general session on day one:

Three quarters (74 percent) felt that the resources used/shared applied directly to their CBCAP programs, with the largest category (46 percent) being “a great deal.” This same number (73 percent) said that they would change their CBCAP practices in light of the knowledge gained during the session. This same number (74 percent) also found the session to be very effective, overall.

For day two, results were as follows:

Almost all (86 percent) said that their knowledge increased quite a bit (23 percent) or a lot (63 percent). As a group, 60 percent were only somewhat or less knowledgeable prior to the session, but 93 percent reported being quite knowledgeable or very knowledgeable after the session. Similar gains appeared with respect to attendees’ abilities to apply the underlying principles before and after the workshop. Before, 67 percent were only somewhat or less able to apply the principles, but after the session, 90 percent were quite (40 percent) or very (50 percent) able to apply the principles. These are very large gains.

The vast majority (90 percent) felt that the resources applied well to their programs, and 63 percent said that they would change their CBCAP practices because of what they learned. Virtually all attendees (93 percent) rated the workshop as quite effective (27 percent) or very effective (67 percent).

In FY 2009, CTF served as an official sponsor (providing $3,500) for the 27th Annual Michigan Statewide Conference on Child Abuse and Neglect: Prevention, Assessment and Treatment. This conference was for professionals working with children and families, including child advocates, law enforcement and medical personnel, mental health workers, protective services and foster care workers, prevention specialists, and others.

Protective Factors Training: In preparation for the required use of the Protective Factors Survey (PFS) by new direct service grants in FY 2010, CTF offered PFS training in September 2009. The training was conducted by Edi Winkle from FRIENDS and covered risk and protective factors, development of the PFS, administering the PFS, and use of the PFS database. In addition, CTF distributed information to all grantees about the August 2009 FRIENDS Webinar entitled “Protective Factors: Applying Theory to Practice.”

Circle of Parents® Training: The CTF held three trainings for prospective Circle of Parents® facilitators and interested community members, as outlined below:
- February 2-3, 2009 – 31 Participants (10 parent leaders, and 21 program staff and facilitators).
- June 29, 2009 – 13 Participants (three parent leaders, and 10 program staff and facilitators).
- September 24-25, 2009 – 24 Participants (three parent leaders, five guests, and 16 program staff and facilitators).

These 68 attendees learned how to develop, implement, and evaluate the Circle of Parents® Model, the importance of creating “parental balance” and father-friendly programs, the art of group facilitation and how to develop parent leadership and apply leadership skills to advocacy issues. Two of the guests were speakers from the DHS Child Welfare Improvement Bureau and the Michigan Domestic Violence Prevention and Treatment Board. The average evaluation response for the question “The training met my expectations” was 4.7 out of a possible 5.0.

Logic Model Trainings: To move all local councils toward greater implementation of evidence-informed and evidence-based practices, CTF required local councils to submit logic models with their FY 2010 through FY 2012 grant application. In advance of this new requirement, CTF provided free access to the FRIENDS online logic model course for all local councils from August to October 31, 2008. CTF paid for the course to provide councils with a user-friendly learning tool and to help them prepare for the FY 2009 annual training.

CTF also facilitated grantees’ participation in two additional logic model trainings in FY 2009. First, CTF distributed information to all grantees about the January 2009 FRIENDS Webinar titled, “The Logic Model Builder and Evaluation Toolkit: With New Resources and Features.” Second, CTF worked with Edi Winkle to create a logic model training specifically for Michigan’s CBCAP grantees. This training took place in February 2009 and familiarized grantees with the online logic model builder as well as principles behind a logic model and its components. CTF strongly encouraged grantees to attend at least one of the trainings. As a result, 51 participants from Michigan participated in the first call and 30 CTF grantees participated in the second call.

News Briefs: The CTF News Briefs continued its third year of monthly circulation in FY 2009. Each month the CTF emails the News Briefs to over 300 stakeholders. CTF uses the News Briefs as a tool to share information on upcoming CTF events and workgroup meetings, resources and research related to prevention and child welfare, CTF grant requirements and deadlines, grantee events and success stories, funding opportunities, training and technical assistance, and EGrAMS reporting tips. MSU-APPR Children’s Central also began to contribute a monthly page to highlight current events and emerging research related to child maltreatment and prevention.

CTF Website: In FY 2009, CTF continued to make the CTF website more useful for grantees and the public. Enhancements included an expansion of the Child Abuse Prevention Month page and the Signature Auction Event page. The CTF added a PowerPoint presentation on navigating the CTF website as a module under the training section. The CTF made additional improvements to the Michigan county pages. Each
county page now includes a direct link to KIDS COUNT data for that county, the Michigan Children’s Protective Services contact, census data and a county map. CTF also continued to add links to relevant sites, such as the new website launched by the National Center on Shaken Baby Syndrome. In FY 2009, there were 26,572 visits to the website (an average of 2,214 visits per month). This represents a 9.21 percent increase in traffic over FY 2008.

Other Training, Technical and Evaluation Assistance in FY 2009:

- CTF staff (with input from local council representatives) created new, optional data management tools for councils. These tools included a participant data collection sheet (to collect anonymous participant and race data at in-person educational activities, such as parenting workshops) and a participant data Excel spreadsheet, which mirrors the participant data requested in the EGrAMS program register.
- The CTF added a number of evaluation and needs assessment resources to the local council renewal application. Resources included information on protective factors, the FRIENDS evaluation toolkit, logic models and the FRIENDS online logic model builder, and needs assessments.
- CTF shared numerous training and outreach opportunities with grantees. For example, CTF staff distributed information about the following trainings and Webinars: “Using Qualitative Data in Program Evaluation: Telling the Story of a Prevention Program” FRIENDS webinar, “Recruiting and Retaining Parent Leaders” by FRIENDS, “Prevention: A Dialogue about Research and Practice” by the Center for the Study of Social Policy and Child Care Aware Parent Network Webinars.

Discuss the technical assistance that the state anticipates requesting from the ACF Training and Technical Assistance network as it implements current or new federal requirements.

In FY 2009, CTF continued to work closely with the FRIENDS National Resource Center for CBCAP. This fall, CTF will be completing the first full year of using the Protective Factors Survey with direct service grantees and will likely seek technical assistance to interpret the aggregate PFS results. In addition, CTF will likely utilize FRIENDS staff to provide a PFS training for new FY 2011 direct service grants. In addition, CTF plans to pilot a peer review process with both local council and direct service grantees. This will include seeking assistance from FRIENDS regarding ways to most effectively structure peer review, as well using the tool “Peer Review in CBCAP: Current Activities and Best Practices for Building Stronger Peer Review.” Other trainings, technical assistance, evaluation assistance and support may develop as needs emerge from the grantee network or as CTF identifies ways to implement stronger best practices.

Research, Evaluation, Management Information and Quality Assurance Systems

CTF continues to place a high priority on moving toward greater knowledge and use of EBP/EIP and outcome accountability. CTF will continue to provide trainings for and monitoring of EGrAMS reports and other annual report requirements (such as the client satisfaction report).
Program Evaluation: In October 2010, CTF will be completing its first full year of using the Protective Factors Survey (PFS) with direct service grantees. CTF anticipates that reviewing and interpreting the results will be a learning process for both CTF staff as well as grantees. Based on PFS results and feedback from grantees, CTF will identify any areas for clarification or additional training.

As in years past, direct service and local council grantees will be required to provide program reports to CTF via EGrAMS. The reports capture quantitative and qualitative data via:

1. An activity report that illustrates objectives, activities, expected outcomes, measurement tools, and actual outcomes and/or evaluation results.
2. A program register that includes quantitative data on populations served and the types of services provided.
3. An expenditure report that details the quarterly CTF expenditures, as well as cash and in-kind matches.

Although increased training for data collection and evaluation over the last two years has significantly increased the quality of grantees’ reporting, CTF will continue to provide EGrAMS/data collection training and technical assistance to support these evaluation activities. As part of continuous quality improvement process, over the past two years CTF has identified problems and ways to make EGrAMS reporting more accurate and user-friendly for grantees. At the FY 2009 annual training, CTF asked for feedback from local councils regarding refinement of the program register. In addition, CTF worked with a group of four council representatives who reviewed the program register and provided feedback to CTF. Their input determined the final program register for FY 2010. CTF will continue to make adjustments and improvements to the system, as identified by CTF staff as well as grantees.

Peer Review: As previously mentioned, the CTF plans to implement a pilot peer review process with a small number of local councils and direct service grantees. The CTF is currently discussing framework and process for peer review with grantees via the Best Practices Workgroup and the Direct Services Workgroup.

PART: In FY 2011, CTF will meet the federal reporting requirements for PART. Specifically, CTF will provide data on the amount of CBCAP funding used to support EBP/EIP. CTF will also estimate infrastructure costs needed to support EBP/EIP. CTF staff will continue to educate grantees (especially new grantees) about EBP/EIP and PART goals and requirements.

Prevention Pilots
Under the DHS director’s leadership, $1 million will be used to expand a prevention pilot to serve children and families in some of the neediest urban areas of the state. The pilot will serve families in the urban counties and provide a template for future prevention and family preservation programming. An invitation to bid was posted and the deadline for bids was May 24, 2010.
These programs will serve families with CPS categories III or IV case disposition that have been referred by a CPS worker, or have three or more of the risk factors cited in the Child Abuse & Neglect Risk Factors Checklist. There will be a strong home visitation component. The breadth and scope of these services will transition from strength-based, solution-focused home visitation services to more broad-based community and ongoing support programming. DHS is requiring bidders to incorporate the following into proposed programs:

- A child abuse and neglect prevention home visitation model that is evidence-based, evidence-informed and/or proven effective.
- Voluntary parental/caretaker enrollment and participation is required.
- Services must focus on enhancing the social, emotional and physical development of children by building the knowledge, skills and confidence of parent(s)/caretaker(s) to improve parenting skills and promote child well-being.
- Services:
  - Must include individual and/or group parenting skills training focused on positive parent-child interactions.
  - Should be strength based, solution focused and involve collaborative goal setting between the parent(s)/caretaker(s) and service provider(s).
  - Should include links to other community supports such as substance abuse treatment, domestic violence counseling, homelessness prevention, mental health counseling, legal aid assistance.
- Families:
  - May receive education and instruction on appropriate child management techniques and limit setting.
  - May receive education and instruction on housekeeping practices, household budgeting and family nutrition.
  - Referred must have an attempted face-to-face contact with staff within three business days of the initial referral; documentation of attempts are required.
  - May not have a substantiated Category I or II case of abuse or neglect during their time in this program. If the family was referred by DHS, the referring worker should notify the service provider that the family’s case was escalated to a Category I or II disposition.
  - Must be terminated from the program within 14 days of reaching their goals or when the family agrees that services are no longer needed.
- Service providers should be available during non-traditional business hours to accommodate client schedules/needs.
- Home visitation must take place at least weekly for a duration of not less than one hour.
- Development of family service plans must include goals as identified by the family and the assigned caseworker that are reasonable and attainable. The development of these plans must include a solution-focused family case conference and may include persons chosen by the family.
- Development of classes and support groups for families as identified and needed that may include parenting skills building, life skills development, self improvement or the like.
• Service providers and families must complete an individualized family assessment and must develop a safety plan based on the family's assessment.

With the needs assessment funding, DHS will add Saginaw, Kalamazoo, Calhoun, Berrien and/or Jackson counties to the pilot. The estimated number of families who could be served in all five counties is 86,000 to 100,000.

**Zero to Three**
Effective FY 2010, DHS placed the administration of Zero to Three with the Bureau of Child Welfare. DHS gives priority for the program services to CPS Category III and IV cases in Michigan’s five major urban counties. However, families with three or more risk factors who have been identified by the department are also eligible for services, even if there are no prior CPS investigations.

Zero to Three grantees are required to describe their evaluation process including identified, measurable performance objectives for each time-oriented outcome, how they will be measured, and how they integrate with the Zero to Three secondary prevention indicators. Outcomes are measured using three main data collection tools:

1. Quarterly data collection forms.
2. The Adult Adolescent Parenting Inventory-Bavolek (AAPI-2).
3. An analysis of CPS involvement.

The Zero to Three initiative has found these evaluation activities to be highly effective in demonstrating the return on investment and effectiveness of these prevention programs.

**Goals for FY 2010-2014:**

**Goal 1:** Assist Zero to Three programs in providing home visitation services to at-risk families that foster positive parenting skills, improved parent/child interactions, promote access to needed community services, improve school readiness, increase local capacity to serve families at-risk, and support healthy family environments that discourage alcohol, tobacco and other drug use.

**Objectives:**

1. Maintain and expand levels of service for Zero to Three prevention programs.
2. Provide training and technical to support Zero to Three grantees.

**Update:** The Bureau of Child Welfare in collaboration with the Michigan Public Health Institute will complete technical assistance and evaluation of outcomes.

**Goal 2:** Zero to Three grants will demonstrate positive outcomes for program participants.

**Objectives:**
1. Ninety-five percent of participants will report that they were satisfied with services.

**Measurement:** Individualized (program specific) client satisfaction tool. DHS compiles the aggregate data at the state level.

**Update:** In FY 2009, 99.4 percent of families served reported that they were satisfied with the services.

2. Ninety percent of participants will report improved parenting skills.

**Measurement:** Zero to Three Data Collection Form (DCF).

**Update:** In FY 2009, 93.8 percent of families served reported improved parenting skills as a result of services.

3. The average number of risk factors will decrease after services are provided.

**Measurement:** AAPI-2 and DCF.

**Update:** In FY 2009, the average number of risk factors within the AAPI-2 decreased from 0.73 on the pre-test to 0.60 on a six month follow-up inventory and to 0.52 on the twelve month follow-up (third administration). One-hundred percent of the programs provided home visits with individualized instruction or promoted access to parenting skills classes focusing on basic child care and child safety.

4. Ninety-five percent of children served and exiting services (after caregivers’ full completion of services) will not have a Category I or II CPS disposition at the end of the fiscal year for the year being measured.

**Measurement:** Query of all children (ages birth through three) using the DHS data warehouse for CPS substantiations.

**Update:** In FY 2009, 99.51 percent of the children enrolled in Zero to Three did not have a CPS Category I or II substantiation while participating in services, which indicated a preponderance of evidence of abuse or neglect and that a high risk for future maltreatment existed. One-hundred percent of the children enrolled in the program, who had a prior CPS Category I or II substantiation and whose CPS case was closed before the family enrolled, did not have a subsequent CPS substantiation. One third of the families and children who dropped out of a Zero to Three program before completing services had a subsequent CPS Category I or II substantiation on or before September 30, 2009.
5. Ninety percent of children served are up-to-date with age appropriate immunizations.

Measurement: DCF.

Update: In FY 2009, 88.8 percent of children served were up-to-date with age appropriate immunizations.

The FY 2009 Zero to Three annual report is located at: http://www.michigan.gov/ctf/0,1607,7-196-40188-137308--,00.html.
X. Community-Based Services

Since the mid-1990’s, one of Michigan’s primary commitments has been to support children and families in their communities and provide the services needed to keep children safe. Building the capacity of communities to be first responders, of sorts, when families and children are in crisis is one of the best ways to assure the achievement of safety, permanence and well-being.

A primary tenet of DHS’ service delivery strategy is to involve the family, their natural supports (relatives, friends, churches) and others in the community in planning for services. Keeping the family together, or placing the child(ren) in a setting close to home, family, school and friends is key to achieving sustainable outcomes. For this model to work effectively, a comprehensive network of community services and supports is required. The services and programs provided under the community-based services umbrella support this continuum and incorporate the federal CFSR standards.

Strong Families/Safe Children (SF/SC), Michigan’s title IV-B(2) program, Child Protection Community Partners (CP/CP), and the Child Safety and Permanency Plan (CSPP) provide financial resources to local communities for program development and implementation of services according to locally determined needs. This model is dependent upon a shared sense of vision and responsibility by the key community stakeholders as well as the service providers. Michigan’s Multi-Purpose Collaborative Bodies (MPCB) facilitate the development of a local vision and plan.

There are 80 county-based MPCBs that include all 83 Michigan counties. Each community collaborative, in partnership with the county-based DHS staff, formally and informally assesses local resources, needs, service availability and gaps. The collaborative body utilizes a team-based approach to develop a plan for improving results for at-risk children and families and commits to the development, implementation and oversight of the county services plan. Because needs for children and families are so great and resources are limited, prioritizing and maximizing resources for services is an important element of local planning.

Michigan’s MPCB community system of care is currently under review. Recent changes now require that the local DHS director has the final decision-making capability on the services that receive funding. Additionally, two evidence-based services, Wraparound and Families Together/Building Solutions (FTBS), may also be purchased through local collaborative funding. Services commonly provided include parent aide, parenting education, supportive visitation and family support or step-down services.

Finally, there are two child welfare family preservation programs in Michigan that are funded through central office administered contracts: Families First of Michigan (FFM) and the Family Reunification Program (FRP). Both models are evidence based and have been a staple of the child welfare continuum for over 15 years. Additional information on these programs is included later in this section. A third family
preservation program, Family Group Decision-Making (FGDM) that was provided to Michigan families since it was piloted in 1998, was eliminated from Michigan’s budget at the legislative level.

**Decision-Making Process on Selection of Service Providers**

For central office funded family preservation services such as FFM and FRP, agencies and organizations are selected to provide services based on a contract bid process, under the Department of Technology, Management and Budget policies. The invitation to bid is drafted with input from family preservation program specialists or managers, county program managers, and the DHS Division of Contracts and Rate Setting (DCRS), and contains specific rating criteria for the relevant program and for the geographic area to be served.

The invitation is posted on the DHS State of Michigan Bid System (Bid4Michigan.com) and a rating committee is identified, comprised of program office and county DHS staff and where relevant, other referral sources. Rating committees meet to rate the bids according to contract requirements. Contracts are awarded to agencies that have met all the criteria and achieved the highest score, according to weighted criteria that include the quality of the proposal, as well as the cost of the proposed service.

Contracts are generally awarded for three-year periods and are monitored by DHS program office staff, Child Welfare Contract Compliance Unit for the FFM contacts and family preservation program specialists for all others.

The agencies selected are community-based, due to their physical location in local communities and, as described in their proposals, they are familiar with local services and service providers, courts, schools, law enforcement, hospitals, and other local programs.

Family support and family preservation services funded through SF/SC, CSPP and CP/CP funding streams are contracted locally, with county DHS staff preparing the invitation to bid with the support of DCRS. Contracts for wraparound services and Families Together Building Solutions (FTBS) require local offices to ensure adherence to established program models. DHS and other potential referral service providers rate proposals as described above and contracts are awarded according to contract requirements.

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

**Goal:** Services will be more closely targeted to specific client needs; the services will be evidenced based and will assure cultural competency as a hallmark of provision.
Title IV-B (2) Promoting Safe and Stable Families (PSSF)
SF/SC, initiated in 1994, is Michigan’s statewide implementation of the federal title IV-B (2) program entitled “Promoting Safe and Stable Families.” DHS is the designated state fiduciary for these funds and provides program support for the operation of the model.

Michigan annually allocates the funds based on a formula to the 83 counties for community-based collaborative planning and delivery of:
- Family preservation services.
- Family support services.
- Time-limited reunification services.
- Adoption promotion and support services.

Program Design and Decision Making Process
The SF/SC program requires that the local MPCBs participate in the local community services planning process. The local Department of Community Health (DCH), Michigan Department of Education (MDE) and DHS must participate in the MPCB; public and private service organizations, courts, parents and consumers and other child welfare stakeholders are also involved as members.

The overarching goals for family preservation, family support, time-limited reunification and adoption promotion and support services funded by title IV-B(2) are improved outcomes for children and families in the areas of safety, permanence and well-being.

Goal: Federal legislation and state program design define SF/SC goals as:
- To keep children safe within their home and prevent the unnecessary separation of families (when appropriate).
- Prevent child maltreatment.
- Promote family strength and stability.
- Return children in foster care to their families in a safe and timely manner.
- Promote and support more adoptions from the foster care system and help families maintain permanency.

Service Description
Services to families funded under SF/SC must fall under the following four areas:

Family Preservation/Placement Prevention Services: Services to help families at risk or in crisis:
- To alleviate the concerns that may lead to out-of-home placement of children.
- Maintain the safety of children in their own homes when appropriate.
- Provide follow-up care to families to whom a child has been returned.
- Support families preparing to reunite or adopt.
- Assist families in obtaining services and other supports necessary to address their needs in a culturally sensitive manner.

The services include:
- Parent aide or homemaker services.
• Parenting education.
• Wraparound coordination services to prevent the unnecessary out-of-home placement of children, and provide stability to families to whom a child has returned home from placement.
• Crisis counseling.

Target populations for family preservation services are parents or primary caregivers with minor children with an open CPS case (Categories I, II, and III), foster care or juvenile justice case.

Time-limited reunification services: These include services and activities provided to a child who is removed from home and placed in a foster care setting or a child caring institution and to the parents or primary caregiver of the child. The services facilitate a safe and appropriate reunification within a timely fashion, but only during the 15-month period that begins on the date that the child is considered to have entered foster care. Services and activities are:
• Individual, group and family counseling.
• Substance abuse treatment services.
• Mental health services.
• Assistance to address domestic violence.
• Therapeutic services for families.
• Transportation to or from these services.

They may also include:
• Wraparound coordination for children and their families with reunification as the permanency goal.
• Supportive visitation.
• Services to address substance abuse, domestic violence and mental health.

Target populations for time-limited reunification services include parents or primary caregivers with minor children with a DHS open foster care or juvenile justice case in out-of-home placement, with family reunification as the goal.

Adoption promotion and support services: These include services designed to encourage more adoptions from the foster care system when adoption promotes the best interests of the children. The services support pre- and post-adoptive services and activities designed to expedite the adoption process and support adoptive families. These services may include:
• Adoptive family counseling/post adoption services.
• Relative caregiver support services.
• Foster and adoptive parent recruitment and support services.

Targeted populations for adoption promotion and support services are prospective parents adopting a child through the DHS foster care system, when adoption is the child’s permanency goal, and adoptive parents of minor children adopted through the
DHS foster care system, when adoption has been finalized, and a need for post adoption services has been identified by DHS.

Family support services: These services promote the safety and well-being of at-risk children and families and are designed to:

- Increase the strength and stability of families.
- Increase parents’ confidence and competence in their parenting abilities to nurture their children successfully.
- Afford children a safe, stable and supportive family environment.
- Strengthen parental relationships and promote healthy marriages.
- Enhance child development.

The services may include:

- Family advocate or family mentoring services.
- Healthy families.
- Parenting/life skills.
- Home-based family support services.

Target populations for family support services include parents or primary caregivers of minor children with an open CPS (Category I, II, and III), foster care or juvenile justice case, or whose open case was closed within the past 18 months, parents or primary caregivers of minor children with a CPS investigation within the past 18 months, and parents or primary caregivers of minor children with three or more rejected CPS complaints.

All SF/SC services must be provided to families with primary care of minor children, 18 years old or younger. Services must be parent and/or family centered.

**Percentages**

The CFS 101 estimates for FY 2011, submitted with the 2010 Annual Progress and Services Report (APSR), indicate that Michigan will continue to work towards a minimum of 20 percent in each of the four service categories, with a maximum 10 percent for administrative costs. Administrative costs include planning and service coordination.

Federal Reporting percentages for FY 2009 were:

- Family preservation placement prevention services = 33 percent.
- Family support = 31 percent.
- Time-limited reunification = 19 percent.
- Adoption promotion and support services = 12 percent.
- Administrative costs = 5 percent.

Michigan did not expend 20 percent of the IV-B funds in each category during FY 2009. However, DHS does spend state funds on two of the categories, time-limited reunification and adoption support. By utilizing state dollars for these program areas, we
are able to dedicate more of the IV-B (2) funding in the remaining two categories. This balances our service continuum so we are maximizing service delivery.

Michigan’s SF/SC program will continue to provide services in our continuum. For FY 2011, SF/SC service plans will continue to be subject to the approval of the DHS local office directors and services will continue to be purchased through contracts with community-based providers. The contracting process and procedures remain the same, with DHS serving as the fiduciary agent.

**Goal:** Based on the results of the needs assessment, DHS will develop a strategic plan to assure the expenditures in the four service areas are balanced and effective.

**Goal:** DHS will provide examples of evidence based program models to local communities for their consideration for inclusion in their local services array.

**Goal:** DHS will provide technical assistance to providers and local offices related to SF/SC program requirements.

**Update:** These three goals are ongoing for FY 2011.

For additional information on Michigan’s services continuum and future planning, reference the Child Welfare Continuum of Care section.
Child Protection Community Partners (CP/CP)
CP/CP is a collaborative effort that requires DHS and community partners to plan for and provide services to at-risk children of families that meet specific eligibility of low to moderate risk of child abuse or neglect (CPS cases with a Category III or IV). The goal of CP/CP funding is to support prevention and early intervention programs.

Goals and Objectives
Services target the designated population of substantiated low and moderate-risk CPS cases and unsubstantiated referrals to CPS. Goals are to:

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

Criteria/Client Eligibility
Families investigated by CPS within the previous 18 months where one of the following is true:
1. There was a preponderance of evidence of child abuse or neglect and a low to moderate risk of further harm to the child.
2. Evidence was insufficient to confirm abuse or neglect, but there is an indicated need for preventative services.

Services purchased with CP/CP funds may include:
- Parenting education.
- Parent aide services.
- Wraparound and wraparound flexible funds.
- Counseling.
- Prevention case management.

Goal: Through CP/CP, DHS will continue to fund locally-determined and delivered services, targeted to eligible families.

Update: This is an ongoing goal for DHS during FY 2011.
Child Safety and Permanency Plan (CSPP)
CSPP funding is targeted to children who are at imminent risk of removal for abuse and/or neglect, and to move children in out-of-home placement to permanence. Additionally, CSPP services can be utilized to reduce the length of time a child is in out-of-home placement through the provision of services to his or her birth family.

Criteria/Client Eligibility
Families with an open CPS case (Categories I, II, and III), families with children in DHS supervised out-of-home placement (including juvenile justice), DHS adoptive families for whom a need for post-adoptive services has been identified by DHS to prevent disruption or dissolution, and families with an open DHS child welfare prevention case. Up to 10 percent of the total CSPP allocation may be used to serve families receiving prevention services.

Goals and Objectives
- Keep children safe within their own home and prevent the unnecessary separation of families.
- Return children and youth in care to their families in a safe and timely manner.
- Provide safe permanency alternatives for children and youth when reunification is not possible.

Examples of services provided through CSPP funding include:
- Counseling.
- Parenting classes.
- Parent aide.
- Wraparound.
- Flexible funds to meet concrete needs.
- Families Together Building Solutions.

Goal: Through CSPP, DHS will continue to fund locally-determined and delivered services, targeted to eligible families.

Update: This is an ongoing goal for DHS during FY 2011.
Families First of Michigan (FFM)
A contracted service, FFM provides direct support to CPS, foster care, adoption, and juvenile justice programs, and accepts referrals from specific domestic violence shelters and Native American Tribes in select areas. FFM is an intensive, home-based intervention available in all 83 Michigan counties, the purpose of which is to keep children safely in their own homes.

Interventions are designed to reduce risk and help families make lasting changes that improve the children’s safety and are provided through intensive, home-based services, minimally ten hours per week. Examples of intervention services that may be used include parenting skill development through modeling, budgeting, housekeeping, counseling, advocacy, and connecting families with appropriate community resources.

CWTI staff provides training for the FFM model to the contracted agencies that perform the service. Reference the Child Welfare Training Institute section for additional information.

Criteria/Client Eligibility
Families eligible for FFM services have at least one child at imminent risk of placement in out-of-home care. Some contract service areas are designated as providing services to families from tribal referral sources. Those agencies that are responsible for providing services to tribal children and families must assure cultural competence is a requisite in the program intervention. Similarly, designated domestic violence shelter programs for families may also make referrals with at least one child at risk of homelessness due to domestic violence.

Goals and Objectives
- Keep children safe within their own home and prevent the unnecessary separation of children from their families.
- Return children and youths in care to their families in a safe and timely manner.
- Support structure for the safety of children and all members of the family.
- Defuse the potential for violence within the family.

Specific outcome measures include
- Ninety-five percent of families served will not require an out-of-home placement during program participation.
- Ninety percent of families served will have avoided placement after three months following the end of FFM services.
- Eighty-five percent of the families served will have avoided placement after six months following the end of services.
- Seventy-five percent of the families served will have avoided placement 12 months following the end of services.
Program Effectiveness
FFM served 3197 families in FY 2009. Program evaluation statistics showed that 88 percent of families served continued to have their children with them in their home one year (12 months) after the FFM intervention ended.

Goal: In the coming five years, DHS will endeavor to increase the success rate of the program from 85 percent to 88 percent of families retaining custody one year post-FFM intervention without further incidence of abuse or neglect.

Update: DHS increased the percentage of families who remained together after one year during FY 2009. DHS plans to continue this success during FY 2011.
Family Reunification Program (FRP)
FRP directly supports DHS and private agency foster care cases through a variety of private service provider contracts. FRP provides an array of intensive, in-home services that are specifically designed to enable children and families to reunify within 12 months of their removal from the home because of substantiated child abuse and/or neglect. FRP is available in 26 counties in Michigan. These counties serve approximately 85 percent of the child welfare population in the state. Services are home based and intensive, averaging four hours per week for four to six months. The providers assure immediate availability, 24 hours, seven days a week to assure children safely return from out-of-home care. The services are strength-based and focus on child safety. Services may begin as early as 30 days prior to the expected court approved return home date.

Criteria/Client Eligibility
The FRP is available to families who have a child residing in out-of-home placement due to abuse or neglect who can be returned home with intensive services within 30 days of the referral. Out-of-home placement includes, but is not limited to, residential treatment, family foster care, group family foster care, relative placement and psychiatric hospitalization.

Specific Outcome Measures Include
- Seventy-five percent of the families served shall successfully complete the services.
- Seventy-five percent of the families served shall not have any Category I, II, or III, preponderance of evidence CPS findings for a twelve month period following placement of the child(ren) in the family home.
- Seventy percent of the families served will not have a child(ren) removed from the family home and placed in out-of-home care for a twelve month period following placement in the family home.

Program effectiveness
FRP served 863 families in FY 2009.

Goal: In the coming five years, DHS will determine the other geographic locations that have a large enough client population to warrant the initiation of an FRP contract.

Goal: DHS will conduct research to determine if there are less intensive FRP models, specifically, interventions scaled to risk associated with a child’s return home. The focus of this research is to maximize capacity for additional interventions to serve more families.

Update: These are ongoing goals for DHS during FY 2011.
XI. Children’s Protective Services: Child Abuse Prevention and Treatment Act (CAPTA) State Grant

**Goal:** DHS will negotiate the percentage of improvement for the CFSR safety outcomes 1 and 2 during the development of the CFSR program improvement plan.

### CPS Outcome Measures and Results

<table>
<thead>
<tr>
<th>Measure</th>
<th>Baseline FY 2008</th>
<th>2009</th>
<th>2010*</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of complaints received</td>
<td>124,716</td>
<td>117,315</td>
<td>58,672</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percent of complaints accepted for investigation</td>
<td>60%</td>
<td>64%</td>
<td>65%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percent of investigations resulting in substantiation of abuse or neglect</td>
<td>23%</td>
<td>26%</td>
<td>27%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Absence of maltreatment within 6 months</td>
<td>92.9%</td>
<td>93.3%</td>
<td>**</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Absence of maltreatment within 12 months</td>
<td>88.93%</td>
<td>88.63%</td>
<td>**</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Absence of child abuse and/or neglect in foster care</td>
<td>99.62%</td>
<td>99.29%</td>
<td>**</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*2010 figures are year-to-date as of 3/31/2010
**Statistics not available

### CPS Activities FY 2010 - 2014

The following elements of the DHS’ five-year strategic plan to improve CPS services pursuant to CAPTA, Section 106(a) 1 through 14, which Michigan has selected to improve include:

**CAPTA Section 106(a) 1. To improve the intake, assessment, screening and investigation of reports of abuse and neglect.**

**Goal: Centralized CPS Intake**

To ensure consistency in response to CPS complaints across the state, the consent decree requires DHS to implement a statewide 24-hour centralized complaint intake hotline by October 2011.

Centralized intake staff will be responsible for the statewide receipt, screening and assignment for investigation of reports of suspected abuse and neglect. DHS currently operates a centralized intake in Wayne County as well as several other larger counties in the state. DHS has convened a planning committee to implement centralized intake.

**Activities:** In 2009, DHS completed numerous data pulls for information related to current practices and procedures for CPS intake in Wayne County. Data includes, but is
not limited to, the number of calls that come into CPS intake, the number that are appropriate for CPS, the number that are assigned or rejected for CPS investigation, staff levels and time of day that calls are received. In October 2009, Wayne County became the official pilot for centralized intake. During this time, DHS staff completed research on similar programs in other states and recommendations made on the statewide functions of a CPS centralized intake for Michigan. This activity is a CFSR program improvement plan item.

2010 Objectives:
• Investigate telecommunication options and implement the appropriate system.
• Ensure quality assurance:
  o Determine required level of oversight for rejected complaints.
  o Determine how DHS will ensure consistency and quality assurance.
• Determine adequate staffing.
• Complete a full simulation pilot in Wayne County.
• Develop intake policies to support centralized intake.
• Ensure appropriate policy and oversight for both the pilot and statewide implementation.
• Collaborate with the Field Operations Administration and Urban Field Operations on the evaluation of centralized intake.
• Plan for statewide rollout.
• Work with the Field Operations Administration and Urban Field Operations, as well as the Data Management Unit (DMU) on continuous monitoring and quality assurance of central intake.

Measures:
• Data reports obtained and reviewed.
• Action plan for statewide rollout completed, which includes staffing, systems and communication.
• Policy written and approved for statewide release.

DHS Birth Match Process
The DHS birth match process has been cited as a national best practice for ensuring child safety. The birth match process is designed to match childbirths to parents whose parental rights have been previously terminated because of neglect or abuse. It ensures child safety and allows DHS to identify cases, which by law may require a court petition. The petition would document the likelihood of threatened harm based on previous termination of parental rights or a history of severe physical abuse.

The birth match process demonstrates best practice data management for public information technology and is SACWIS compliant. In FY 2011, DHS will continue the new birth match process.

CAPTA Criminal Background Clearances
Goal: CPS program office will ensure completion of child abuse and neglect central registry checks when requested by persons or agencies from out of state.

Activities: Michigan continues to comply with federal requirements for criminal background clearances related to licensing or approving foster care, relative and adoptive placements by completing central registry clearances for persons as requested. No changes to this process have occurred over the last year.

All prospective adoptive families are required to undergo criminal history clearances and child abuse and neglect central registry background checks to assure the placement will provide a safe and secure home environment for the child. Adult members of potential adoptive households are also required to submit to background checks, clearances and criminal history checks.

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. Bureau of Child and Adult Licensing (BCAL) will not issue a foster home license and the adoption worker cannot authorize an adoptive placement until the checks are completed. Licensing Rules for Child Placing Agencies (CPA) (R. 400.12309) also require CPAs to conduct these checks. BCAL conducts annual inspections for each CPA.

Once the foster/adoptive applicant submits fingerprints, they become part of a system known as “RAP back.” If the person commits any criminal activity after the initial fingerprinting, the state police will notify BCAL and routine database matching by the child welfare agency will alert child welfare staff of a match. This process mandates the local office child welfare worker complete a subsequent safety check on the child placed with the family. Additionally, pursuant to the Adam Walsh legislation, DHS workers must conduct a check for substantiated child abuse or neglect in every state where the applicant or any adult household member has lived in the five years preceding the application for licensing.

DHS and private agency providers must continue to apply the Good Moral Character process to the conviction information received from both the Michigan State Police (MSP) and Federal Bureau of Investigation (FBI) clearances. If the conviction is for a “specified crime” as defined in R400.1151 and R400.1152, the agency must prepare an Administrative Review Team (ART) summary and recommendation for BCAL when the agency continues to recommend licensure or renewal.

In the unlikely event that BCAL staff approves a license for a home with a federally prohibited crime offender under the Adoption and Safe Families Act (ASFA), the foster care program office is notified so they can enter the information into SWSS to prohibit title IV-E payments.
Finally, when an organization applies for a child caring institution license, the facility must comply with all Licensing Rules for Child Care Institutions for an original license to be issued. BCAL clears the chief administrator through the Internet Criminal History Access Tool, (ICHAT) a Michigan-based criminal history database, the CPS central registry and the public sex offender registry (PSOR). The Child Care Organizations Act (PA 116 of 1973) requires a CPS central registry check on all employees or volunteers who have unsupervised contact with children. The statute requires an institution to post whether or not they do criminal record checks on employees, but does not require criminal record checks. The rules require the facility to ask about convictions and assess any information they have. Most facilities conduct ICHAT checks on all employees.

The Child Care Institution (CCI) rules are open for revision and the new rules will require an ICHAT check on all employees who have unsupervised contact with children. BCAL is required to complete an annual on site inspection of every CCI. During the annual review, BCAL reviews all personnel files for anyone hired since the previous review and a sample of personnel files for current staff are reviewed. The consultant conducts the central registry clearance, checks training records, criminal history information, and other requirements, which vary depending on the position. Within the next year, the draft rules for CCIs will be vetted through public hearings.

The Michigan licensing rules and PA 116 are located at: http://www.michigan.gov/dhs/0,1607,7-124-5455_27716_27720---,00.html.

For additional information, reference The Bureau of Child and Adult Licensing section.

Activities: The Michigan Child Protection Law was amended to allow DHS to provide information that an employee, potential employee, volunteer or potential volunteer of an agency in which the person will have access to children, is not on the central registry. DHS has also implemented specialized units within the urban counties to investigate allegations of child abuse or neglect of children who are in the foster care custody of DHS. As a result, the department is reviewing the legal constraints and permissions for provision of information related to central registry of persons who are employed by a CCI in Michigan.

Objective: DHS will determine if further legislative changes are warranted related to release of information of persons with a history of child abuse and neglect to employers and potential employers and if necessary, take action to amend the Child Protection Law or other applicable statute.

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

Goal: Finalization of the review, training and determination of an appropriate peer review process to ensure thorough forensic interviews of children will occur during the
next five-year report period. To improve practice in this area, DHS has initiated the following:

**CPS Investigative Protocols**
DHS trains CPS investigative staff on several protocols that guide CPS investigations. These protocols utilize a collaborative approach and are research based. The protocols have also been developed to address specific issues that have emerged in Michigan.

**Activities:** DHS will continue to work with the Child Welfare Training Institute (CWTI) and other agencies, such as the Prosecuting Attorneys Association of Michigan and the State Court Administrative Office, to design and provide training to public and private child welfare staff related to appropriate use of designed protocols.

**A Model Child Abuse Protocol: A Coordinated Investigative Team Approach**
In 1993, the Governor’s Task Force (GTF) on Children’s Justice (Task Force) created a protocol entitled, “A Model Child Abuse Protocol: A Coordinated Investigative Team Approach” to address the handling of child abuse cases in Michigan. The protocol requires that DHS work with law enforcement and prosecuting attorneys to adopt and implement standard investigation and interview protocols.

The contract with the Michigan Public Health Institute (MPHI) to conduct a study to determine the extent existing protocols are being adhered to in local communities and barriers to utilization has expired. The drafts that MPHI started will be updated by the GTF beginning in the summer of 2010, then published and disseminated statewide. The Task Force will subsequently work with DHS to ensure statewide, multi-disciplinary training of the protocol, possibly in conjunction with training on the revised Forensic Interviewing Protocol (see below).

**Forensic Interviewing Protocol**
DHS, in conjunction with Central Michigan University professor Deb Poole, and under the auspices of the Task Force, developed the Forensic Interviewing Protocol. In the forensic interviewing model, the CPS worker approaches children at their age level utilizing neutral words to discern actual events. It is intended for use in conjunction with the Coordinated Investigative Team Approach protocol and is trained in law enforcement and child welfare disciplines.

In 2009 and 2010, the Task Force convened a workgroup of experts in the interviewing of children to complete a reassessment of the protocol and ensure its implementation. Changes made to the protocol are based on the updated information gained during the assessment. The first revised document was published and disseminated statewide with training on the revised protocol. The Task Force continually evaluates the need to update the interviewing protocol to assure it meets appropriate guidelines for interviewers’ needs. The protocol is in the final stages of a third revision. Over the next five years, they will continue to finalize the protocol, ensure appropriate training and to put into place a peer review program to ensure that interviews are completed in...
accordance with the protocol. Once this revision is complete, CWTI and the Prosecuting
Attorney’s Association of Michigan will update the training.

**Goal:** CPS program office will update the Munchausen Syndrome by Proxy (MSBP)
document and explore the publication of a list of potential providers who determine
MSBP to post to the DHS website. Staff will also review and edit CPS policy as needed
to ensure its accuracy.

**Munchausen Syndrome by Proxy: A Collaborative Approach to Investigation,
Assessment and Treatment**
To address risk in families that includes complex medical and psychological issues, the
Task Force developed a protocol titled, “Munchausen Syndrome by Proxy: A
Collaborative Approach to Investigation, Assessment and Treatment.” This document
encompasses the identification of MSBP and establishes guidelines for each discipline
potentially involved in a MSBP case investigation. The professionals involved in a
MSBP case may include the court, law enforcement, medical staff, CPS workers,
attorneys, and psychologists.

**Absent Parent Protocol: Identifying, Locating, and Notifying Absent Parents in
Child Protective Proceedings**
The Task Force developed the Absent Parent Protocol to provide guidance for
identifying and locating absent parents of children involved in the child welfare system.
The protocol is a response to a broad based consensus that failure to identify and
involve absent parents is a barrier to timely, permanent placement of children. The
protocol provides information on the need to locate absent parents to ensure that all
viable placement options for children are considered. The Absent Parent Protocol is
covered in training provided by the CWTI and is considered standard practice in child
welfare cases when placement is being considered (Reference the Coordination
between the Title IV-E and the Title IV-D Programs and the Child Welfare Training
Institute sections).

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

**Child Injury and Death Coordinated and Comprehensive Investigation Resource
Protocol**
The Task Force developed the Child Injury and Death Coordinated and Comprehensive
Investigation Resource Protocol to provide information to ensure coordinated
investigation in child maltreatment cases, including child maltreatment cases that result
in a child death. Additionally, the protocol addresses ways to minimize additional trauma
to child victims during the investigative intervention. The protocol is a compilation of
summaries of existing child abuse and neglect protocols and the entire Sudden and
Unexplained Child Death Scene Investigation Form. These protocols provide
information and guidelines directed towards responders from different disciplines
including law enforcement, CPS workers, prosecutors, and others. They reflect current
successful methods of conducting thorough coordinated investigations of child maltreatment cases. The goal of the protocol is to promote the highest level of effective handling of child maltreatment cases through clearly defining team roles, appropriately carrying out responsibilities, initiating consistency in dealing with children and families, and increasing the understanding and appreciation of the unique roles of each discipline involved.

**Methamphetamine Protocol**

A multi-disciplinary workgroup developed the Methamphetamine Protocol to ensure that the health and safety of children found in or near methamphetamine laboratories is addressed consistently and appropriately. The environmental contamination and hazardous life styles of a methamphetamine lab setting create numerous risk factors for children, and may result in abuse, neglect and/or health endangerment. This protocol addresses the immediate health and safety needs of children, establishes best practices and provides guidelines for coordinated efforts between DHS workers, law enforcement and medical services.

These protocols are available for statewide dissemination at any time. These protocols and additional CPS publications can be found at: [http://www.michigan.gov/dhs/0,1607,7-124-5458_7699---,00.html](http://www.michigan.gov/dhs/0,1607,7-124-5458_7699---,00.html).

The CPS Program Office and representatives from CWTI will continue to meet at least quarterly with the Michigan State Police to remain current with potential changes to the protocol. CWTI will provide trainings to field staff on any modifications to the protocol, as well as any changes to methamphetamine investigations, as appropriate.

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

**Activities:** CPS program office is working with CWTI and the DHS Office of Legal Affairs to ensure that CPS supervisors are trained and knowledgeable about how to complete administrative law hearings to ensure that perpetrators who are appropriately listed on the central registry are not removed by a ruling of an administrative law judge.

**Measure:** Provision of Administrative Law Hearing training to designated supervisors.

**Section 106(a) 3. Improving legal preparation and representation.**

In collaboration with the Task Force, DHS provides an array of training opportunities and child welfare resources specifically geared to address legal issues relating to child welfare. These trainings are planned through agreement with the State Court Administrative Office (Reference the Court Improvement Project and the Child Welfare Training Institute sections).

**LGAL/Parents’ Attorneys Trainings:** Since May 2004, over 1000 LGALs and parents’ attorneys have attended regional trainings utilizing the Task Force “Handling the Child Welfare Case-Applying the Law to Practice” curriculum. Trainings were held in May and
September of 2009. In late 2009, SCAO contracted with Michigan State University’s Chance at Childhood Clinic to update training materials for the 2010 sessions. Over the summer of 2010, this training will be divided into several 60-90 minute modules. After a pilot session planned for August of 2010, SCAO will offer “train the trainer” sessions so the trainers can present the material to local courts as a brown-bag lunch series. SCAO will continue to train trainers, provide trainer support, and update materials for the training modules. This new approach to training is a direct result of attorney and local court feedback regarding the difficulty of leaving their work sites for a full day. (Children’s Justice Act [CJA] Grant funded)

Prosecutor/Attorney General Training: The Task Force has taken the success of the “Handling the Child Welfare Case Training” for LGALs and parents’ attorneys and adapted a similar curriculum for prosecutors and attorneys general staff who represent DHS in child welfare cases. The first training utilizing the new prosecutor/AG curriculum was held in September 2006. Two sessions of this training were offered during this report period, one in May and one in September of 2009. Future trainings will be scheduled based on need and interest. (CJA Grant funded).

Children's Charter of the Courts of Michigan Contract: In February 2009, the Task Force approved a contract with Children’s Charter of the Courts of Michigan (CCCM) to provide an update and conversion to an electronic version of a CCCM publication entitled, “Guidelines to Achieving Permanency in Child Protective Proceedings.” The publication is more commonly referred to as the “Yellow Book” due to its yellow cover and is a recognized resource for courts, attorneys, child welfare advocates, court appointed special advocates and child welfare professionals. It is currently in its fourth edition. The Yellow Book was originally developed by CCCM with support from the Task Force, the Michigan State Bar Association, and the Court Improvement Program of the State Court Administrative Office.

The purpose of the CCCM contract was to update the Yellow Book with statute changes, as well as convert the hard copy book to an electronic format. The project was scheduled to be completed in June of 2009. CCCM began having trouble with both finances and staffing, and the project was not completed until September of 2009. CCCM’s difficulties continued, and, in October of 2009, the non-profit closed. The Task Force asked SCAO to take over the Yellow Book responsibilities to ensure its continuance. SCAO agreed to house and maintain the publication, and they formed a workgroup to assist in the revisions. As the workgroup makes updates to each chapter, SCAO posts them online when completed. The Yellow Book can be found on the SCAO website at: www.courts.michigan.gov. Select the following listing: State Court Administration > Site Map > Offices and Programs of SCAO > Child Welfare Services: Publications > Achieving Permanency in Child Protective Proceedings. (CJA grant funded).

and is distributed to professionals working in the field of child welfare, including social workers, DHS county offices, attorneys, psychologists, and medical professionals. (CJA Grant funded).

Section 106(a) 4. Case management, including ongoing case monitoring, and delivery of services and treatment provided to children and their families. To improve in this area, DHS has instituted the following:

Goal: DHS will work toward decreasing the number of children in out of home care/foster care and increase the role of parents and families throughout the permanency planning conference process, while increasing the use of appropriate relative care placements.

Permanency Planning Conference (PPC)
Michigan continues to integrate the principles of family engagement through its use of PPCs, which are a crucial component to facilitating a family centered, strength based and team guided decision-making process (Reference the Case Practice Model section).

Concurrent Permanency Planning (CPP)
Michigan is in the process of piloting and implementing CPP because of legislation that was effective in 2008 and supported by the consent decree. Public Act 202 of 2008 amended MCL 712A.19 to allow DHS to implement concurrent planning which aims to expedite permanency for Michigan’s children. It involves:
- The front loading of services and other intense work on family reunification.
- Concurrently, establishing a back-up permanency plan in case the child cannot return home safely.

DHS also developed policy with input from the CPP workgroup and several consultants from Casey Family Programs. DHS implemented a pilot in two counties in Michigan in September 2009. Training, technical assistance and support was provided to the county staff in an effort to ensure that CPP was being implemented appropriately.

Activities: To implement CPP statewide, DHS staff will:
- Conduct focus groups with DHS and private agencies, foster parents (both licensed and relatives) and Native American Tribes of the pilot counties to ensure that training and policies are thorough and support the practice of CPP in the field.
- Engage birth family through PPCs and other family meetings.
- Assist in the development and provision of training for the state.
- Assess and evaluate CPP practice and data from the pilot counties.
- Add additional counties for growth of the pilot while moving toward statewide implementation.
- Work with the Field Operations Administration, Urban Field Operations and the Quality Assurance Unit to ensure continued success for children and families.
- Create and provide a PPC manual to front-line services workers that support the CPP model.
Measures:

- Data reports have been obtained and reviewed.
- Action plan for statewide rollout was completed, which includes staffing, systems, and training.
- Policy was written and approved for statewide release.

Section 106(a) 5. Enhancing the general child protective system by developing, improving and implementing risk and safety assessment tools and protocols; See previous section on numerous DHS protocols.

As a part of the CFSR program improvement plan, DHS remains committed to ensuring child safety across the child welfare continuum. The DHS will improve child safety outcomes by utilizing the following strategies through both the creation and enhancement of policy as well as subsequent trainings. Many safety items will be addressed through changes in CPS policy. These changes will include: modification of current CPS policy regarding response times for investigations and improving the process of notifying the field regarding policy changes.

The appropriate use of structured decision-making tools by field workers will be assessed. DHS uses this model to improve decision making and services delivery in child welfare. It is part of the DHS case management model. Once the CPS program office assesses the appropriate use of the tools, they will work to enhance appropriate use through policy clarification. Furthermore, the program office will work with the Child Welfare Training Institute to develop and provide updated training to those staff in need. The CPS program office is also planning an annual CPS policy round up. They will meet with field staff at the regional level to review new policies, procedures and statute changes.

Section 106(a) 6. Developing and updating systems of technology that support the program, and tracking reports of child abuse and neglect.

Activity: CPS program office will continue to work with the Data Management Unit (DMU) and the SWSS team to ensure SWSS CPS and other systems are appropriate for field staff and to ensure continued success for children and families.

The CPS program office staff are continuing to examine policy with the field operations and the CPS advisory committee to improve child safety and well-being. The CPS program office has requested data reports on repeat maltreatment by CPS category and the type of maltreatment. The program office will review the data with field operations and the CPS Advisory Committee members to determine whether DHS should revise CPS policy, in particular, for CPS Category III cases.

Section 106(a) 7. Developing, strengthening and facilitating training, including research-based strategies to promote collaboration, the legal duties of such individuals and personal safety training for caseworkers.
Goal: To collaborate and provide training statewide.

Activities: DHS will continue to participate in the planning and provision of numerous training opportunities and conferences for child welfare professionals, including among others, the state Annual Child Abuse and Neglect Prevention Conference. (CAPTA funded).

CPS program office will continue to participate in the collaborative training committee for CWTI to ensure appropriate training courses are provided.

Summits
A yearly summit conference will continue for state legislators and other policy makers on current issues pertaining to the investigation and judicial handling of child abuse and/or neglect and child sexual abuse in Michigan. The theme of the 2010 summit will center on internet crimes against children, including the sexual exploitation of children online. Jennifer Lee from the National Center on Missing and Exploited Children is a featured presenter. Chris Hansen, correspondent for NBC News' Dateline NBC, is also a featured presenter. Included on the agenda are sessions regarding child sexual offender typology and grooming behaviors; Michigan’s Internet Crimes Against Children Task Force; prosecution of internet crimes against children cases; and innovative programming centering on the mental health needs and emotional healing of child victims of these crimes. The Summit will be held in Traverse City, Michigan on October 14-15, 2010, with between 150 and 200 child welfare professionals expected to attend. (CJA Grant funded).

Training for Child Welfare Professionals
The Governor’s Task Force, through DHS, developed an interagency agreement with SCAO to provide training to child welfare professionals through established and developing curricula, training modules, conferences, interactive web casts and video presentations, and to write, print, distribute, and implement protocols, resource guides, practice manuals, and other materials related to such training.

The following is a list of some of the activities and specialized trainings planned through the interagency agreement for 2009-2010:

CJA grant funded, cross-professional workshops and trainings focusing on specific themes are offered throughout the year:

- "Title IV-E Trainings" - Meeting title IV-E Guidelines (for judges, referees and other court staff, administrative law judges, tribal judges and court staff, DHS managers, funding supervisors and specialists). Eight trainings took place between January and March of 2009.
- “Concurrent Planning: A Unified Approach for Providing Permanency to Children,” for judges, referees and other court staff, adoption workers for DHS and contract agencies, Michigan Indian Tribes, CASAs, legislators and other policy makers and child welfare professionals. This training took place on March 10, 2009.
• “Addressing Invisible Injuries: Child Neglect, Exploitation, and Emotional Abuse” annual conference for judges, referees and other court staff, adoption workers for DHS and contract agencies, Michigan Indian Tribes, CASAs, legislators and other policy makers and child welfare professionals). This conference took place on April 1-2, 2009.

• “Guidelines for Achieving Permanency in Child Protection Proceedings - Yellow Book Training," for judges, referees and other court staff, adoption workers for DHS and contract agencies, Michigan Indian Tribes, CASAs, legislators and other policy makers and child welfare professionals). Three sessions of this training were offered between May and August of 2009.

• “Luncheon Webcast Series Trainings – some of the webcasts provided during this report period include: Juvenile Guardianships; Interstate Compact; Adoption and Safe Families Act Revisited; CFSR: Self Assessment, Permanency and Data; Appellate Advocacy in Child Welfare; The Absent Parent Protocol; Mandated Reporter Update; and Concurrent Planning in Michigan. These training were conducted for judges, referees and other court staff, adoption workers for DHS and contract agencies, Michigan Indian Tribes, CASAs, legislators and other policy makers, and child welfare professionals.

• “Individuals with Disabilities Education Act: Special Education Issues for Children in the Child Welfare System,” for judges, referees and other court staff, adoption workers for DHS and contract agencies, Michigan Indian Tribes, CASAs, legislators and other policy makers and child welfare professionals. This training took place on August 31, 2009.

• “Changing Perceptions and Practices: Addressing Disproportionate Minority Representation in Michigan’s Child Welfare and Juvenile Justice Systems” (for judges, referees and other court staff, adoption workers for DHS and contract agencies, Michigan Indian Tribes, CASAs, legislators and other policy makers and child welfare professionals). This training took place October 5-6, 2009.

• “Representing Parents”: A specialized training for attorneys representing parents in child welfare proceedings using advanced training curriculum focusing on parent representation. SCAO will offer future sessions in various regions throughout the state due to the demand for this training. This training took place on December 8, 2009.

• Annual Child Welfare Issues Conference: “Keeping Families Together: Removal Prevention and Timely Reunification” (for judges, referees and other court staff, adoption workers for DHS and contract agencies, Michigan Indian Tribes; CASAs, legislators and other policy makers and child welfare professionals). This conference was held on April 7-8, 2010.

• Transition Plans for Youth Aging Out of the Foster Care System (for judges, referees and other court staff, adoption workers for DHS and contract agencies, Michigan Indian Tribes, CASAs, legislators and other policy makers and child welfare professionals). This training took place May 11, 2010.

• “Lawyers for Parents Symposium: Strengthening Legal Representation for Parents in Child Welfare Proceedings” – this training focused on the results of a September 2009 American Bar Association Center on Children and the Law study analyzing the strengths and weaknesses of Michigan’s system of parent representation. The
symposium brought together child welfare stakeholders who identified and recommended long- and short-term improvement implementation strategies. Participants included judges, lawmakers, attorneys, and other child welfare professionals. The training was held on October 22, 2009.

Additional training for FY 2010 includes:

- Representing Parents Training: New Attorney Trial Skills Training (new attorneys practicing 0-3 years representing respondents in child protective proceedings, which is scheduled for September 2010.

The GTF will hold a “training brainstorming meeting” in July of 2010 to determine future training topics for FY 2011. The Task Force continues to approve the use of Children’s Justice Act Grant funds to allow DHS and private agency foster care staffs or tribal workers to attend any Task Force funded and endorsed training.

**Section 106(a) 8. 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.**

The Task Force distributed cameras to foster care workers at the end of the 2009 fiscal year. The Task Force is currently examining Michigan’s need for additional camera packages for CPS workers. They are considering purchasing camera packages for CPS workers hired after the first round of cameras were distributed in 2007, and replacing any broken and/or missing cameras. The Task Force is awaiting information regarding the current demand for cameras and, if necessary, will purchase and distribute camera packages during the next report period. The CPS program office will continue to explore means of ensuring that field staff has the tools necessary to ensure thorough and complete CPS investigations and documentation of all issues within a child welfare case.

**Section 106(a) 9. Developing and facilitating training protocols for individuals mandated to report child abuse or neglect.**

**Goals:**

- DHS will continue to collaborate in the educational campaign for mandated reporters.
- DHS will continue to collaborate with the Children’s Trust Fund to incorporate mandated reporter awareness and education into its activities and projects.

Together with the Citizen’s Review Panel on Children’s Protective Services, Foster Care and Adoption, DHS has been working on education for mandated reporters of child abuse and neglect. Exploratory work included reviewing public service announcements from other states, and developing a request for proposal for an educational campaign. The panel obtained additional information from a marketing expert to explain the process and give suggestions for a large-scale educational campaign. The panel
submitted a request for proposals (RFP) for marketing services and received 15 bid responses. After a careful review, and obtaining additional clarification from one promising bidder, it was determined that all 15 bidders failed to qualify for the contract award.

DHS continues to maintain the Mandated Reporter’s Resource Guide and website and is working with the Children’s Trust Fund to incorporate mandated reporter awareness and education into the activities the trust fund facilitates as a part of Child Abuse Prevention and Awareness Month. The DHS Mandated Reporter Website is located: http://www.michigan.gov/dhs/0,1607,7-124-5452_7119_7193_7812-157836--,00.html

The CPS program office also provides answers and guidance to the public regarding mandated reporter questions and offers mandated reporter trainings, as requested.

Section 106(a) 10. 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 continue the Medical Advisory Committee and the Medical Resources Services contract. The Medical Advisory Committee will review both CPS and foster care policies and procedures and make recommendations as to how DHS can best meet the medical and health needs of the children served.

The Medical Advisory Committee meets bi-monthly and provides a forum to discuss a variety of medical issues pertaining to CA/N. Participants in the committee include DHS Medical Director Dr. Zakia Alavi, representatives from the CPS Program Office and several physicians throughout the state who specialize in CA/N. Committee members are primarily medical care professionals whose expertise is in the field of pediatrics and/or child abuse and neglect. Membership is open to these professionals when interested in participation.

Topics of past meetings have included CPS policy, child malnourishment and the use of psychotropic medication for children. Committee meetings are also used to discuss and respond to general medical questions from the field. Questions and potential agenda items are sent to the CPS program office staff, who seek answers and provide them to the caseworkers.

The committee also organizes the annual Medical Advisory Committee Conference. The purpose of the annual conference is to educate physicians and medical professionals, and facilitate discussion on medical issues related to child abuse and neglect (CA/N).

Furthermore, DHS addresses medical and health issues through the continuation of the contract with the Child Protection Team at DeVos Children’s Hospital through the Medical Resource Services (MRS) contract.

Goal: DHS will continue to refer children on substantiated CPS cases to the Early On program. Early On program staff will continue to work with the DHS Data Management
Unit to develop an appropriate database system that will accurately compile the data that is needed to continue to evaluate the services provided to children and families, in addition to the demographic information related to the children served by the program.

**Early On**
DHS is compliant with a provision in the Child Abuse Prevention and Treatment Act (CAPTA) of 2003 by referring all children from birth to three years who are victims in Category I and II CPS preponderance of evidence cases. This referral begins an eligibility assessment process, with services provided as appropriate. In 2009, DHS referred 5,632 children to Early On.

**Section 106(a) 11. Developing and delivering information to improve public education relating to the roles and responsibilities of the child protection system and the nature and basis for reporting suspected incidents of child abuse and neglect.**

**Goal:** Program staff will continue to provide technical assistance to the field related to education of the public regarding the role of the CPS worker and the CPS program with children and families. Program staff will seek opportunities to present information to the public or specific professional groups related to the CPS program as well.

Reference Section 106(a) 9 above for information on this goal.

**Section 106(a) 12. 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.**

**Goals:**
- DHS will continue to work with the Citizen Review Panel (CRP) on Children’s Protective Services, Foster Care, and Adoption and the CPS Advisory Committee to improve CPS policy, which will improve the goals of safety and well-being for the children served by CPS. DHS will implement the policy revisions through consultation and collaboration with field staff and other stakeholders. Policy is revised up to twice a year to incorporate new programs, initiatives or trends, and to provide staff with direction designed to allow them to carry out their responsibilities as effectively and efficiently as possible.
- DHS will continue to change policy as necessary, guided by changes in the Michigan Child Protection Law. DHS will urge changes in the law and in policy as driven by the needs of the children at risk along with the input of community stakeholders.

Michigan has three citizen review panels (CRPs). These are the CRP on Children’s Protective Services, Foster Care and Adoption, the Citizen Review Panel on Child Fatalities and the Citizen Review Panel on Prevention – The Children’s Trust Fund.
Citizen Review Panel (CRP)
The Citizen Review Panel (CRP) on Children's Protective Services, Foster Care and Adoption functions as a subcommittee of the Governor’s Task Force. The panel served as a stakeholder group for Michigan's Child and Family Services Review (CFSR) Statewide Assessment and the Child and Family Services Plan. The panel collaborated on developing the CFSP, including identifying areas of weakness, coordination with Native American Tribes and medical consultation for children in foster care. In addition, the panel focused on the education of mandated reporters (See Section 106(a)9). The panel met with key personnel from DHS to begin working on plans for continued support of improvements made because of the CFSR findings. See CAPTA Attachment 1 for the combined report. The DHS response is currently in the approval process and will be forwarded when it is available.

Goal: In response to a recommendation from the Office of the Children's Ombudsman and based on information from the Citizen Review Panel on Child Fatalities, CPS program office will continue to review cases in which the child fatality involved unsafe sleep conditions. The purpose of the review is to determine whether guidelines can be developed to assist CPS workers investigating fatalities involving unsafe sleep conditions. DHS will update CPS policy as necessary based on review of cases and available data. A prevention goal is to determine a means by which DHS, in collaboration with the Safe Sleep Statewide Advisory Committee, may influence a change in attitude and action within the public that will adequately prevent infant sleep deaths.

Activities: Program office will convene a select group of persons interested in the issues of child death related to the sleep environment of infants. A random sample of specific cases will be reviewed and a root-cause analysis will be completed to determine how best to focus prevention efforts with DHS staff and the public.

Citizen Review Panel (CRP) on Child Fatalities
The CRP on Child Fatalities was established by law in 1999 by the federal government to provide an opportunity for citizens to aid in ensuring that states meet goals of protecting children from abuse and neglect. The CRP evaluates the strengths, weaknesses and challenges in the child welfare delivery system and meets quarterly to review identified cases of child abuse and neglect that have occurred within a given year. Annually, CRP compiles findings and recommendations to DHS for consideration.

The CRP on Child Fatalities met four times in 2009. The full advisory team met on March 12, 2009, June 25, 2009, September 24, 2009 and November 19, 2009. The committee reviewed cases of child fatalities that occurred from the 2008 calendar year. The panel chose to review retrospective cases in order to ensure that the most complete information is available. A total of 122 cases were reviewed by the contracted Michigan Public Health Institute staff. Full DHS case files were requested for those 122 cases. The committee identified fourteen of those cases as needing to undergo full case reviews. Unfortunately, in four cases of those cases, the committee was unable to obtain the necessary data to complete the reviews. The cases identified for review by
the full panel were those in which a child died in foster care, when there was an open CPS case at the time of death or where an extensive CPS or foster care history existed prior to the death. (Reference the Quality Assurance section for additional information on child death reviews.)

Additional information was gathered for those cases, including autopsies, law enforcement investigation reports, information from the prosecuting attorney and any applicable medical records. Panel members reviewed this information in its entirety, and made findings and recommendations on each case. The panel conducts the review of specific cases, not to respond to any one specific case, but rather to develop recommendations based on patterns or trends identified as common to the cases.

**Goal:** DHS will increase public awareness of the dangers of placing infants to sleep in an unsafe sleep environment. DHS will continue to attend the Statewide Safe Sleep Advisory Committee, which is a multi-agency collaborative group that works to advocate for education of the public on this issue. DHS has recently revised policy to provide workers with additional guidance for these types of cases.

The CRP 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 continues to implement new protocols to improve the quality of CPS investigations. The initiatives outlined below are in development:

- **SWSS CPS Child Death Alert and Report.** This new software enhancement format collects child death information in a timely manner and notifies key DHS personnel. The information collected at intake and at disposition of an investigation is stored in a secure database accessed by the DHS Data Management Unit. This new process promotes consistency and accuracy of data collection.

- **SWSS FAJ Child Death Alert and Report.** The initial steps of programming have started on software to create a notification system that will also allow DHS to collect accurate child death information for children under the care and supervision of DHS for foster care, juvenile justice or adoption services in a similar manner to the SWSS CPS format. The information collected prior to case closure will be stored in a secure database accessed by the DHS Data Management Unit.

**Goal:** DHS continues to make efforts to educate families on the risk of Sudden Infant Death Syndrome through the local DHS offices.

**Activities:** To promote infant safe sleep, DHS and community sponsors have continued multiple education efforts. DHS sponsored a safe child/safe sleep campaign for the prevention of child deaths as data identified that half of the child deaths in Michigan in 2001 were preventable. Identified risk factors in child deaths included the lack of smoke detectors, poor prenatal care, drug or alcohol use during pregnancy, unsafe sleep environments, poor supervision and inappropriate selection of babysitters. A significant portion of these at risk families have contact with the local DHS offices for public assistance, food assistance, Medicaid and other services distributed by DHS.
Based on these findings, the DHS prevention campaign to educate customers on creating a safe sleep environment for children continues. The local offices have brochures, lobby videos and other resources readily available to clients and providers that were developed by the CPS program office. The identified education programs are home safety, shaken baby syndrome and creating safe-sleep environments for children. CPS program office distributed Safe Sleep Kits statewide. These kits include posters, brochures, toy cribs and baby dolls, reminder door hangers, and an informational DVD. Local offices can request additional materials on infant safe sleep from the CPS program office. The CPS program office updates the Infant Safe Sleep website at: www.michigan.gov/safesleep

**Goal:** DHS will continue to provide training and resources to improve timely, thorough and consistent child death investigation to caseworkers and supervisors.

**Child Death Investigation Training.** A two-day training covering child death investigations, uniform definitions, new protocols, and prevention efforts is offered annually for CPS investigators, medical examiners, law enforcement and other professionals (CAPTA funded).

**Goal:** DHS will continue to work with the contract agency Michigan Public Health Institute (MPHI) to refine the death review process and identify DHS policy changes and CPS investigative protocols needed to prevent future harm to children in Michigan. DHS will also work with MPHI to ensure that they complete the child death annual report each year.

**Michigan Child Death State Advisory Committee**
The Michigan Child Death State Advisory Committee reviews the findings and data from local Child Death Review (CDR) teams. The goal of the review is to make recommendations for policy and statute changes and to guide statewide education and training efforts to prevent future child deaths.

The committee writes an annual child death report, which is a compilation of all the reviews of child deaths in Michigan within a specific year. It is widely disseminated to key stakeholders involved in child welfare. The report outlines recommendations on policy, legislation, and procedures designed to reduce the number of preventable deaths. Specifically, issues such as parental rollover deaths, fetal drug exposure resulting in death, and violence are areas critical for future study.

**Child Fatalities – Safety**
The Child Protection Law allows the establishment of local CDR teams and defines their membership to include at least one medical examiner, a representative of local law enforcement, a DHS and local public health representative, and the prosecuting attorney or designee. The Child Death Review program has recommended over 290 prevention strategies and implemented over 140 of the recommendations.

**Children’s Trust Fund**
Michigan’s third Citizen Review Panel is the Citizen Review Panel on Prevention, which is housed in the Children’s Trust Fund (Reference the Children’s Trust Fund section).

Section 106(a) 13. Supporting and enhancing interagency collaboration between the child protection system and the juvenile justice system for improved delivery of services and treatment.

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

The CPS Program Office is working on a project with the Michigan Committee on Juvenile Justice (MCJJ) in which a review of educational neglect at a national, statewide and county level occurred. DHS will continue work to determine how best to meet the needs of families with young children who do not attend school as required by law. DHS will revise policy to address the unique needs of these youths.

The Federal Compliance Division within DHS is working with the Bureau of Juvenile Justice (BJJ) to create and modify dual ward policy and practice. Dual wards are youths who are both abuse and neglect wards and delinquent wards of the court.

The Youth Services Unit is also collaborating with the Bureau of Juvenile Justice on Chafee Foster Care Independence Program (CFCIP) and Educational Training Voucher funds. Furthermore, the Data Management Unit is working on the integration of juvenile justice data into a single data repository (Reference the Data Management section).

Section 106(a) 14. Supporting and enhancing collaboration among public health agencies, the child protection system and private community-based programs to provide child abuse and neglect prevention and treatment services.

Goal: The Collaboration, Coordination and Problem Solving (CCPS) subcommittee of the Governor’s Task Force will continue to work toward goals set in its strategic plan to improve casework practice in the areas listed below.

In 2009, the CCPS subcommittee met numerous times to revise and enhance its strategic plan and met with DHS’ Director for Children’s Services to align the Task Force’s strategic plan to DHS initiatives, including the consent decree requirements. There are several new action steps associated with the plan that pertain to experimental, model, and demonstration programs. The Task Force will continue to work on these initiatives, which may continue beyond the 5-year CFSP report period. These initiatives include the following:

- **Identification of Fathers:** This initiative is a current focus for the CCPS Committee and includes an action plan, which involves collaboration between title IV-D, the child support program, (in particular, the area of paternity establishment) and title IV-E program areas to provide for the early identification of fathers. This will assist the department in several areas, including achieving earlier permanency for children, additional placement options and knowledge of a child’s genetic and medical history.
Appropriate Disposition Plans: This action plan involves obtaining early and appropriate parental assessments across multiple domains, which the foster care workers can then use to develop a dispositional case plan tailored to each family’s individual needs. The committee will search for promising practices in assessments that are evidence-based.

Reunification/Safety Plans: This action plan involves addressing common issues that often delay reunification, including physical health/disabilities, substance abuse, domestic violence, and mental health. With an appropriate safety plan in place, children could return to the care of their parents. The committee will develop safety plans that are evidence-based and are considered promising practices by the research community.

Assessment Pilot: This action plan involves finding or creating a standardized, validated child assessment tool in different domains such as mental health, occupational therapy, child development, etc. The pilot of the tool will be geared toward DHS’ “permanency backlog cohort,” with a long-term goal of using the assessment at case disposition for all children. The Task Force will collaborate with others currently working on these types of assessments. The assessments will eventually be integrated with the child’s medical passport. (Reference the Health Care Services Plan and The Permanency Planning Unit sections for additional information).

In collaboration with the Task Force and others, additional CPS goals for FYs 2010 through 2014 include:

Goal: The Governor’s Task Force will educate and influence policy makers at the national, state and local level to promote positive outcomes for abused and neglected children through continued communication with legislators and policy makers on Task Force initiatives and issues and through identifying partners within the legislative process to support Task Force initiatives and issues.

Activities: The CPS program office makes many changes to CPS policy during each year. Not all changes alter the specific meaning of the policy but may ensure that hyperlinks are up-to-date and that policy is clear and ordered logically. Some examples of the more significant changes in FY 2009 include:

- Modification to:
  - Include those professionals now identified as mandated reporters. This includes any person employed in a professional capacity in any office of the friend of the court and any employee of an organization or entity that, because of federal funding statutes, regulations or contracts would be prohibited from reporting in the absence of state mandates or court order.
  - The requirements that the CPS worker determine whether there is an open friend of the court case when a preponderance of evidence of abuse or neglect exists or whenever petitions are filed and accepted by the Family Division of Circuit Court.
o The CPS intake procedures that require workers to inquire about a child’s foster care status associated with the complaint. This policy change also included the requirement that the intake worker conduct an inquiry if anyone associated with the case is a licensed foster care provider, day care provider or relative provider.

• Additions to:
  o The definition of torture to define when a petition needs to be filed in cases involving torture, as required by the Child Protection Law.
  o The priority response criteria for allegations of child maltreatment.
  o To the requirement for parents and legal guardians agreeing on temporary voluntary placements.
  o The procedures for handling complaints when another caretaker attempts to obtain a guardianship of a child under investigation.
  o The procedures for the completion of the CPS Investigation Checklist and when the local office director or designee must approve the checklist and/or the CPS investigation.
  o Create a limit to the number of children who can be placed in a foster home. Exceptions to the limits may be made on an individual basis.
  o The procedures for handling CPS complaints of licensed or registered childcare providers or their employees who are alleged to have abused or neglected their own children.

• Clarifications to:
  o Document and address a child’s present health status and medical needs from the onset of his/her placement into foster care.
  o The conditions that must be met prior to children being placed with the non-custodial parent or relative when there is a court ordered removal of a child.
  o The procedures for identifying relatives and providing notice to those relatives when there is a court ordered removal of a child.
  o The requirements for filing of a petition under the Child Protection Law.
  o To the reasonable efforts section to place siblings in the same home when there is a court ordered removal.
  o The procedures for workers entering a home or interviewing a child when a parent or adult is not present to give permission.
  o Require a second-line review by a program manager or county director whenever a decision is made to deny an expunction from the Central Registry. When a CPS supervisor makes a determination to amend or expunge an individual from the Central Registry, this same second-line review is required.

• Additions that require workers to:
  o Confirm prescriptions of drugs that have a mood-altering component (including, but not limited to anti-depressants, anti-psychotics, methadone, medically-prescribed marijuana and painkillers) with the medical professional who prescribed them.
  o Attempt to observe and document the photo-identification of the caregiver(s) and alleged perpetrator(s).
  o Verify and document the dates of birth for all adults in the home.
o Ask the parent/caregiver about their knowledge of safe-sleep in cases where unsafe sleep may have been a factor in a child’s death,

**Goal:** DHS will modify CPS policy in accordance with changes in the Child Protection Law and encourage changes to protect children at risk.

The ongoing improvement of CPS policy continues through consultation and collaboration with field staff and other stakeholders. DHS revises policy throughout the year to incorporate new programs, initiatives or trends, and to provide staff with direction designed to allow them to carry out their responsibilities as effectively and efficiently as possible. CPS program office will also work with Field Operations Administration and Urban Field Operations to determine what is necessary to improve the performance of the field staff related to safety measures of the CFSR.

**CAPTA State Grant**

**Section 106(b)(2)** Case management, including ongoing case monitoring, and delivery of services and treatment provided to children and their families.

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:** The DHS Children’s Protective Services program continues collaborating with Michigan State University to develop separate mandated reporting guides for several disciplines, including school personnel, physicians, and pediatricians.

DHS continues to:

1. Update the website for mandated reporters at: www.michigan.gov/mandatedreporter.
2. 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:
   a. Contract with the Prosecuting Attorney’s Association of Michigan to provide mandated reporter trainings around the state (TANF funded).
   b. Support local DHS offices across the state in their efforts to train school, medical, law enforcement, and other personnel in their communities (CAPTA funded).
   c. Send local DHS offices copies of the Mandated Reporter Guide, as needed (CAPTA funded).
   d. Continue to provide training at the local and statewide levels, as requested. Each local DHS office has staff available to do mandated reporter presentations (CAPTA funded).
   e. Continue to work with the Governor’s Task Force on Children’s Justice to begin a mandated reporter awareness campaign (CAPTA funded, Sec. 107.).
   f. Continue to work with the Children’s Trust Fund to incorporate mandated reporter awareness and education into the activities the Children’s Trust Fund
facilitates as a part of Child Abuse Prevention and Awareness Month (CAPTA funded).

3. Provide an annual report to the bureau director on all trainings and activities related to CPS program office 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:** To improve DHS access to pediatric medical services to aid in the assessment of child abuse and neglect.

**Activities:** Past activities that DHS will continue in this report period include the Medical Resource Services (MRS). The Child Protection Team at DeVos Children’s Hospital provides these services. The MRS contract has two parts:

- A 24/7 hotline for caseworkers and physicians who need verbal or written consultation on cases involving medical issues related to child abuse and/or neglect. A physician is always on call if direct consultation is needed.
- The development of a statewide medical provider network so that all counties in Michigan will have local/regional medical resources.

In FY 2009, the MRS contract provided the following services: 1,044 triage contacts, 93 case reviews, 519 patient encounters, 1,039 physician consults, and 108 network referrals. DeVos Children’s Hospital is diligently working on developing a medical provider network.

**Goal:** Collaborative activities in Children’s Protective Services include:

The Governor’s Task Force was appointed in Michigan in 1992 with the purpose of meeting the federal requirements of a state multidisciplinary task force under the Children’s Justice Act. The Task Force continues to be involved in the development and implementation of programs and initiatives related to child abuse and neglect, the protection of children and overall child welfare. See Sections 106(a)2-5, 7-9, 11, 12 and 14.

**Goal:** To improve the skills, qualifications, and availability of staff and supervisors providing services to children and families.

Past activities that DHS will continue in this report period include program-specific training designed exclusively for supervisors, to train supervisors in monitoring staff performance, policy, case reading, and using data and reports to assess unit and individual worker performance.

The CPS Supervisory training was updated and is now a competency based 40 hour training curriculum (trained over 5 consecutive days) that is required of all child welfare supervisors hired after April 1, 2009 and current supervisors who have not previously had supervisory
training. Days one and two consist of general material applicable to all child welfare supervisors and days three through five are program specific. At the conclusion of the training, the supervisor is required to take and pass a competency-based evaluation.

**Activities:** DHS has revised CPS policy in cases where domestic violence is present to place priority on the safety of the child and the non-offending parent. This policy change focuses on assessing the safety of the child, the response by the non-offending parent, the completion of a safety plan, and holding the perpetrator accountable.

**Goal:** DHS will continue to enhance the Social Worker Support Systems (SWSS) technology that supports all child welfare programs and the data reports extracted from the system.

**Activities:** SWSS-CPS makes reporting and data compilation easier and allows for intrastate information exchange. CPS program office, with input from DHS field staff continues to work with the Data Management Unit that now houses SWSS-CPS to ensure policy compliance through continued improvement of the system.

The CPS program office manager acts as the co-chair for a collaborative committee involving DHS, private agency foster care and central office staff to ensure that systems decisions made are appropriate and adequate for field staff to ensure the best service to children and families.

**Goal:** Continued improvement of CPS field staff related to thorough CPS interviews and investigation.

**Goal:** Improved investigative tools for CPS field staff.

In conjunction with the Michigan State Police, the DHS Office of the Family Advocate and the Child Welfare Training Institute, CPS program office developed a field guide for Children’s Protective Services workers; they use this guide during CPS investigations.

**Activities:** DHS will continue to update the Field Guide to incorporate policy changes as policy and laws are amended. CPS program office will review the field guide for addition of caseworker visitation guided questions for staff to use during 2010 and 2011.
XII. Permanency: Foster Care

The foster care program provides placement and care of children who are judicially ordered under the care and supervision of DHS and are either temporary court wards or permanent state wards. The goal of foster care in Michigan is to provide children a safe and stable home and family to care for them until they can be safely returned to their birth parents, adopted or placed in another permanent living arrangement.

The safety and support of children in all out-of-home placements, irrespective of the placement setting, is a focus for Michigan. Additionally, achievement of an appropriate permanency goal within the Adoption and Safe Families Act timeframes is the desired outcome of any casework intervention. The foster care program provides case management services to children placed out-of-home as well as to their families. Compliance with the requirements of the Adoption and Safe Families Act is the responsibility of the foster care case manager. DHS provides foster care services through direct service provision by a DHS staff or through contractual services with private agencies under the supervision of DHS staff. DHS recently implemented permanent legal guardianship as another permanency tool for casework staff. Michigan is implementing strategies to enhance the state’s capacity to provide for children’s and families’ needs by identifying needs, providing services and engaging families in the service planning process. In addition, Michigan is implementing permanency planning conferences and concurrent permanency planning to enhance engagement practices and achieve permanency in a timely manner.

Michigan has adopted the CFSR outcomes as the goals and objectives for its foster care program.

Safety
Michigan remains committed to ensuring child safety for children within the child welfare system. DHS policy directs staff to assess current circumstances within a potential placement resource family prior to placing a child in an unrelated foster home or relative home. The caseworker must evaluate the family’s ability to meet the needs of the specific child and the extra demands of an additional placement. During the fiscal year, DHS implemented the following strategies to enhance safety of children in out of home placement:

- Limitations on the number of children in a home. Exceptions to this limitation can be requested on a case-by-case basis.
- Automated central registry clearances for “named caregivers,” which is checked daily. This allows for immediate notification if a caregiver has been identified as a perpetrator of abuse or neglect. Upon identification, case specific information is provided to Field Operations Administration to notify the county, as well as requiring information regarding the safety of the child.

Additionally, an automated process also performs monthly criminal history checks. The “named caregivers” are cleared for arrests and criminal convictions. Manual criminal
history and central registry checks for all other adult household members must be completed quarterly by the local DHS office and documented in the case service plan.

**Permanency**

Michigan recognizes family engagement as a key component for successful well-being and permanency outcomes for children and families. Michigan also recognizes that too many children are cared for in the foster care system without a permanent home. Reducing the number of children awaiting reunification or adoption serves as a foundation for Michigan’s reform efforts. Michigan is implementing several strategies to facilitate timely permanency and enhance well-being for children in care.

Permanency planning conferences have been implemented by DHS and private child-placing agencies at all seven stages/decision points in the following counties: Wayne, Oakland, Macomb, Genesee and Kent. Placement permanency planning conferences have been implemented in Berrien, Calhoun, Ingham, Jackson, Kalamazoo, Muskegon, Saginaw, St. Clair and Washtenaw counties. DHS will implement this model statewide by September 2011. Policy is now ready for state-wide implementation.

Michigan continues to provide Reunification Alert Reports to field staff via email if a child has been in care between 200 and 330 days and has a goal of reunification. Upon notification, the caseworker and supervisor request a permanency planning conference to determine whether reunification is the appropriate goal or the goal needs to be changed. Additionally, a conference is conducted at nine months when a child has a goal of reunification and sufficient progress has not been achieved to ensure reunification within 12 months.

Michigan developed a statewide recruitment and retention plan to ensure there are adequate and appropriate homes for children in foster care. (Refer to the Recruitment and Retention of Foster and Adoptive Homes section for additional information.)

Michigan continues to review and revise policy to guide practice that will improve placement of sibling groups, enhance visitation with parents, siblings and caregivers, preserve family connections and promote relative placement.

Structured Decision Making policy has been revised to require and strengthen specific documentation in areas of notification to relatives, sibling placement and visitation plan, assessing educational needs and services provided, addressing medical, dental and mental health services, and permanency goal approval.

**Policy Revisions**

The following foster care policies were implemented in the past year to support stability of a child in placement and facilitate timely permanency:

- Supervisors and caseworkers must have monthly case consultations and the supervisor must meet with the caseworker prior to approval of each case service plan.
• DHS established limitations on the number of children in a foster home, including a combination of foster placements and the caregiver’s own children.
• Policy requires a diligent relative search and notification within 30 days of a child’s placement in foster care.
• Relatives must be licensed or approved to forego licensure.
• DHS established limitations on the use of emergency and shelter placements.
• DHS requires the child’s placement within 75 miles of a child’s removal home.
• DHS established limitations on the separation of siblings. If siblings are not placed together, the caseworker must outline the sibling visitation plan in the treatment plan with quarterly re-assessments to assess the ability to reunite the siblings in one placement.

Relative Search and Placement
Michigan has maintained a strong commitment to placing children with relative caregivers to preserve family connections, enhance placement stability, and support the parent and child’s relationship. Michigan strengthened its relative search policy to guide caseworkers in providing timely and appropriate notice to family members, which enables them to get involved early in the child’s or youth’s care and/or placement. Engaging families during the permanency planning conference process encourages relatives to become involved early in the case planning process. Michigan also offers additional support to relative caregivers by facilitating licensure. DHS seeks licensing variances for non-safety standards to overcome barriers to ensure licensure of relatives.

In May 2009, policy was revised to implement the provisions of Public Law 110-351, Fostering Connections to Success, requiring caseworkers to identify and provide notice of a child’s placement to all adult relatives within 30 days of that child’s initial placement. The notice, a DHS-990, Relative Notification Letter, explains that the child was removed from the home of the parent and that the relatives have the option of being considered for placement. The notice further advises that relatives may lose this option if they do not respond within 30 calendar days. Additionally, the advisory letter describes Michigan licensing requirements, explains the benefits of becoming a licensed foster parent and provides notification of the procedures for a guardianship assistance agreement.

Accompanying the DHS-990, the caseworker must also provide the potential relative placement with:
• The DHS-989, Relative Response, which allows the relative to indicate whether they would like to be considered for placement and/or provide any other type of support for the youth.
• The DHS-988, Relative Search Information, which allows the relative to provide contact information for other relatives who may wish to be considered for placement.

Once a relative indicates that they would like to be considered as a placement resource, the caseworker has 30 days to complete a home study. Relative caregivers must:
• Be at least 18 years old.
• Pass a criminal history background check and CPS central registry check.
• Be able to meet the child’s medical and safety needs.

Reference the CAPTA Criminal Background Clearances section for additional information.

**Licensure of Relatives**

Foster care workers must advise all relative caregivers of the advantages of becoming a licensed foster care provider. Foster care workers provide the relative with the DHS-972, Relative Agreement for Placement and Licensure. The relative caregiver must sign the form indicating they have discussed licensure with the worker and indicate whether they agree to become licensed.

DHS designated a Relative Licensing Coordinator in central office to focus on these efforts. The DHS initiative to license the majority of relative providers remains a priority for DHS through FY 2013.

The Michigan legislature appropriated $2.5 million dollars in FYs 2009 and 2010 to support relative licensing activities. Michigan continues to encourage relative caregivers to become licensed to enhance financial support and services for the families caring for related children in their home. Local community support groups for relative caregivers offer training and resources for grandparents raising grandchildren. The Michigan legislature also allocated funding to support a contract with the Michigan State University Kinship Center to provide resources, information and assistance with the licensing process for relative care providers.

Reference the Foster and Adoptive Parent Training and the Recruitment of Foster and Adoptive Parent sections for more information.

**Goal:** Continue to increase the number of relatives who become licensed through educating them on the benefits of licensure and assisting them with the licensing process.

**Progress:** During FY 2009, private child placing agencies licensed 661 relative caregivers and the DHS licensed 203 relative caregivers, totaling 864 relatives licensed during the fiscal year. During FY 2009, Michigan licensed six times more relatives than the previous fiscal year. The relative licensing coordinator conducted focus groups with relatives and field staff and identified barriers to licensing. In response to the barriers identified, the relative licensing coordinator is developing tools and proposing policy revisions to address the issues identified. DHS published an L-letter providing direction to implement the provision of the Fostering Connections to Success Act whereby states can request variances from licensing rules for non-safety standards on a case-by-case basis. Between April 2009 and March 2010, 71 relatives have had variances granted for non-safety standards. In addition, the legislature allocated $375,000 in Family Incentive Grant funding in FYs 2009 and 2010 to assist with eliminating barriers to licensing such as home repairs, medical statements, beds, smoke detectors, etc. Michigan expended
all the funding allocated for this purpose. In FY 2009, approximately 205 identified relatives utilized this fund to facilitate licensure.

Performance-Based Contracting
Representatives from DHS and Placement Agency Foster Care contractors identified and implemented performance-based contracting practices for foster care services.

Reference the Child Welfare Compliance Unit (CWCCU) Quality Assurance for additional information.

Well-Being
To improve well-being and permanency outcomes for children and families, Michigan is in the early stages of implementing concurrent permanency planning. Key areas for implementation include:

- Family search and engagement through permanency planning conferences and other family team meetings.
- Collaboration and engagement between the birth family and foster family toward achieving the reunification plan.
- Frequent parenting time (parent/child visits) and the development of strategies to make them successful.
- Front-loading services and other intense work towards family reunification.
- Concurrently establishing and implementing a back-up permanency plan in the event reunification is not possible.

Caseworker Visitation
Because caseworker visitation is a key component in achieving improved outcomes for children in the child welfare system, DHS is undertaking a time-limited training effort aimed at improving the rate and quality of caseworker visits to children. The training is focused on the importance of caseworker visitation in improving case outcomes in the areas of safety, permanency and well-being. Reference Monthly Caseworker Visit Data section for further information.

Policy Revisions
Policy has been revised to enhance contact standards with parents and siblings. Changes include:

- Siblings must have at least monthly contact, if separated, with quarterly case reviews to reunite siblings when possible.
- Two worker-parent visits during the child’s first month in care, at least one in the parental home.
- At least one face-to-face worker-parent contact monthly and one quarterly contact in the parental home.
- At least weekly parenting time unless the service plan documents reasonable exceptions.

The Data Management Unit is developing supervisory reports to monitor monthly visits with parents and children as well as compliance with parenting time. To facilitate
accurate data reporting, an L-letter was published regarding timely entry of caseworker visits in SWSS FAJ (Foster Care, Adoption and Juvenile Justice). The L-letter established timeframes for private agency workers to submit the caseworker contacts to DHS, and for DHS workers to input the data in SWSS FAJ.

**Wayne County Baby Court**
The “Baby Court” is a pilot program with a specialized docket created to address abuse/neglect cases where infants and young children are under court and DHS supervision. The purpose of the Baby Court is to assure that young children move to permanency as quickly as possible whether it be through reunification or termination of parental rights. Genesee County successfully implemented a Baby Court and data is beginning to be evaluated. The Wayne County Baby Court collaborative is in the planning stage. Members of the pilot’s development team continue to meet with infant mental health agencies, court staff, DHS, and other service providers who establish the collaborative workgroup. The project team anticipates the docket will serve 10 cases per year initially.

**Goal:** Implement the Wayne County Baby Court to improve outcomes for very young children involved in the child welfare system.

**Progress:** The Steering Committee continues to meet twice per month. The pilot began in April 2010 with the first case being heard utilizing the model. The Steering Committee identified all collaborative partners and they attended a day-long orientation and training.

The following partners have committed to participate in this initiative:
- Wayne County DHS.
- DHS Children’s Services Administration.
- Wayne County Community Mental Health.
- Infant mental health providers.
- Assistant Attorney General (representing Wayne County DHS on the court cases).
- Detroit Center for Family Advocacy (University of Michigan Law School, representing parents on the court cases).
- LGAL dedicated to cases on the docket.
- Wayne County Circuit Court Family Division.

Judge Judy Hartsfield is the primary sponsor of this initiative and will preside over all cases.

The evaluation/research component of this initiative is the responsibility of Dr. Ann Starks, Wayne State University and Dr. Kate Rosenblum, University of Michigan. Two training sessions have been conducted for infant mental health specialists, DHS foster care specialists and managers from both disciplines. Training will continue monthly until all policies, procedures and operational details are completed.
Fetal Alcohol Syndrome Disorder (FASD) Task Force
DHS is a collaborative member of the FASD task force. The DHS foster care policy analyst participates in task force meetings quarterly. The task force is seeking to draw attention to FASD and how the child welfare system can identify, refer and serve children and their caregivers with this disorder. DHS policy was revised according to the FASD taskforce recommendations. To enhance caseworker’s ability to pre-screen for signs of fetal alcohol syndrome, DHS provided a web link to the Michigan Department of Community Health (DCH) screening tool in the foster care policy manual.

Michigan Substance Abuse/Child Welfare State Team
The purpose of the Michigan Substance Abuse/Child Welfare State Team is to bring attention to and facilitate collaboration between the substance use disorder, child welfare and family court systems and how the substance use disordered family is positively impacted through collaboration between the three systems.

DHS and DCH co-presented a workshop at the State Court Administrative Office (SCAO) Annual Child Welfare Services Issues Conference "Keeping Families Together: Removal Prevention and Timely Reunification" on April 7, 2010. The presentation provided information on how and why the SAFERR (Screening, Assessment, Family Engagement for Retention and Recovery) protocol was developed and what is included in the protocol. Currently, the state team is developing a series of products that can be used by any community to enhance collaboration between the three systems. The arena for the implementation of the collaborative process is community forums to address cross-system training. The task force approached and received interest from various service providers within four Michigan counties. Facilitation of the community forums will require additional efforts from the state team to the respective groups within each of the three systems. The tentative date for the community forums to commence is September 2010.

Children will receive appropriate services to meet their educational needs
In November 2008, Michigan began assessing policy and system changes needed to implement provisions of the Fostering Connections to Success legislation, which requires a plan for ensuring the educational stability of a child while in foster care. DHS initiated contact with the Michigan Department of Education (MDE) and began identifying legislation that needed changes as well as gaining an understanding of the McKinney-Vento Act and how it applies to foster children in Michigan. Based on these collaborative efforts, Michigan passed legislation in December 2009 amending Section 1148 of the Revised School Code (MCL 380.1148). The law indicates:

“[A] school district shall allow the child to enroll in and attend the appropriate grade in the school selected by the department of human services or a child placing agency without regard to whether or not the child is residing in that school district. If the selection results in a child transferring to another school, the child’s records shall be transferred, as provided under section 1135.”
Coordination with the Michigan McKinney-Vento coordinator identified additional resources for field staff to ensure children are enrolled in school immediately and can access transportation from their placement to school of origin, among other benefits. Additionally, best interest factors were identified when considering a child’s school placement. Best interest factors include the child’s:

- Social and emotional state.
- Academic achievement/strengths.
- Continuity of relationships.
- Special education programming.
- Distance/travel time to and from the current school/new placement and impact on the child.
- Supportive relationships and/or services.
- Length of anticipated stay in placement.

An L-letter was released to field staff regarding implementation and documentation requirements for the provisions. Foster Care program office partnered with the Child Welfare Training Institute to incorporate all the provisions in new worker training. Structured Decision Making templates are being revised to capture the appropriate documentation required. System changes have also been identified to track the outcomes adequately.

**CFSP 2010 – 2014 Goals and Objectives**

Michigan has adopted the CFSR outcomes as the overarching goals and objectives for the foster care program. Specific action items to achieve the outcomes are indicated below. DHS may alter outcomes and baseline measures following the approval of the CFSR program improvement plan.

Additionally, Michigan has incorporated the consent decree outcomes and measures, which are predicated on the CFSR, into our strategic planning activities. These blended outcomes form the basis of our five-year Child and Family Services Plan.

<table>
<thead>
<tr>
<th>Outcomes</th>
<th>Objectives</th>
<th>Performance Indicators</th>
<th>Action Steps</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Safety</strong></td>
<td>Children are, first and foremost, protected from abuse and neglect.</td>
<td>Absence of repeat maltreatment while in a foster care placement.</td>
<td>1. Assess the current circumstances of any potential foster/relative home prior to placing another child in the home.</td>
</tr>
<tr>
<td></td>
<td>Baseline: 99.51%</td>
<td></td>
<td>2. Implement and oversee the limitations on the number of children in a foster home.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>3. Continue unannounced home visits with all foster care providers quarterly.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>4. Conduct and review ongoing criminal history and Central Registry checks of all caregivers monthly and other household members quarterly.</td>
</tr>
<tr>
<td>2009</td>
<td>2010</td>
<td>2011</td>
<td>2012</td>
</tr>
<tr>
<td>2013</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Permanency

| Timeliness and permanency of reunification. | Maintain a 3.2% or lower re-entry rate within 12 months of prior episode. | Rate of foster care re-entries. | 1. Provide an array of services to reduce the rate of re-entry.  
2. Utilize SDM tools to ensure families are receiving the services needed to rectify removal conditions.  
3. Review and/or revise statewide policy to ensure that all case planning involves the family and youth. |

<table>
<thead>
<tr>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.2%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**A.**

- Increase percentage of children reunified in less than 12 months.  
  Baseline: 47.7%.  
- Decrease the median length of time to reunification.  
  Baseline: 12.5 months.  

**B.**

- Reunification achieved in less than 12 months from the date of removal.  

<table>
<thead>
<tr>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

### Placement stability.

| Increase or maintain the percentage of children having two or fewer placements while in foster care. | Two or fewer placements for children in foster care. | 1. Continue to assess current circumstances of any potential foster/relative foster home in accordance with individual needs of the child.  
2. Develop policy to limit the use of emergency or temporary foster care facilities.  
3. Develop policy and protocol to limit the number of children in residential care facilities.  
4. Monitor the implementation of the limitations on the number of children in foster homes.  
5. Continue to implement and evaluate Treatment Foster Care Services in the identified pilot counties. |

**A.**

- Original Baseline: Children in care less than 12 months = 85.8%  
- Children in care between 12 and 24 months = 72.6%  

**B.**

- Two or fewer placements for children in foster care.  

<table>
<thead>
<tr>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>
| **C.** | Children in care for longer than 24 months = 45.4% | **6.** Identify barriers to relative caregivers becoming licensed as foster family homes. *(Completed)*
7. Monitor policy implementation of relative notifications as established. |
<table>
<thead>
<tr>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>A 85.6%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B 73%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C 47.7%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Children will have placements in close proximity to their family home.**

*Original Baseline: 87% of placements in close proximity of family home.*

<p>| Proximity of foster care placement. |
|---|---|---|---|---|</p>
<table>
<thead>
<tr>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>A 96%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Increase number of relatives licensed as a foster family home.**

Baseline: 12%.

<p>| Relative placement. |
|---|---|---|---|---|</p>
<table>
<thead>
<tr>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>A 11%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B 36% as of 9/30/09</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Children will have visits with his/her caseworker monthly.**

<p>| Caseworker visits with a child on a monthly basis. |
|---|---|---|---|---|</p>
<table>
<thead>
<tr>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>43%</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Well-Being

| Families have enhanced capacity to provide for their children’s needs. | Needs and services of child, parent and foster parents. | 1. Continue to utilize SDM tools to identify the needs and strengths for children and families.  
2. Implement PPC as statewide practice model.  
3. Monitor and evaluate Wayne County Pilot.  
4. Monitor the implementation of specialized foster homes for children 0-5 with emphasis on foster parent involvement and mentoring of birth parents.  
5. Implement statewide the Substance Abuse/Child Welfare protocol.  
7. Participate on the Fetal Alcohol Spectrum Disorders Statewide Taskforce and identify and implement policy changes.  
8. Review statewide needs assessment and identify service gaps. Explore funding sources to fund effective programs identified.  
9. By October 2009, implement policy increasing face-to-face contact with the parent to two contacts in the first month.  
(COMPLETE) |
| 2009 | 2010 | 2011 | 2012 | 2013 |
| A 48% | | | | |
| B 46% | | | | |
| C 31% | | | | |

| Children receive appropriate services to meet their educational needs. | No baseline data is available. | 1. Collaborate with the MDE to ensure children are enrolled in school timely.  
2. Advocate with the state legislature to revise state law MCL 380.1148 changing residency from foster home to child's original home school district.  
(COMPLETE)  
3. Develop policy and procedures to screen children for general and special educational needs. (COMPLETE)  
4. Develop policy and procedures to limit the number of school changes for a child in foster care. (COMPLETED)  
5. Implement educational planners for identified groups of youth. (Refer to Youth Services Section)  
6. Increase statewide awareness on obtaining a child’s educational record. (L-Letter Disseminated, Policy Implemented, PPT implemented in CWTI new worker training)  
7. Establish baseline measures to monitor |
that children receive appropriate services to meet their educational needs.

8. Develop and implement policy and processes to reimburse for transportation expenses to maintain a child in their school after removal.

<table>
<thead>
<tr>
<th>Year</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td>89%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Data Sources:
* Original baseline data obtained from supervisory case reads for the CFSR self-assessment.
** AFCARS 2009BA Supplied by Child Welfare Improvement Bureau Data Management Unit
*** CFSR on site review results
XIII. Chafee Foster Care Independence Program

Program Design and Delivery
DHS uses the Chafee Foster Care Independence Program goals (CFCIP) through the Youth in Transition (YIT) program, which is federally funded, state supervised and county administered. The YIT funded services provide support to youths in foster care and increase opportunities for youths transitioning out of foster care through collaborative programming in local communities. The DHS will cooperate in national evaluations of the CFCIP.

A priority of DHS is to improve the success of foster youths transitioning into adulthood from the state’s foster care system. The goal is to help youths make the transition from foster care to independence, the ability to take care of oneself physically, socially, economically and psychologically. Chafee funding supports the department’s efforts to provide services that include independent and supervised independent living programs, skill training, education and employment programming, mentoring, and helping youths make permanent connections to supportive adults.

Chafee Eligibility Criteria
The eligibility criteria for Michigan’s YIT Program includes youths in foster care between the ages of 14 and 21 and former foster youths between the ages of 18 and 21 who were in foster care at least one day after age 14. Foster and juvenile justice youths must have been in foster care through DHS in an eligible foster care placement or child caring institution. The Educational and Training Voucher (ETV) funded services eligibility criteria are consistent with Chafee eligibility and include youths adopted from foster care or placed in a relative guardianship if the adoption or guardianship took place after the youth’s sixteenth birthday.

Chafee Funded Services and Expenditures
Services provided to Chafee eligible youths ages 14 up to age 21 include general independent living (IL), supervised independent living (SIL) programs, skills training, and YIT funded service contracts. Services are provided by DHS staff, as well as through contracted programs.

The department has developed programs that address the needs of older youths in care and transitioning from care. The programs developed are the Michigan Youth Opportunities Initiative (MYOI) and Youth Service Delivery Model (YSDM). (See sections on MYOI and YSDM for additional information).

Chafee Fund Data
During FY 2009, DHS spent a total of $6,903,143 ($5,522,514 Chafee; $1,380,629 match) on IL programs and services. The table below shows a breakdown of Chafee funded services and expenditures.
<table>
<thead>
<tr>
<th>Type Expenditure</th>
<th>Chafee</th>
<th>Match</th>
<th>Total Expenditures</th>
<th>Service Array</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Independent Living Programs (IL) Contracted</td>
<td>$528,445</td>
<td>$132,111</td>
<td>$660,556</td>
<td>Assessments, case plans, monthly contacts, tutoring, mentors, employment skills &amp; work experiences, educational support, financial literacy, youth boards, intensive supervision (SIL only)</td>
</tr>
<tr>
<td>Supervised Independent Living Programs (SIL) Contracted</td>
<td>$2,826,350</td>
<td>$706,588</td>
<td>$3,532,938</td>
<td>Skill training, mentor programs, employment &amp; educational support, transportation, housing, YIT contracts.</td>
</tr>
<tr>
<td>YIT Funding to 82 counties.</td>
<td>$970,594</td>
<td>$242,649</td>
<td>$1,213,243</td>
<td></td>
</tr>
<tr>
<td>YIT Funding to Wayne County</td>
<td>$395,150</td>
<td>$98,787</td>
<td>$493,937</td>
<td></td>
</tr>
<tr>
<td>County of Wayne Juvenile Justice</td>
<td>$200,000</td>
<td>$50,000</td>
<td>$250,000</td>
<td>Contracted case management for SIL.</td>
</tr>
<tr>
<td>Wayne Funding ended in October 2009.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DELEG Interagency Agreement (IA) – Wayne Co.</td>
<td>$256,000</td>
<td>$64,000</td>
<td>$320,000</td>
<td>Employment preparation, subsidized and unsubsidized employment, GED/Ed., case management, mentoring, and skill training.</td>
</tr>
<tr>
<td>Funding ended in October 2009.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MYOI/YSDM</td>
<td>$345,975</td>
<td>$86,494</td>
<td>$432,469</td>
<td>Youth boards, asset training, IDA matches, permanency teaming, individualized support.</td>
</tr>
<tr>
<td>Totals</td>
<td>$5,522,514</td>
<td>$1,380,629</td>
<td>$6,903,143</td>
<td></td>
</tr>
</tbody>
</table>
Progress Achieved and Planned Activities to Meet the Purposes of CFCIP

Independent Living Programs
Independent living programs are provided statewide through DHS or contracted agencies for general independent living (IL) or supervised independent living (SIL) programs and skill based training. Youths 16 and older placed in an IL or SIL program may live with an approved adult, alone in apartment or in a more intensively supervised placement. At a minimum, the caseworker must assess each youth’s strengths and needs, involve the youth in developing the treatment plan, provide services to meet the identified needs and conduct face-to-face visits with the youth each month. Youths are provided daily living skills, support groups, participation in youth advisory boards, mentors or other supportive adult connections, education and employment services, leadership development, preventive health services, counseling and cultural enrichment activities. The data in the table below summarizes the number of youths involved in contracted IL or SIL programs funded through Chafee during FY 2009.

<table>
<thead>
<tr>
<th>IL/SIL Program Data</th>
<th>General Independent Living (IL)</th>
<th>Supervised Independent Living (SIL)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>DHS Supervised</td>
<td>430</td>
<td></td>
<td>430</td>
</tr>
<tr>
<td>County Child Care Funded – Contractor Supervised</td>
<td>97</td>
<td></td>
<td>97</td>
</tr>
<tr>
<td>Contractor Supervised</td>
<td>183</td>
<td>365</td>
<td>548</td>
</tr>
<tr>
<td>Number of Youths Served</td>
<td>710</td>
<td>365</td>
<td>1075</td>
</tr>
</tbody>
</table>

There were 29 contractors providing IL programs and 14 providing SIL programs. All youths placed in either an IL or SIL program receive a stipend payment of approximately $560 each month funded by state general funds or county child care funds.

Youth in Transition Funds
DHS provides YIT funding directly to counties for the provision of IL services for all foster youths 14 and older at risk of aging out of foster care. Counties have the option of contracting with private agencies to provide programs for the youths or to provide funding directly to youths for obtaining the services needed. Payments to youths or to vendors for services can include first month’s rent, security deposit, utilities, car repair, day care, preventive services, mentoring, securing state identification cards, participation in support groups and youth advisory boards.
The counties of Genesee, Kent, Muskegon, Tuscola, Van Buren and Wayne contracted with seven agencies to provide closed case support services to 919 youths and IL skills training to 476 youths.

**Services Planned for FY 2011**

**Implementation of Title IV-E Funded Extensions**
Michigan has requested technical assistance from the National Resource Center on Youth Services to develop a model for the extension of foster care to age 20 based on the Fostering Connections legislation. The model will include:

- Policy and statute revisions for foster care, adoption and guardianship subsidy.
- Redesign of IL services and programs based on the new eligibility definitions for foster care.

**Goal:** Develop strategic plans for improving IL and SIL services and programs and for the extension of foster care past age 18 in Michigan.

**Objectives**

- Request technical assistance from the National Resource Center on Youth Services to develop a model for foster care after age 18 based on the Fostering Connections act.
- Hold a planning meeting facilitated by the NRC on Youth Services to include: youths, caseworkers, supervisors, foster parents, IL/SIL providers, youth services staff and other stakeholders.
- Determine the implications for IL/SIL services and the optimum funding streams to support programs for youths over age 18.
- Restructure contracts for services to older youths based on the model developed.

**Measurements**

- Request for technical assistance from the resource center approved by the Children’s Bureau Region V office by April 2010.
- Telephone conference to plan for the technical assistance completed in April 2010.
- Meeting with identified stakeholders held to begin planning of model by June 10, 2010.
- Subcommittees developed with identified outcomes completed by August 1, 2010.
- Statute and policy language revisions drafted by August 15, 2010.
- Reconvening of the full committee to complete the development of a model for extending care and improving IL/SIL services by August 15, 2010.
- Revision of contract language for IL/SIL services completed by September 15, 2010.
Transition to Self-Sufficiency
Youth Services Delivery Model (YSDM)
In December 2008, the Chief Deputy Director of the DHS convened a diverse set of leaders from within the department to consider how to better serve older youths age 14 to 21 in the foster care system. This effort grew out of a series of factors and circumstances facing the department including the interest in scaling up and sustaining the innovative work of the Michigan Youth Opportunities Initiative (MYOI); the desire to take advantage of opportunities presented through the new federal Fostering Connections legislation; and the need to respond to the DHS consent decree.

The recommendations developed during three sustainability planning retreats held in December 2008 and February and May 2009 resulted in the development of the YSDM. The development of the YSDM was facilitated through the expertise provided by the Jim Casey Youth Opportunities Initiative, the Finance Project, and Casey Family Services.

Accomplishments in FY 2010
In order to facilitate the implementation of the YSDM, DHS developed several subcommittees. The work completed by the subcommittees included data and evaluation, policy, finance and strategic planning for implementation. The workgroups completed the YSDM in September 2009.

A kickoff event was held in October 2009 with DHS and private agency representatives from around the state, youths, and Jim Casey staff. A steering committee and three action teams were created: policy, training, and data/evaluation. The committees developed materials, which they designed to be a quick reference guide for counties implementing the model.

The YSDM was shared with DHS county directors, district managers, supervisors, and private agency managers across the State of Michigan on December 1, 2009. DHS continues to share information at meetings and during presentations to private child placing agencies and courts.

Implementation activities for the YSDM included:

- Identifying the phase one sites: Antrim/Kalkaska, Benzie/Manistee, Charlevoix/Emmet, Grand Traverse/Leelanau, Wexford/Missaukee, Genesee, Macomb, Ogemaw/Roscommon, Chippewa/Luce, and Gogebic/Ontonagon.
- Identifying the phase two sites: Kent, Kalamazoo, Midland/Isabella, Washtenaw and Wayne.
- Recruiting private agency staff to participate in the YSDM training.

Permanency Teaming in Practice
One of the main components of the YSDM is permanency teaming. Permanency teaming is the primary means by which caseworkers will conduct case management activities. Permanency teaming supports the youths and assists the caseworker by engaging a young person’s natural network in planning and decision making to meet the
youth’s needs. Caseworkers facilitate the on-going teaming process, using individual, small, and group meetings to:

- Increase understanding of the young person’s needs.
- Address the traumatic loss and separation the youths experience when they grow up in foster care due to abuse and neglect.
- Achieve and support family permanence.
- Encourage the use of creative family search strategies and concurrent planning to develop potential permanency options for a young person.
- When a parent cannot care for a youth full time, make active efforts to maintain safe, long-term family connections, in addition to building adoptive or guardianship families.

The teaming process continues until a young person has a legal family and leaves the child welfare system. If legal permanence is not possible, the teaming process seeks to solidify old relationships and build new ones, with a focus on long-term commitments between youths and important adults who are formally recognized.

**Services Planned for FY 2011**

**Goal:** Help youths develop connections and skills to prepare for the transition to self-sufficiency.

**Objectives**

- Develop a committee of DHS and private agency staffs and older youths in foster care or transitioning from care, to develop child welfare policy for the YSDM.
- Develop a data report to compare the outcomes for youths receiving permanency teaming services to youths who did not.
- Identify and train phase three YSDM sites.

**Measurements**

- Policy for the YSDM is completed by April 2011.
- Baseline data for the YSDM is collected by April 2011.
- The number of staff completing permanency teaming training for the phase three YSDM sites by April 2011.

**Employment Related Education, Training and Services**

**Employment**

Beyond the employment opportunities and skill building provided through the YIT contractors and the MYOI programs, summer employment options for foster youths are a priority. Due to Michigan’s unemployment rate of 14 percent for adults during this reporting period, it is crucial that part time and summer employment opportunities are available. The DHS continues to collaborate with the Department of Energy, Labor and Economic Growth (DELEG) and Michigan Works! Agencies (MW!As) to assist foster youths in obtaining employable skills.

**Accomplishments in FY 2010**
DHS staff provided instruction to the DHS field offices in April 2009 and published policy in December 2009, directing that foster care workers refer all foster youths age 14 and older, without a goal of reunification to MW!As. The DHS Youth Services staff collaborated with the MW!A statewide director, the DELEG managers and DHS field staff and supervisors to develop and implement the referral process and procedures. Youth Services has been working with Field Operations Administration (FOA) and Urban Field Operations (UFO) to develop and implement a process for reporting youths referred to the MW!As and the type of services received. The reporting process is in effect; however, data will not be available until June 2010.

In 2009, the Summer Youth Employment Program (SYEP) served 399 foster youths. The DELEG received American Reinvestment and Recovery Act funding, which allowed them to provide STEP services to an increased number of youths and ensure slots were made available to foster youths. On January 25, 2010, the DHS Youth Services employment analyst and manager met with the DELEG managers to develop a process and procedure for obtaining defined data on the location and number of youths involved in the SYEP. A data sharing agreement was drafted, but it has not yet been finalized.

An interagency agreement (IA) was drafted between the DHS and DELEG to establish the responsibilities and procedures to facilitate program slots for foster youths in the SYEP for 2010. DHS is planning to allocate $200,000 in Chafee funds and $800,000 in state general funds to the DELEG. DELEG will guarantee a minimum of 600 foster youths will be served through SYEP in Genesee, Oakland, Macomb, Kent, Berrien, Van Buren, Ingham, Eaton, Clinton, Wayne counties and the City of Detroit beginning in July 2010.

The Youth Services unit and DELEG are receiving technical assistance from the Casey Family Programs on blending resources to benefit foster youths. Telephone conferences to request research and technical assistance were conducted on December 10, 2009 and February 11, 2010.

Services Planned for FY 2011

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

Objectives:
- Complete the IA with DELEG to provide SYEP in Wayne County and the City of Detroit by July 1, 2010.
- Collaborate with DELEG and the MW!As to develop two pilot sites for educational credit recovery that will be implemented through SYEP by July 1, 2010.
- Develop a data report for SYEP foster youths receiving services by July 1, 2010.
- Utilize the Casey Family Programs technical assistance to expand MW!A services for foster youths.
- Improve service coordination to foster youths through collaboration with DELEG.

Measurements:
• The number of youths referred to MWIA’s during FY 2011.
• The number of youths receiving MWIA services during FY 2011.
• The number of youths participating in SYEP educational credit recovery programs during FY 2010.
• The number of youths participating in SYEP during FY 2010.

**Preparation/Entry into Post Secondary Training and Educational Institutions**

**Educational Training Vouchers (ETV) Program**

The Chafee ETV program is a state administered program that is implemented through a contract with Lutheran Social Services of Michigan (LSSM) that began in 2006. Two ETV case managers and a coordinator administer the program. DHS Youth Services Program Office monitors the program.

LSSM maintains a database and website (www.mietv.lssm.org) that streamlines the application process. Youths have three options to receive an ETV application: online, downloading a paper application, or calling a toll-free number to request an application (1-877-660-METV).

The disbursements of the ETV vouchers are made directly to the postsecondary institutions, vendors, or in some instances, the youth. When funds are issued to vendors such as property owners or car insurance agencies, third party checks are written. This allows the youth to be responsible in managing the funds. In some instances, funds are provided for needed living expenses. In these cases, the youth is responsible to provide copies of receipts that verify the funds were spent on the intended purpose.

An ETV staff member assesses all ETV applications to understand the youth’s specific circumstances. The ETV case manager and the youth address each of the youth’s specific needs. The ETV staff member refers and directs the youth to available resources such as: educational and financial planning, housing, and assistance in completing the applications and forms.

LSSM has developed collaborative relationships with community colleges, universities and vocational schools willing to assist youths with applying for admittance, financial aid and ETVs. LSSM continues providing ongoing training to all partnering institutions.

**Accomplishments in FY 2010**

In 2009, the ETV staff completed 37 outreach activities. These activities included the ETV annual regional meetings, foster care youth job and career fairs, mass informational emails to DHS and private agency caseworkers and presentations to Youth Boards. Since October 1, 2009, the ETV staff completed 26 trainings, presentations and mass mailings.

In 2009, 93 percent of the Chafee ETV grant funds were directed to youths, while maintaining a low administrative rate of 7 percent. As of March 2010, 94 percent of the
funds were distributed to youths for ETVs. As of March 31, 2010, 292 foster youths were awarded ETV funding.

<table>
<thead>
<tr>
<th>ETV Data</th>
<th>July 1, 2008 to June 30, 2009</th>
<th>July 1, 2009 to March 31, 2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Youths Awarded ETVs</td>
<td>579</td>
<td>596</td>
</tr>
<tr>
<td>First Year ETVs Awarded</td>
<td>252</td>
<td>277</td>
</tr>
</tbody>
</table>

Number of Years ETVs Awarded to Individual Students in 2009-2010

<table>
<thead>
<tr>
<th>Number of Years ETVs Awarded</th>
<th>1 Year</th>
<th>2 Years</th>
<th>3 Years</th>
<th>4 Years or Beyond</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>46%</td>
<td>30%</td>
<td>17%</td>
<td>7%</td>
</tr>
</tbody>
</table>

Type of Post Secondary Program ETV Recipients Attended in 2009-2010

<table>
<thead>
<tr>
<th>Type of Program</th>
<th>4 Year University</th>
<th>Community College</th>
<th>Private 4 Year Univ.</th>
<th>Trade or Vocational</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>37%</td>
<td>48%</td>
<td>7%</td>
<td>8%</td>
</tr>
</tbody>
</table>

Services Planned for FY 2011

Goal: Ensure ETVs are available to all eligible youths.

Objectives
- The education/employment analyst and the ETV staff have several trainings scheduled throughout the state for the remainder of fiscal year 2010. Trainings scheduled are in Flint, Southfield, Jackson, Lansing, Grand Rapids and Mackinaw Island.
- A site visit by the Education/Employment Analyst is scheduled for May 2010 to review files and ensure contractor compliance.

Measurements
- Collection of data annually on: the number of youths applying for and awarded ETVs, the number of years each youth obtains an ETV, and the number of youths who successfully complete their post-secondary education or training program.
- Monthly reports on applications, distribution of funds, presentations and other activities.
- An annual contractor site visit is completed.

Preparation for Postsecondary Education and Training Accomplishments in FY 2010
EduGuide is an award winning, Michigan-based, non-profit agency that specializes in equipping educators with family engagement strategies to support school success and encourage postsecondary training and education. Through a partnership with the EduGuide organization, Michigan began a special Foster Care College Goal Sunday to assist foster youths in filling out the Free Application for Federal Student Aid (FAFSA). The annual event was held on February 21, 2010 at the University of Michigan, Dearborn campus. Approximately 50 people attended the event. Thirty foster youths completed the FAFSA. During this event, a panel, including youths from foster care attending college, provided additional information.

In January 2010, EduGuide approached DHS with an offer to become a partner organization in a web-based academic support system for foster youths. EduGuide did not request any funding from the DHS to participate; instead, EduGuide is actively securing grant funds to create the customized online mentoring system that will be used to support foster youths academically and socially, with life skill development. A MYOI coordinator or education planner serves as the “coach,” creates a team page much like Facebook, and invites his/her foster youth to become members. This opportunity will provide:

- Customized site features specific to the needs of the foster youth and foster parents, including the development of teams coached by designated staff.
- A safe way for the staff “coach” to mentor, encourage and monitor individual youth’s progress on goals.
- A moderated environment for positive interaction with a wider circle of adult mentors and peers to celebrate individual success.
- Additional information for updated service plans, by providing a user-friendly site to conduct outcome surveys.
- More than 1,000 award-winning materials that can be used for free, along with free personal support from EduGuide to run the program.

The youth services manager and YIT/ETV analyst are active members of the Wayne County Education Committee initiated by Supreme Court Justice Maura Corrigan. The group meets monthly to develop a targeted list of foster youths’ issues that will be taken to the Chief Administrator for Detroit Public Schools (DPS). Meetings to date were February 12, 2010, March 18, 2010, and April 16, 2010.

**Services Planned for FY 2011**

**Goal:** Ensure youths have the necessary support to achieve educational success.

**Objectives**

- Education planners or MYOI coordinators will develop team pages on the EduGuide site to mentor youths.
- Develop a targeted list of foster youths’ issues for DPS.

**Measurements**

- The number of DHS foster youth teams established in the EduGuide website by November 2010.
• The number of youths actively participating in the EduGuide mentoring process during FY 2011.
• The list of foster youth’s issues is developed and presented to DPS by October 1, 2010.

Accomplishments in FY 2010
Education Planners
Fourteen education planners will be located in county DHS offices to provide educational assistance and guidance to youths in foster care leading to improved educational outcomes. The position will also provide technical assistance to the foster care staff regarding the youth’s education and/or case planning. They will serve as advocates for youths with the school systems to ensure the appropriate educational services are provided. There will be a focus on remedial services and the special education needs of the youths. The position will serve as a technical expert on the educational needs of foster youths and will conduct trainings for caseworkers as well as education professionals.

The development and planning for the educational planners was a cooperative effort between the youth services analyst and manager, field representatives, data management, training staff, and juvenile justice representatives. The group reviewed the position description, identified locations and service areas, and reviewed data for youths ages 14 and older including special education classifications. Three education planning meetings were held in January and two in February 2010.

<table>
<thead>
<tr>
<th>Counties Served by Education Planners</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Wayne</td>
<td>4</td>
</tr>
<tr>
<td>Macomb</td>
<td>1</td>
</tr>
<tr>
<td>Oakland</td>
<td>1</td>
</tr>
<tr>
<td>Genesee</td>
<td>1</td>
</tr>
<tr>
<td>Kent</td>
<td>1</td>
</tr>
<tr>
<td>Calhoun/Kalamazoo/Branch/Hillsdale</td>
<td>1</td>
</tr>
<tr>
<td>Ingham/ Barry/Eaton</td>
<td>1</td>
</tr>
<tr>
<td>Jackson/Washtenaw/Lenawee/Monroe</td>
<td>1</td>
</tr>
<tr>
<td>Isabella/Midland/Saginaw/Bay/Arenac</td>
<td>1</td>
</tr>
<tr>
<td>Berrien/Cass/St. Joseph/Van Buren</td>
<td>1</td>
</tr>
<tr>
<td>Muskegon/Ottawa/Allegan</td>
<td>1</td>
</tr>
</tbody>
</table>
A training manual for the education planners was completed in March 2010.

Services Planned for FY 2011

Goal: Youths receive the necessary advocacy and support to be successful in school.

Objectives
- DHS will hire and train the 14 educational planners. Training will be documented through the Child Welfare Training Institute (CWTI) website.
- The strategic planning and implementation will be completed by August 2010. The planning will include policy development, data collection, outcome identification, reporting requirements, and report form development.
- Education Planners will provide training on topics specific to educational issues of foster youths to diverse audiences in the community.

Measurements
- Number of education planners hired and trained by June 1, 2010.
- Report requirements and forms are developed by September 2010.
- Outcomes and data collection methods are identified by September 2010.
- Policy is developed by October 1, 2010.
- The number of youths served by education planners beginning in June 2011.
- The number of trainings provided by the education planners to child welfare staffs and school personnel by May 2011.
- The number of youths served who entered post-secondary programs by September 2011.

Postsecondary Institutions

Accomplishments in FY 2010

The Western Michigan University (WMU) John Seita Scholarship is a scholarship that pays for tuition of undergraduate courses at WMU. Books, fees, housing, food and other living expenses are not included in the scholarship; however, most or all of these costs may be covered by financial aid and available state support, thereby making it possible for a Seita Scholar to earn an undergraduate degree with little or no student loans.

The Western Michigan Seita Scholars Program is the service component of a broader plan, known as the Foster Youth and Higher Education Initiative. The goal of the broader initiative is to improve educational opportunities for young people in foster care through policy analysis, professional education, research, and service to college students.

The Seita Scholars program is specifically designed to support WMU students who have been in foster care. The program aims to create a community of scholars (to fill the gap of family support) among WMU’s student population from foster care. More than providing these students with an undergraduate education, we are developing strategies to help former foster youths transition into adulthood through the experience of higher education. Recipients of the John Seita Scholarship have the opportunity to serve as
members on the Student Advisory Group of the Foster Youth and Higher Education Initiative at WMU or offer other services for the benefit of the initiative and future Seita Scholars.

During FY 2009, DHS provided support to the WMU Seita Scholars program through the assignment of a foster care worker to assist the youths in the program. The foster care worker has an office located on WMU’s campus.

Outcomes from the first student cohort entering in 2008 demonstrated a high level of retention. However, the outcomes for the cohort entering in fall of 2009 are even better.

**Western Michigan University**

First Semester Performance Stats by Cohort 2008-09 and 2009-10

<table>
<thead>
<tr>
<th></th>
<th>Fall 2008 (N=51)</th>
<th>Fall 2009 (N=47)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Number of Students:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Enrolled at start of Fall semester</td>
<td>51 100%</td>
<td>47 100%</td>
</tr>
<tr>
<td>Enrolled through to end of Fall semester</td>
<td>48 94%</td>
<td>47 100%</td>
</tr>
<tr>
<td>With a hold on student account at end of semester</td>
<td>9 18%</td>
<td>3 6%</td>
</tr>
<tr>
<td>Withdrawing from one or more courses during the semester</td>
<td>28 55%</td>
<td>24 51%</td>
</tr>
<tr>
<td>With Fall GPA at 2.0 or higher</td>
<td>24 47%</td>
<td>38 81%</td>
</tr>
<tr>
<td>With one or more courses below a C letter grade(or incomplete)</td>
<td>34 67%</td>
<td>27 57%</td>
</tr>
<tr>
<td>Who continued through to next semester (Spring semester)</td>
<td>39 76%</td>
<td>44 94%</td>
</tr>
<tr>
<td>Who secured a work study job</td>
<td>22 43%</td>
<td>30 64%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Fall 2008 (N=51)</th>
<th>Fall 2009 (N=47)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total group semester GPA</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>N</td>
<td>48</td>
<td>47</td>
</tr>
<tr>
<td>Mean GPA</td>
<td>1.91</td>
<td>2.48</td>
</tr>
<tr>
<td>GPA Low</td>
<td>0.15</td>
<td>0.25</td>
</tr>
<tr>
<td>GPA High</td>
<td>4.00</td>
<td>4.0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Fall 2008 (N=51)</th>
<th>Fall 2009 (N=47)</th>
</tr>
</thead>
<tbody>
<tr>
<td>By gender:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>21 2.08 .18 4.00</td>
<td>29 2.56 .25 3.91</td>
</tr>
<tr>
<td>Male</td>
<td>27 1.77 .15 3.75</td>
<td>18 2.36 .82 4.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Fall 2008 (N=51)</th>
<th>Fall 2009 (N=47)</th>
</tr>
</thead>
<tbody>
<tr>
<td>By ethnicity:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>African</td>
<td>13 2.40 .41 3.19</td>
<td>7 2.60 2.12 4.00</td>
</tr>
<tr>
<td>African-American</td>
<td>17 1.17 .18 4.00</td>
<td>18 2.46 .33 3.83</td>
</tr>
<tr>
<td>Caucasian</td>
<td>14 2.05 .15 3.75</td>
<td>18 2.34 .25 3.82</td>
</tr>
<tr>
<td>Hispanic or American Indian</td>
<td>4 2.92 2.12 3.44</td>
<td>4 3.00 .82 3.91</td>
</tr>
</tbody>
</table>
The University of Michigan provides the Blavin scholarship to foster youths. During fiscal year 2009, the youth services analyst collaborated with the University of Michigan to improve the Blavin Scholarship Program for foster youths. The Youth Services intern was member of the planning committee for this program. The number of students awarded the scholarship increased from five in 2008 to eleven scholarships in 2009.

**Services Planned for FY 2011**

**Goal:** Increase the number of post-secondary institutions offering assistance to foster youths.

**Objectives**
- The DHS is actively working to bring one additional university on board by September 2010 to provide opportunities in higher education for foster youths.

**Measurements**
- The number of post-secondary institutions providing services to foster youths in FY 2011.

**Supportive Relationships with Mentors and Dedicated Adults**

**AmeriCorps VISTA Volunteers**
A collaboration established with the Corporation for National and Community Service (CNCS) and several local DHS offices resulted in ten AmeriCorps VISTA Volunteers placed in six sites in November 2009.

The responsibilities of the VISTA members include developing mentor programs, community volunteer opportunities and skill training to obtain stable housing for foster youths.

**Accomplishments in FY 2010**
In October, local sites recruited, interviewed and selected the VISTA candidates. In November, the selected AmeriCorps VISTA candidates were formally hired by CNCS and began working with the DHS site locations, which include three urban counties, Oakland, Kent, and Wayne, and three northern dual-counties, Grand Traverse/Leelanau, Crawford/Otsego, and Midland/Isabella.

**Services Planned for FY 2011**

**Goal:** Develop mentoring programs, community volunteer opportunities and resources for stable housing for foster youths.
Objectives

- Develop a mentor program in each of the six AmeriCorps VISTA sites.
- Develop community volunteer opportunities for foster youths.
- Assist in developing housing resources for foster youths.

Measures

- The number of mentors recruited and matched with youths by April 2011.
- The number and type of volunteer activities that foster youths completed by April 2011.
- The number of youths provided housing resources by April 2011.

Supports and Services to Former Foster Care Youths

Michigan Youth Opportunities Initiative (MYOI)
The Michigan Youth Opportunities Initiative (MYOI) is a partnership between the Jim Casey Youth Opportunities Initiative (JCYOI) and the DHS. The program was created to improve outcomes for youths transitioning from foster care to adulthood. The MYOI brings together community members, public and private agencies and other resources that are critical to enhancing the success of older youths in care or transitioning. The MYOI supports youths in learning skills for financial literacy, opening and saving in bank accounts, expanding services through community “door openers,” mobilizing the community to advocate for foster youths, training in life skills and entrepreneurship (asset training) and becoming advocates and leaders for other foster youths. Michigan implemented the MYOI with two grant-funded sites, Wayne County and the Northern site comprised of 10 counties surrounding Grand Traverse. Funding for the Northern MYOI site was the first for a multi-county rural site. The JCYOI supported the expansion of phases two and three sites by allowing grant funding for those counties.

As Michigan completes the sixth year of the JCYOI grant, the program is more reliant on Chafee as the funding source for MYOI. Chafee funds support youth boards, stipend payments for specific activities, Individual Development Accounts (IDAs) matches for Chafee eligible purchases, asset and media skills training and the annual statewide MYOI coordinator meetings.

The MYOI has had four distinct implementation phases. In 2010, the fourth phase focused on the remaining non-MYOI urban and larger counties and the Upper Peninsula YSDM pilot sites.

<table>
<thead>
<tr>
<th>MYOI Sites</th>
</tr>
</thead>
<tbody>
<tr>
<td>County Sites</td>
</tr>
<tr>
<td>Phase One Sites - 2002</td>
</tr>
<tr>
<td>Wayne</td>
</tr>
<tr>
<td>Northern (Grand Traverse/Leelanau, Emmet/Charlevoix, Antrim/Kalkaska, Wexford/Missaukee)</td>
</tr>
</tbody>
</table>
### Accomplishments in FY 2010

The youth board meetings are held monthly in each site. One of the goals for youth boards was to develop web pages on the FosterClub website. As of March 2010, three youth boards have developed web pages on the FosterClub website.

The annual statewide MYOI coordinator meeting was held on September 29, 2009. The next meeting will be held on May 26, 2010. The meeting will be an opportunity for MYOI staff to share information on local site activities and ideas for program improvement in FY 2011.

As of March 1, 2010, there were 160 community partners in the 23 sites. All 23 MYOI sites provide financial literacy and asset trainings. They record the training on the quarterly reports. Sites provide asset training in a classroom setting with community partners as trainers. To supplement training, MYOI coordinators take youths on field trips to local businesses. The business owners provide information and training on different career options and the education and commitment needed to manage, own and run a business.

### Youths Specific Supports

<table>
<thead>
<tr>
<th></th>
<th>Phase Two Sites - 2004</th>
<th>Phase Three Sites - 2006</th>
<th>Phase Four – Chafee Expansion - 2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benzie/Manistee</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bay/Arenac</td>
<td>25</td>
<td></td>
<td>Barry/Eaton</td>
</tr>
<tr>
<td>Livingston/Shiawassee</td>
<td>15</td>
<td></td>
<td>Chippewa/Luce</td>
</tr>
<tr>
<td>Macomb</td>
<td>53</td>
<td></td>
<td>Gogebic/Ontonagon</td>
</tr>
<tr>
<td>Saginaw</td>
<td>14</td>
<td></td>
<td>Ingham</td>
</tr>
<tr>
<td>Washtenaw</td>
<td>20</td>
<td></td>
<td>Kalamazoo</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Marquette</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Oakland</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>St. Clair</td>
</tr>
</tbody>
</table>

| Alpena/Presque Isle | 16                 | Barry/Eaton              | 10                     |
| Crawford/Otsego    | 14                 | Chippewa/Luce            | 5                      |
| Genesee            | 20                 | Gogebic/Ontonagon        | 5                      |
| Kent               | 20                 | Ingham                   | 10                     |
| Mecosta/Osceola    | 21                 | Kalamazoo                | 10                     |
| Midland/Isabella   | 21                 | Marquette                | 10                     |
| Ogemaw/Roscommon   | 10                 | Oakland                  | 10                     |
| Ottawa             | 6                  | St. Clair                | 10                     |
The baseline data for the number of free or reduced services available to youths since October 1, 2009, shows total cash donations amounting to $10,412, donations in the form of goods and services of $6,992 and free or discounted services for $2,135 for a total of $19,538.

Five-hundred and five youths were IDA holders at the end of fiscal year 2009. The accumulated deposits in youths’ IDAs, during the first half of fiscal year 2010, is $61,795. The MYOI youths accumulated $263,846 in IDA savings from October 1, 2008 to March 31, 2010. Youths leveraged the IDA savings to secure an additional $118,498 in matching funds to purchase $236,846 assets.

**Services Planned for FY 2011**

**Goal:** Increase the opportunities for youths to participate in youth boards.

**Objectives**
- Expand MYOI to four new sites.
- Increase the number of youths participating in youth boards.

**Measurements**
- The number of MYOI sites added by April 2011.
- The number of youths participating in youth boards by 2011.

**Housing Resources**

The DHS is committed to ensuring that youths transitioning from the foster care system have safe and affordable housing. To reach this goal, the department is developing diverse opportunities for housing. This includes federal funding options through grant applications to the Department of Housing and Urban Development (HUD); revising contracts to expand housing options through the Homeless Youth and Runaway (HYR) programs; and referring youths to the Michigan State Housing Development Authority (MSHDA) Tenant Based Rental Assistance (TBRA) program. In addition to leveraging public dollars, DHS is developing alliances with land banks and developers while mobilizing the community through local partnerships. The AmeriCorps VISTA volunteers support these efforts in an effort to provide stability for youths transitioning from foster care.

**Accomplishments in FY 2010**

In December 2009 the DHS Youth Services Unit, in collaboration with MSHDA, applied for the Family Unification Program and requested 100 housing choice vouchers for youths transitioning from foster care. The notification of the HUD grant awards is expected in June or July 2010.

The HYR contracts, effective in January 2009, required that contractors ensure that 25 percent of the homeless youths served in transitional living were former foster youths. During the nine months in 2009 that the HYR contract was in effect, 57 foster youths or 15 percent of the transitional living population were youths transitioning from foster care. In the first half of FY 2010, the 22 contractors reported 21.7 percent (124) of the 572
homeless youths served were foster youths. This represents an increase of nearly seven percent from 2009.

The department developed local partnerships with land banks, a developer and the faith-based community in Genessee County to initiate a housing pilot for transitioning foster youths. The pilot is grounded in community support and inclusion of the youths as members of the community. Youths are provided mentors from the local churches, attend landlord tenant training prior to tenancy and must volunteer for a community project. DHS staff participated in a number of meetings to develop the pilot. In March 2010, six youths were selected, trained in landlord/tenant responsibilities and placed in housing.

Based on the Genesee County housing pilot, the department initiated contacts in Kent, Wayne and Oakland counties to expand options for youths transitioning from foster care. The housing resource analyst has directed the efforts at developing community partnerships through meetings and presentations.

**Services for FY 2011**

**Goal:** Increase safe affordable housing options and supportive services for former foster youths ages 18 to 21.

**Objectives**

DHS will:

- Ensure 25 percent of the youths served in the HYR transitional living placements in 2010 and 2011 are former foster youths or homeless due to a dissolved adoption or guardianship.
- Increase the number of youths housed in the Genesee pilot to ten youths by December 2010.
- Expand the housing resource pilots to one additional urban county by March 2011.

**Measurements**

- The number and percentage of youths provided housing in the HYR transitional living program.
- The number of youths housed in the Genesee County housing project.
- The number of housing resource pilots initiated.

**Foster Care Transitional Medicaid**

Foster Care Transitional Medicaid (FCTMA) began in Michigan on May 1, 2008. Establishing FCTMA allowed Michigan to extend automatic Medicaid eligibility to youths leaving foster care at age 18 until age 21. DHS developed a one-page form for the caseworkers to fax to central office for staff to open the FCTMA case.

DHS provides the FCTMA brochure to private and public agency caseworkers for distribution to youths prior to their exit from the child welfare system.
Accomplishments for FY 2010
DHS collects data on a bi-annual basis on the number of youths eligible and enrolled in FCTMA. This data has proven to be invaluable in highlighting issues related to FCTMA enrollment.

The statewide implementation of the Bridges data system in August 2009 provided the platform for automatic FCTMA enrollment for youths aging out of the foster care system at age 18 through 20. Two months later, after the data migration to Bridges was completed, the FCTMA automation process became functional.

On April 13, 2010, 677 youths were active FCTMA, a significant increase from the ninety-four youths enrolled in March 2009.

Services Planned for FY 2011
Goal: Increase the number of youths transitioning from foster care who are enrolled in FCTMA.

Objectives
DHS will:
- Develop a worker guide that will include information on the required data entries for the automatic opening of FCTMA.
- Develop an informational poster on FCTMA for DHS and private child placing agency lobbies.
- Continue statewide training as requested throughout FYs 2010 and 2011.
- Increase the number of eligible youths receiving FCTMA.

Measurements
- Number of youths enrolled in FCTMA during FY 2011.
- Number of presentations to workers, youths or other audiences completed by April 2011.
- The completion of the publication of a guide for workers on FCTMA process by August 1, 2010.
- The completion and placement of the FCTMA posters in agency lobbies by March 2011.

Report of Activities that Enhanced Service Collaboration
Teen Pregnancy
Three state agencies developed a state team to reduce teen pregnancy in April 2009. The team consists of the DHS, the Michigan Department of Education (MDE) and the Department of Community Health (DCH). The state team and two youths that had transitioned from foster care attended the roundtable on April 2-3, 2009 to discuss teen pregnancy prevention among youths in foster care. The National Campaign to Prevent Teen and Unplanned Pregnancy and the Casey Family Services hosted the event.

Accomplishments in FY 2010
The state team met on September 9, October 1, November 16, 2009 and February 19, 2010. The team participated in a telephone conference with The National Campaign to Prevent Teen and Unplanned Pregnancy that addressed the progress of the Michigan team on the goals and objectives developed during the roundtable.

In October 2009, the team completed the development of the Michigan Foster Care Youth Health Behavior Survey. The purpose of the survey is to obtain statistical information on the sexual behavior of foster youths; to provide information on specific areas to target in order to reduce teen pregnancy in foster youths; and to obtain statistical information on the prevalence of pregnancy in foster youths and the number of foster youths who have children.

The implementation of the survey has been delayed. However, the critical services analyst will resume steps to implement the survey and data collection on the prevalence of pregnancy and parenting among foster youths in the fall of 2010.

The DHS Youth Services Unit provided oversight on 20 teen parent program contracts until the contracts were terminated on June 30, 2009 because of fiscal issues. During the time the critical services analyst served as the contract administrator and held quarterly coalition meetings regularly until June 17, 2009.

Services for FY 2011

Goal: Reduce teen pregnancy in Michigan's foster youth population.

Objectives
DHS will implement the Michigan Foster Youth Health Behavior Survey. Given the delay in implementing the survey, the state team will not have the baseline data on the number of foster youths ages 14-20 in foster care and transitioned from foster care who are parents, have been pregnant, or are pregnant, by the September 30, 2010 deadline. DHS anticipates accomplishing this goal by February 2011.

Measurements
- The number of foster youths taking the survey.
- Baseline data collected on the number of pregnant or parenting foster youths.

Training

Accomplishments in FY 2010
Youth Service Delivery Model (YSDM)
DHS provided training in the youth and community engagement portion of the YSDM to eight sites during December 2009 and January 2010.

Casey Family Services trainers provided permanency teaming training from August 2009 to January 2010. They:
- Trained eighty-seven DHS and nine private agency staffs in the phase one sites on permanency teaming. Dates of training were August 13-14, 2009, September 9-10 and 23-24, 2009, and October 13-14, 2009.
Conducted training of the trainers for permanency teaming on January 12-13, 2010 for DHS and private agency staff members to teach training skills for the phase two sites. Sixteen DHS staff and one private agency staff were trained as trainers.

Training planned for FY 2011
Goal: Increase the number of DHS and private agency staffs trained in the YSDM.

Objectives
DHS will:
- Identify the phase five sites for the YSDM/MYOI.
- Train the phase five DHS and private agency staffs in permanency teaming.
- Train staff in the youth and community engagement portions of the YSDM.

Measurements
- Phase five sites are identified by November 2011.
- Phase five sites DHS and private child placing agency staffs are trained in permanency teaming by April 2011.
- Phase five site staffs are trained in the youth and community engagement staff by April 2011.

Educational Opportunities
Accomplishments for FY 2010
The education analyst conducted nine presentations and trainings for youths, foster care workers, supervisors, college staff, and foster parents, along with an orientation for the Foster Care Review Board members. The training focused on accessing Chafee and ETVs to support education for foster youths.

Training planned for FY 2011
Goal: Increase the awareness of child welfare staff in post-secondary educational opportunities and funding.

Objectives
The education/employment analyst and the ETV staff have several trainings scheduled throughout the state for the remainder of fiscal year 2010. Trainings are scheduled in Flint, Southfield, Jackson, Lansing, Grand Rapids and Mackinaw Island.

Measurement
The number of trainings completed by May 1, 2011.

Statewide Training for Youths
Accomplishments for FY 2010
As of October 1, 2009, DHS provided 18 financial literacy trainings for 108 youths, with an additional 48 asset trainings to 317 youths. Following are the number and types of asset trainings provided to youths:
- Twenty-three educational and career trainings.
Six trainings on housing down payment/rent deposit.
Six financial trainings on investments (stocks, 401(k), IRAs).
Three trainings on medical and dental insurance and cost of insurances.
Seven trainings on developing a micro-enterprise.
Three trainings on owning, purchasing, insuring and maintaining a vehicle.

Two youth media trainings were held on August 12-13 2009. Thirty-four (34) youths attended the training along with 12 staff.

DHS has scheduled an interactive seminar on entrepreneurship, career planning and financial literacy for April 21, 2010. The event is a partnership between the DHS, MYOI and Operation Teach-in. The seminar is for current or former foster youths in Wayne and the surrounding counties.

Training planned for FY 2011
Goal: Ensure youths are provided training designed to support their transition to adulthood.

Objectives
DHS will:
- Increase the number of youths receiving media training and advanced media training.
- Increase the number of youths involved in trainings to support their self-sufficiency.

Measurements
- The number of media trainings provided to youths by March 2011.
- The number of youths participating in media trainings by March 2011.
- The number of youths participating in self-sufficiency skills training and the types of trainings provided.

Youth Involvement in Improving Statewide Services
Fostering Connections
The Fostering Connections legislation required the development and implementation of a 90-day discharge meeting for youths transitioning from foster care as of October 1, 2009. DHS began to develop policy and procedures for the discharge meetings in April 2009. In July 2009, the federal monitoring team providing oversight for the consent decree implementation requested DHS to implement an annual transition meeting for youths beginning at age 16. The Youth Services’ YIT analyst, manager and an intern began the development of annual transition meeting form in August 2009. Several revisions of the forms occurred between September 2009 to the present, as part of refining the document and obtaining input from stakeholders including youths.

Accomplishments in FY 2010
One of the identified components of implementing the Foster Connections legislation is to involve foster youths. In November 2009, two transitioned foster youths reviewed the
90-Day Discharge and Annual Transition Meeting forms. The youths provided positive feedback on the forms. In addition to youths’ reviews, DHS and private child placing agency staffs reviewed the meeting forms and participated in the policy development. The policy and forms are in the final DHS review process and DHS expects to implement the policy by July 2010.

Youths’ Participation Planned for FY 2011
Goal: Youths are actively involved in the planning and implementation of the Fostering Connections legislation.

Objectives
DHS will implement a media campaign, and youths will develop and present training to educate other youths in foster care, caseworkers, courts and other stakeholders on the importance of permanency and the extension of foster care to age 20.

Measurements
The youth media campaign is implemented by October 2010.

Youths’ Participation in Improving Foster Care
Accomplishments for FY 2010
DHS regularly accesses the expertise of foster youths to educate DHS and private child placing agency staffs, foster and adoptive parents, legislators and educators on ways to improve child welfare. Youths’ involvement during the year included:

- Participation in the permanency teaming training in Genesee and Macomb counties. Youths provided input on the importance of the teaming process to the DHS and private child placing agency staff in attendance.
- Presentations to educators on the importance of providing post-secondary opportunities for former foster youths, such as the WMU Seita Scholars program.
- Presentations to foster and adoptive parents in May 2009 during the Michigan Association for Adoptive, Foster and Kinship (MAFAK) conference.
- Participation in youth panels during CWTI foster care worker training for DHS and private child placing agency staffs.
- Presentation by one Seita scholar during the DHS child welfare reform media event on March 8, 2010.
- Several youths were interviewed about their experiences within the child welfare system in Michigan, during the CFSR onsite review.

As part of Michigan’s efforts to improve the rate of monthly caseworker visitation, DHS is producing a video from interviews with former foster youths on the effects of caseworker visitation on their case plans and outcomes. This video will be part of a one-day training on improving the frequency and quality of caseworker visitation with children, which will be presented to all DHS and private agency caseworkers in June, July and August 2010.

Finally, Michigan is presenting a one-day conference on family engagement, which is designed to assist court and child welfare personnel to view family engagement from a
culturally appropriate and trauma-informed perspective. The conference will feature a panel discussion that includes former foster youths, as well as resource parents to share information on effective engagement through caseworker and child visitation. (For additional information on the training and the conference, reference the Monthly Caseworker Visit Data section).

Youths’ Participation Planned for FY 2011

Goal: Foster youths are involved in developing practices, policies and procedures to improve child welfare.

Objectives
- The Youth State Advisory Committee’s first quarterly meeting is scheduled for June 30, 2010. Youth participants will develop the meeting schedule and decide on bi-annual meeting dates and the agenda topics that may include: policy reviews and proposals, local youth training curriculum or other issues the youths want to address.
- The annual Youth Voice publication will be developed through the statewide youth advisory committee.
- The youth advisory committee will assist in the survey development and implementation for the National Youth in Transition Database (NYTD).
- The youth advisory committee will develop the foster care handbook for youths.

Measurements
- The Youth Statewide Advisory Committee’s strategic plan is developed by August 1, 2010.
- The Youth Voice is published by March 2011.
- The NYTD survey and process is completed by January 1, 2011.
- The foster care handbook and bill of rights are completed by October 2011.

Michigan’s Progress in Developing and Implementing a Foster Care Trust Fund

Foster Care Trust Fund

Public Act 525 of 2008 creates the State Foster Care Advisory Board within DHS to administer the Foster Care Trust Fund. Funds may not be spent or appropriated from the trust fund until the amount credited meets or exceeds $800,000.

The board is required to work collaboratively with private and public foster care programs to identify and address the problems facing children in the foster care system, raise awareness of foster care and develop a support network for youths transitioning from foster care.

Accomplishments in FY 2010

The act amends the Michigan Income Tax Act to permit an individual to designate a contribution to the Foster Care Trust Fund on their annual Michigan income tax form. The Foster Care Trust Fund appeared on the form as a check off donation box as of
Activities Planned for FY 2011
**Goal:** Establish a foster care trust fund program for youths receiving independent living services for transition assistance.

**Objectives:**
When established, the youth services manager will collaborate with the DHS legislative liaison to ensure a former foster youth is placed on the Foster Care Trust Fund Board. The target date for this is uncertain, as the DHS cannot predict when sufficient funding will be available to establish the board.

**Measurements:**
DHS has identified two former foster youths as potential board members by April 2011.

Coordination with Michigan’s Federally Recognized Native American Tribes
**Consultation with Native American Tribes**
The Youth Services Unit staff are working to develop relationships with Michigan’s 12 federally-recognized tribes to ensure all Tribal youths have access to ETVs and Chafee funds.

The DHS has not entered into specific agreements with any of Michigan’s tribes on the administration of Chafee or ETV funds. DHS is sending out letters of invitation to all tribal partners in Michigan for a meeting regarding access of Tribal youths to ETV and Chafee funds and identifying tribal interest in sharing and administering a portion of the state’s federal allotment of ETV and Chafee.

**Accomplishments in FY 2010**
The ETV/YIT analyst and the youth services manager collaborated with the Native American Affairs Director to ensure that each of Michigan’s tribes will have the opportunity to contribute to policy changes for Chafee funding and receive ongoing communication on service opportunities and ICWA compliance.

On December 2, 2009, the manager participated in the Tribal Training Day in Mt. Pleasant, Michigan. The manager provide tribal members with an overview on YIT, ETV and other resources available to tribal youths, and distributed the Lutheran Social Services of Michigan’s brochure, Education & Training Voucher (ETV), and the DHS-Pub-193, Foster Care Transitional Medicaid to the participating Tribal partners.

A meeting was held with the DHS Director of Native American Affairs, the ETV/YIT analyst and the youth services manager on February 23, 2010. The discussion centered on finding ways to ensure Tribal youths are aware of YIT and ETV and how to access funding. The manager will draft a letter inviting the federally-recognized tribes to participate in a presentation on the services and funding available to Tribal youths. DHS
has made a request to include a youth services presentation on the July 2010 agenda of the quarterly Tribal State Partnership meeting.

**Services Planned for FY 2011**

**Goal:** Youths from Michigan’s 12 federally-recognized tribes will receive the same services and benefits afforded to all foster youths.

**Objectives**

- Send a letter inviting each of the 12 federally recognized tribes in Michigan to participate in a presentation on the services and funding available to tribal youths by June 15, 2010.
- By October 1, 2010:
  - DHS will participate in one quarterly Tribal State Partnership meeting.
  - DHS will consult with a minimum of two of Michigan’s tribes.
  - Tribal partners will identify how DHS can support tribal youths in accessing services for foster youths.
- By May 1, 2011:
  - Tribal partners will assist in the development of policy, processes and procedures for tribal youths to access services.
  - Identify tribal partners to administer CFCIP and ETV.

**Measurements**

- The number of tribal partners attending the youth services presentation.
- The number of quarterly Tribal State Partnership meetings attended.
- Policy and practice changes implemented because of tribal consultation.
- The number of tribal youths receiving ETVs and Chafee funds.
- ETV and YIT policy updates reflect the tribal input.
- The number of tribes administering CFCIP and ETV.
Adoption

In FY 2009, Michigan demonstrated a high level of collaboration between the courts, private agencies and DHS, resulting in the highest number of adoptions in one year from foster care in DHS history. There was a 10 percent increase in the number of adoptions and a 12 percent decrease in the number of children with terminated parental rights. The following chart describes trends in this program area over the last ten years.

The gains made in securing permanent homes through adoption were the result of concerted efforts by caseworkers, supervisors and the courts based on several factors.
initiatives. However, one initiative that affected all areas of the adoption process was the Adoption Forum.

In March 2008, Michigan Supreme Court Justice Maura Corrigan and DHS Director Ismael Ahmed initiated an Adoption Forum for the 13 counties with the highest number of adoptions annually. County-level teams of public and private providers, courts, parents, and youths met locally to discuss issues and plan improvements. The goal of the statewide forum was to discuss experiences and gain best practice knowledge to address adoption barriers across all court jurisdictions.

In May 2009, the State Court Administrative Office released a report examining the impact of the three statewide adoption forums held in 2008 and 2009. The changes in court procedures and local level collaboration resulted in an increase in adoptions by 14 percent in the 13 counties involved from the beginning. DHS invited an additional 10 counties to attend the April 2009 forum to expand the best practices developed in the original 13 counties.

DHS held the fifth Permanency Forum for April 30, 2010 and it included reports from the 23 counties. The counties reviewed their progress toward improving all areas of permanency and their progress on the backlog cohorts. In addition, speakers presented information on family finding and engagement, the CFSR program improvement plan and the work of the permanency resource managers (PRMs). Reference The Michigan Court Improvement Project section for additional information.

**CFSR Program Improvement Plan Goal:** Improve timeliness to adoptions to less than 12 months for children legally free for adoption.

In 2009, the transfer of 70 percent of adoption cases to the private agencies was completed. The private agencies met this challenge by completing 71 percent of the record number of adoptions last year. DHS maintains a majority of the foster care cases, so partnership and collaboration are essential in meeting the adoption goals.

**Objectives:**
DHS will:
- Make timely referrals to private agencies to initiate adoption specific services and complete the adoption in less than 12 months.
- Review children's cases identified as living with an adoptive resource family for over six months from the date of termination of parental rights without a court order of adoption placement.
- Review individual recruitment plans for children without an identified adoption resource family at termination to ensure an appropriate recruitment strategy is in place for that child.
- Conduct reviews for children with a goal of adoption for six months from the termination without an identified adoptive resource.
• Provide technical assistance and review by a contracted expert for any case in which a child has been available for adoption for a year from termination without an identified family.
• Implement the Adoption Alert Report to provide the status of all youth with termination of parental rights at three, six and nine months or more. The reports will be accessible to the county offices and private agencies and DHS will share them with the courts. Reference the DHS Data Management section for additional information on the alert report.

Measurements:

DHS will:
• Collect data on the length of time from termination to referral to a private agency by county through the review of transfer forms sent to DHS central office.
• Document reviews of children on “hold” status with an identified adoption resource family by agency and determine the barriers.
• Collect data on individual recruitment plans submitted to Michigan Adoption Resource Exchange (MARE) by agencies and approved or returned for additional efforts.
• Document case exploration meetings held by PRMs, the task assigned and the eventual outcomes.
• Collect data on individual status and composites of average and median time from termination to finalization in each county.

Adoption Policy Improvements

DHS held training on new adoption policy implementation in various locations around the state in 2009:
• April 16, 2009, adoption policy training - Genesee County – DHS, private providers and court staff.
• April 28, 2009, adoption and guardianship policy training – Wayne County staff.
• April 30, 2009, presentation to Washtenaw County Bar Association on adoption and guardianship.
• May 6, 2009, presentation to Foster Care Review Board on adoption and guardianship.
• May 10, 2009, adoption policy training in Kent County – DHS, private providers and court staff.
• June 30, 2009, Wayne County DHS – Adoption Unit staff.
• November 12, 2009, Adoptive Parent Support Group – Wayne County staff.

The National Resource Center on Adoption held subsidy negotiation training with DHS staff in Kent County in September 2009.

DHS Collaboration and Partnerships

Adoption Oversight Committee (AOC)

The purpose of the AOC is to examine the adoption services in Michigan, make recommendations for improvements and develop action plans to increase the number of
child welfare adoptions. The 40-member committee is comprised of DHS program office staff, workers and supervisors from DHS and private adoption agencies, adoptive families, foster care youths, MARE program staff, SCAO staff, local court personnel, and child welfare advocates.

The AOC has been in existence since March 2007. In addition to the main committee, the group has established four workgroups that meet regularly outside of the larger group. These groups are:

- Adoption service provision.
- Policy and legal issues.
- Post-adoption services.
- Adoption recruitment.

The work of the AOC has been instrumental in the following areas:

- Development of a request for quotation for adoption parent consultants, experienced adoptive parents who provide support and guidance to other adoptive families.
- Review of pre-adoption training requirements.
- Development of a court protocol for post-termination review hearings.
- Surveys for parents, caseworkers and youths involved in disrupted/dissolved adoptions.
- Research and presentation of national post-adoption models.
- Provision of input and recommendations on policy changes.

Permanency Options Workgroup (POW)
Michigan Supreme Court Justice Maura Corrigan established the workgroup in the fall of 2006. Members include state and local judges, legislative, DHS, and Foster Care Review Board staffs. Efforts have included the creation of an Adoption Scheduling Order and passage of a “permanency bill” package. Meetings in 2009 focused on streamlining the process to obtain the MCI Superintendent’s consent to adoption, development of legislation to reinstate parental rights post-termination, refinement of the court review process for the guardianship program and a revised process for expunging central registry records.

Adoption Day
Over 36 county courts participated in Adoption Day in 2009. This event celebrates adoption and informs the public of the need for more adoptions from foster care. Courts put on luncheons and invited state dignitaries to participate in the adoption finalizations. Special presents were given to children and the public joined in the celebration. During the five-year period in which Michigan has celebrated Adoption Day, more than 13,000 children have been placed into adoptive homes out of foster care.

Goal: Continue strong partnerships and collaboration to improve policy and practice leading to increased adoptions from foster care.
Objectives:

- Continue collaboration between the DHS Adoption Program Office, State Court Administrative Office, the AOC and other significant stakeholders to improve practice, expand recruitment and address the needs of children for a permanent home.
- Involve adoptive parents, foster parents and youths in decisions made on policy and practice.

Measurement:

- Number of policy and statute changes resulting from workgroups and committees.
- Membership of adoptive and foster parents and youths on committees and teams.

Michigan Adoption Resource Exchange (MARE)

MARE is an information and referral service contracted by DHS to facilitate finding permanent homes for children. The exchange produces recruitment and service brochures, maintains a website, assists communities in the development of adoption recruitment activities and produces quarterly newsletters for professionals, parents and children.

One of MARE’s recruitment activities is the Michigan Heart Gallery, a traveling photographic and audio exhibit created to find forever families for children in foster care. A Heart Gallery Opening is scheduled each year to launch the new photo display. This year’s event, held April 23, 2010, in Detroit, attracted more than 300 adoption professionals, community organizations, church representatives, adoptive families and children. The event was covered by the local FOX television station and both the Detroit News and the Detroit Free Press. The Heart Gallery is designed to increase the number of adoptive families for children needing homes in Michigan. The Heart Gallery exhibit is displayed in many communities throughout the year and at special events and conferences.

MARE has developed a youth advisory board through the Michigan Youth Opportunities boards across the state. The youths provide a voice to inform and influence adoption services in Michigan. There is a monthly newsletter *Focus on Adoption and Leadership* with youths’ contributions. Projects such as a youth’s design for the MARE recruitment campaign allow creative expression from the youths.

Adoption Incentive Funds

Michigan received a federal Adoption Incentive Grant of $856,000, to be expended by September 30, 2011. Permanency staff are developing requests for quotes for the following services:

- Development of a media campaign and training to be provided by youths to inform and educate youths, workers, courts and other stakeholders about
permanency decisions. This work will include the importance of the extension of foster care to age 20.

- Development of adoptive parent consultant contracts to train and support experienced adoptive parents who will mentor other adoptive parents through the adoption process.
- Development of adoption resource consultants to provide enhanced oversight and case planning for children and youths with terminated parental rights for over one year without a family identified.
- Development of local contracts for adoption organizations to provide adoption-specific training to adoptive parents.
- Other adoption-specific activities allowable under title IV-B and IV-E of the Social Security Act.

Adoption Subsidy

The Adoption Subsidy program is located within the Field Operations Administration and provides financial support and/or medical subsidy to adoptive families to assist in meeting the needs of children adopted from Michigan's foster care program or eligible for supplemental security income. A combination of federal and state dollars funds the programs.

Michigan was required to develop and implement a title IV-E program improvement plan to rectify the areas identified by the Administration for Children and Families as compliance issues. The improvement plan includes policy and statute revisions, development of new pamphlets, revised forms, system improvements and changes to the state plan. The goals of the plan were completed and policy changes were effective July 1, 2009. DHS completed SWSS application changes December 1, 2009.

The Fostering Connections to Success and Increasing Adoptions Act required changes to Michigan law and DHS policy. Public Act 17 of 2009 was passed effective April 9, 2009, and changed the Michigan Compiled Law (MCL) sections, 400.115g, 400.115i and 400.115j.

DHS released policy changes reflecting the Fostering Connections laws December 1, 2009 and January 1, 2010. DHS drafted an amendment to expand the appeal rights for pre-adoptive parents in March 2010 for sponsorship in the legislature.

In 2009, a Leadership Academy team reviewed the medical subsidy residential treatment policies and made recommendations to the department for changes.

Goal: Review and determine changes needed in the medical subsidy program to assist families who have adopted children from foster care with special needs.

Objectives:
DHS will:
- Form a workgroup to review medical subsidy program in April 2010.
- Make policy and form changes because of the medical subsidy workgroup's decisions.
- Develop an adoptive parent handbook providing comprehensive information about subsidy programs for adoptive parents.

**Measurement:**
- The period for completion of the workgroup’s recommendations is December 31, 2010.
- Permanency staff will complete policy and form changes by December 31, 2010.
- The Permanency Unit staff will distribute the adoptive parent handbook to adoptive parents by December 31, 2010.

**Permanency Planning**
DHS recognizes that too many children are cared for in Michigan’s foster care system without a permanent home. Reducing the number of children awaiting permanency serves as a foundation for Michigan’s child welfare reform efforts.

Michigan is engaged in a major effort to reduce the number of children who have been awaiting reunification, adoption or guardianship for over one year. The children awaiting permanency include:
- Temporary court wards (TCWs). Children with a goal of reunification who were in care for more than a year as of January 1, 2009.
- Permanent state wards (Termination of parental rights or TPR). Children who were “legally free” for adoption for more than one year as of January 1, 2009.

**Progress in Permanency for Temporary Court Wards Cohorts**

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The goal for FY 2009 was to achieve 50 percent closure in the TCW permanency backlog cohort. Michigan achieved this goal by September 30, 2009 with a 54 percent closure rate. The goal for FY 2010 is to achieve 85 percent closure. As of March 31, 2010, 67 percent of the cohort has closed.
The goal for FY 2009 was also to achieve 50 percent closure in the TPR permanency backlog cohort. Michigan did not achieve this goal by September 30, 2009; the closure rate was 42 percent. The goal for FY 2010 is to achieve 85 percent closure. As of March 31, 2010, 53 percent of the cohort closed.

The goal is to achieve 100 percent approved permanency or closure in both cohorts by September 30, 2011.

Data collection and analysis has been critical in developing strategies to address the permanency needs of the children in the cohorts. To support local efforts to achieve permanency, several efforts were undertaken, including:

- Monthly sharing of cohort data with the State Court Administrative Office for distribution to the local courts.
- Distribution of cohort data to 23 county teams participating in the Permanency Forums, which will lead to the collection of information from local courts about barriers to permanency. (See Adoption/Permanency Forum section for additional information.)
- Continued development and enhancement of DHS web-based reporting, updated daily on DHS' internal data management system (InfoView). Local office staff readily access InfoView and can provide updates to private agency staff. The following chart is an example of a dashboard report that details an adoption outcome:
Goal: DHS will achieve legal permanency for children in the TCW and TPR cohorts by the following dates:
- Eighty-five percent by October 2010.
- One hundred percent by October 2011.

Objectives:
DHS will:
- Review backlog cohort cases and determine the best permanency strategies for children remaining in the cohorts.
- Continue to refine the permanency backlog data and distribution to the local counties, private agencies and the courts to assist in the development of strategic planning for permanency.

Measurement:
- Data on the PRM’s reviews of cohort cases in the 15 largest counties, the tasks assigned and eventual outcomes.
- Monthly cohort data reports provided to counties and courts.

Permanency Planning Assistants and Permanency Planning Specialists
To assist in the reduction of the number of children awaiting permanency, DHS county offices determined the foster care workers who would focus on the cohort cases. The
caseworkers designated as permanency planning specialists (PPSs) received specialized training on permanency. In three counties, the PPS staff were assigned lower caseloads. The counties formed Permanency Teams consisting of managers, supervisors, foster care and adoption workers, PPSs and permanency planning assistants (PPAs) to review and develop permanency strategies for the children in the cohorts.

The PPAs were assigned to work with the PPS staff and assisted in a wide variety of areas of permanency planning. The PPAs assisted in mining case files, talking with youths about important people in their lives, assisted in transportation to court hearings, and set up appointments and meetings to focus on identifying and supporting a permanent placement resource. Over 100 PPAs were allocated to the largest 14 counties for eighteen months to provide assistance in the work towards permanency. It is anticipated that the majority of the PPA positions will be eliminated by May 1, 2010.

The following charts detail the work that has been accomplished by the PPS workers in the urban counties:

**Temporary Court Ward Backlog Cohort**

<table>
<thead>
<tr>
<th>County Name</th>
<th>Total Baseline</th>
<th>Open Cases</th>
<th>Open Cases %</th>
<th>Closed Cases</th>
<th>Closed Cases %</th>
</tr>
</thead>
<tbody>
<tr>
<td>GENESEE</td>
<td>360</td>
<td>113</td>
<td>31.4%</td>
<td>247</td>
<td>68.6%</td>
</tr>
<tr>
<td>KENT</td>
<td>275</td>
<td>107</td>
<td>38.9%</td>
<td>168</td>
<td>61.1%</td>
</tr>
<tr>
<td>MACOMB</td>
<td>272</td>
<td>55</td>
<td>20.2%</td>
<td>217</td>
<td>79.8%</td>
</tr>
<tr>
<td>OAKLAND</td>
<td>529</td>
<td>120</td>
<td>22.7%</td>
<td>409</td>
<td>77.3%</td>
</tr>
<tr>
<td>WAYNE</td>
<td>2007</td>
<td>810</td>
<td>40.4%</td>
<td>1197</td>
<td>59.6%</td>
</tr>
<tr>
<td>URBANS</td>
<td>3443</td>
<td>1205</td>
<td>35.0%</td>
<td>2238</td>
<td>65.0%</td>
</tr>
<tr>
<td>STATEWIDE</td>
<td>5017</td>
<td>1652</td>
<td>33.0%</td>
<td>3365</td>
<td>67.1%</td>
</tr>
</tbody>
</table>

**Terminated Parental Rights Court Ward Backlog Cohort**

<table>
<thead>
<tr>
<th>County Name</th>
<th>Total Baseline</th>
<th>Open Cases</th>
<th>Open Cases %</th>
<th>Closed Cases</th>
<th>Closed Cases %</th>
</tr>
</thead>
<tbody>
<tr>
<td>GENESEE</td>
<td>416</td>
<td>204</td>
<td>49.0%</td>
<td>212</td>
<td>51.0%</td>
</tr>
<tr>
<td>KENT</td>
<td>158</td>
<td>53</td>
<td>33.5%</td>
<td>105</td>
<td>66.5%</td>
</tr>
<tr>
<td>MACOMB</td>
<td>287</td>
<td>131</td>
<td>45.6%</td>
<td>156</td>
<td>54.4%</td>
</tr>
<tr>
<td>OAKLAND</td>
<td>320</td>
<td>181</td>
<td>56.6%</td>
<td>139</td>
<td>43.4%</td>
</tr>
<tr>
<td>WAYNE</td>
<td>1533</td>
<td>838</td>
<td>54.7%</td>
<td>695</td>
<td>45.3%</td>
</tr>
<tr>
<td>URBANS</td>
<td>2714</td>
<td>1407</td>
<td>51.8%</td>
<td>1307</td>
<td>48.2%</td>
</tr>
<tr>
<td>STATEWIDE</td>
<td>4376</td>
<td>2078</td>
<td>47.5%</td>
<td>2298</td>
<td>52.5%</td>
</tr>
</tbody>
</table>

**Goal:** Utilize PPS’s specialized caseloads to expedite permanency for the children awaiting permanency.
Objectives:
DHS will:
- Further develop and train specialized staff who have expertise in planning for children in the foster care system for extended periods of time.
- Utilize the PRMs’ expertise to provide training and increased support to the PPS staff in developing best practices for permanency.

Measurement:
- Monthly backlog data reports demonstrating increased permanency outcomes.
- PRM monthly activity reports of training and support of PPS staff.

Permanency Resource Managers (PRM)
In addition to the 96 PPSs and the 72 PPAs working on the TCW and TPR cohort cases, DHS hired 26 new PRMs in December 2009 and March 2010. The PRMs had field experience and demonstrated a commitment to permanency with an aptitude to become permanency experts. The PRMs are aware of available resources to move children to permanency and they work across systems to eliminate barriers.

The goal of the PRMs is to improve system-wide performance in securing permanent placements for children in foster care. The PRMs work closely with the PPS and PPA staff in counties where those positions have been established. The PRMs are assigned to designated counties based on the distribution of permanency backlog cohort cases. The PRMs meet with the PPS staff on a regular basis to discuss case-specific and systemic barriers and gaps. They assist in determining the local resources and services available or needed.

Counties Identified
Through an assessment of the backlog data, the Permanency Unit determined the counties to be assigned one or more of the 26 PRM positions. They selected a county if it had a higher percentage of open cases than the state average in either or both cohorts and a sufficient number of cases to warrant a PRM assignment. The counties or county clusters identified were:
- Ingham, Clinton and Eaton.
- Jackson and Washtenaw.
- Hillsdale, Lenawee and Monroe.
- Kent, Muskegon and Ottawa.
- Wayne.
- Genesee.
- Macomb.
- Oakland.

There are 20 PRMs assigned to the TCW and TPR cohort cases. This equates to one PRM to 218 cases. Children in residential care are included in the total number of open cohort cases in the designated counties. There are six PRMs assigned specifically to the residential cohort with a smaller caseload size.
Training and Support
The National Resource Center for Family-Centered Practice and Permanency Planning provided specialized permanency training to the PRMs.

The PRMs conducted presentations for local management teams at the public and private agencies to provide information on the purpose and the process of case explorations. In addition, they trained supervisors and staff on the goals, new strategies, processes and outcomes expected. The PRMs completed 91 presentations/trainings from January through the end of March in the 15 designated counties.

Case Exploration Meetings
The PRMs hold “case exploration meetings” for children on the permanency backlog to determine if the appropriate permanency goals are in place and to prescribe services and actions required to secure the defined outcomes. The PRMs have access to administrators in the county offices and the private child placing agencies to discuss service needs and address issues that may arise.

The case exploration team consists of the PRM as the lead and a combination of the following: PPS and PPA (if assigned), assigned foster care worker and supervisor, assigned adoption worker (if applicable) and supervisor, DHS foster care monitor (if it is a private agency case), and any additional participants who are deemed appropriate by the PRM.

Permanency staff completed case explorations for 412 children or youths by March 31, 2010. Permanency staff prioritize cases as listed below.

1. Another Planned Permanency Living Arrangement (APPLA) and APPLA-E – Youths 16 and older: Cases are reviewed for barriers to permanency. The group is inclusive of those youths who have had paperwork submitted to central office for approval of the permanency goal and those where the worker has not submitted the paperwork. This is a group of youths who need immediate review to avoid aging out of foster care without supports and permanent connections. The case exploration includes evaluation of the goal and the determined steps to achieve supports and connections prior to leaving the foster care system.

2. APPLA – Youths under 16 with or without termination: Cases are reviewed to determine whether this is an appropriate goal and that there are identified support persons. The team explores more permanent options to determine whether all efforts toward reunification, adoption, guardianship and placement with a relative have been made.

3. Adoption – TPR cohort: Cases are reviewed for barriers to finalization and case closure. Youths without an identified family are reviewed to determine the actions that are in place for recruitment and family finding. Permanency staff review cases in adoption supervision if the adoption finalization is not scheduled in the next 90 days.

4. Reunification - Children not at home: Cases are reviewed for barriers preventing return home. For those cases where reunification is no longer the plan, the team
will develop alternate goals, which includes family finding and establishing life-long connections.

5. Adoption - TCW cohort: Cases that have a more recent termination of parental rights are reviewed to determine whether there is an identified family and the worker has taken all required actions on the case to achieve the adoption. If there is no identified family, a review of the recruitment process is explored and the team identifies the appropriate actions.

6. Fit and willing relative: Permanency staff review these cases for the appropriateness of the goal and the completion of the necessary paperwork to obtain approvals from DHS central office and the courts.

7. Guardianship: Permanency staff explore these cases to assure the necessary steps for licensure are completed so guardianship can be achieved. Central office will be contacted to determine if an application has been submitted and is moving through the approval process.

8. Reunification: Youths placed at home. Permanency staff review the cases for barriers to case closure. They will not review cases where the worker will request court dismissal within the next 60 days. However, if dismissal is not granted, they will schedule a case exploration.

Residential Permanency Resource Managers
Residential permanency resources managers (RPRM) are charged with the task of obtaining permanency for the children in residential placement who are within both cohorts. They also ensure that these children will successfully complete residential treatment and are discharged to step-down programs or returned to the community. Consequently, RPRMs conduct case reviews on these populations in order to achieve the above goals. Of the 271 children in residential placements who are in the cohorts, the goal of the RPRMs is to achieve permanency for at least 85 percent of each cohort by September 2010. This will require, at minimum, permanence for 184 children. Additionally, the Residential Treatment and Transition Unit has set the goal of reducing the population in the institutional settings by 30 percent, by returning to the community or in step down settings such as group homes. (For additional information on the Residential Treatment and Transition Unit, reference the Health Care Services Plan section).

Goal: Provide case review for youth in the foster care system for long periods of time. Through the review process, improve permanency outcomes for children and decrease the number emancipating from the system without permanent connections.

Objectives:
DHS will:
- Determine permanency strategies to ensure children and youths are provided with permanent homes or connections through case explorations.
- Review cases for children in the identified cohorts.
- Determine permanency strategies, assign tasks and monitor the eventual outcomes.
- Identify specific and system-wide gaps in services.
Increase accountability in case management and adherence to policy.
Provide technical assistance on identified barriers and issues.
Assist in developing policy, outcome-based services and best practices.
Verify data accuracy.
Complete an initial case exploration for identified cases by June 1, 2010.
Assure that children receive the level of care appropriate for their clinical needs.

**Measurements:**
- Documentation of:
  - All case reviews.
  - Goal changes.
  - Tasks assigned.
  - Gaps in services identified.
  - Outcomes for all cases reviewed.
  - The number of youths emancipating from foster care without approved permanency goals.
  - Case reviews for children in residential placements.
  - Treatment plans and discharge for residential placements.
- Published policy on the requirements for residential placements at all levels by January 1, 2011.
- Training curriculum developed by April 2011.

**Gap Analysis**
Each county completed a gap analysis worksheet for each of the cases in the TCW and TPR cohorts that detailed permanency barriers for that child or youth. The data for the urban counties revealed several barriers, including: parenting skills, child’s behavior, mental health and substance abuse needs.

The PRMs will be providing further analysis on the gaps in services and other system issues that affect permanency as they review individual cases in the counties.

**Goal:** DHS will collect and synthesize the findings of the PRMs to identify service gaps and system issues leading to policy revision and improved services.

**Objectives:**
DHS will:
- Utilize the PRMs’ monthly reports to define service gaps and barriers to permanency.
- Develop new services or system changes that address gaps and barriers identified.

**Measurement:**
- PRM monthly activity reports and data.
- Documentation of new or revised policy, contracts or collaborations developed to address identified gaps.
Revision of Michigan Permanency Goals
DHS rewrote the Michigan permanency goals to align the state permanency goals with the federal permanency goals. Reunification remains the optimal goal but when returning home is not appropriate, permanency staff will pursue adoption and guardianship. If permanency through the preferred goals is not possible, the caseworker may utilize the remaining permanency goals, Permanent placement with a fit and willing Relative (PPFWR) and APPLA, including APPLA-E (Emancipation).

These additional goals require documentation that all other, more permanent goals have been eliminated. In addition, these three goals require signature approval by the Director of the Bureau of Child Welfare. PPFWR and APPLA both require that the placement must be stable and the caregiver must sign a written commitment that establishes that s/he will care for the youth until the foster care case closes and remain connected to the youth into adulthood.

An appropriate APPLA-E permanency goal includes signature(s) of supportive adults with identified supports listed within the agreement. The unit recommends use of the Permanency Pact, developed by a nationally recognized foster youth website, Foster Club.com. The permanency pact lists 49 supports that are recognized as essential supports to assist youths who are transitioning from foster youth into adulthood. Supports include mentoring for education and employment support, religious supports, a place to do laundry, a home for the holidays, etc. The permanency goal is not considered “approved” until signed by both the Bureau Director and the court signifying that this is the optimum permanent placement for the child and that there will be continued reviews of the case as long as the child remains in the foster care system.

Permanency staff submitted over 850 permanency goal approvals as of March 31, 2010. The following chart describes the types and disposition of permanency goals as of March 31, 2010:

<table>
<thead>
<tr>
<th></th>
<th>PPFWR</th>
<th>APPLA</th>
<th>APPLA-E</th>
</tr>
</thead>
<tbody>
<tr>
<td>Approved</td>
<td>100</td>
<td>107</td>
<td>264</td>
</tr>
<tr>
<td>In Process</td>
<td>56</td>
<td>80</td>
<td>189</td>
</tr>
<tr>
<td>Withdrawn</td>
<td>7</td>
<td>12</td>
<td>9</td>
</tr>
<tr>
<td>Denied</td>
<td>4</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Closed</td>
<td>0</td>
<td>4</td>
<td>10</td>
</tr>
<tr>
<td>Total Submitted</td>
<td>167</td>
<td>207</td>
<td>477</td>
</tr>
</tbody>
</table>

Goal: Ensure that each child or youth in the Michigan foster care system has an appropriate permanency goal.

Objectives:
DHS will:
• Review all children's permanency goals with a goal other than reunification, adoption or guardianship to achieve court-approved permanency with a supportive adult.
• Monitor and provide technical assistance to address cases in which a child’s permanency goal does not meet the policy standards.

Measurement:
• Track permanency goals and exits through SWSS data.
• Review of permanency goals submitted for approval to ensure optimum outcomes for children.
• Maintain data on goals submitted and approved or denied by county.

Implementation of the Guardianship Assistance Program (GAP)
The Guardianship Assistance Program (GAP) offers an alternative form of permanency when reunification and adoption are not viable options. GAP offers a monthly subsidy amount (equal to the foster care payment) until the child reaches age 18. The Michigan GAP went into effect July 1, 2009. The Permanency Unit developed policy and forms and provided training statewide to the local offices, private agency and the courts.

The Permanency Unit anticipates that over 1500 children and youth may find permanency through GAP. Many of the eligible children will be those who have had a goal of reunification or adoption but barriers or challenges have prevented permanency from occurring. Guardianship may be especially favorable in the following circumstances:
• Relatives who want to maintain their current relative status.
• Older youths who will not consent to adoption after counseling on the importance of permanency.
• Families in certain cultures who do not approve of termination of parental rights.

The following chart details the number of GAP requests that have been submitted, approved and funded as of March 31, 2010. None of the requests has been approved for medical subsidy.

<table>
<thead>
<tr>
<th>Submitted</th>
<th>Approved</th>
<th>Funded</th>
</tr>
</thead>
<tbody>
<tr>
<td>141</td>
<td>71</td>
<td>23</td>
</tr>
</tbody>
</table>

The following chart details the number of the GAP applications from foster parents and relatives as of March 31, 2010:

<table>
<thead>
<tr>
<th>Submitted</th>
<th>Relatives</th>
<th>Foster Parents</th>
</tr>
</thead>
<tbody>
<tr>
<td>141</td>
<td>96</td>
<td>45</td>
</tr>
</tbody>
</table>
Goal: Increase the number of children reaching permanency through guardianship with assistance by 10 percent each year.

Objectives:
DHS will:
- Develop a Guardianship Alert to track all children in care with a goal of guardianship.
- Continue providing GAP training to local agencies and courts.

Measurement:
The Permanency Unit will use the GAP database to monitor guardianship activity for children who have been in care for 18 months, children who exited care who had a finalized guardianship within 24 months of removal and children in care longer than 24 months with a goal of guardianship who have not reached permanency.

Permanency Training
The Permanency Unit held train the trainer permanency training in June 2009 and representatives from all 83 counties were present. Subsequently, these trainers presented the information on the new juvenile guardianship program, the permanency backlog cohorts and the new permanency goals in their local counties to DHS staff, private agency caseworkers and court staff. Permanency staff delivered additional training on guardianship and permanency issues in FYs 2009 and 2010 in the following counties:

<table>
<thead>
<tr>
<th>Counties</th>
<th>Dates of Training</th>
<th>Audience</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crawford/Gaylord</td>
<td>5/27/09</td>
<td>Public agency caseworkers and supervisors</td>
</tr>
<tr>
<td>Genesee</td>
<td>11/24/09, 2/2/10</td>
<td>Public and private agency caseworkers, supervisors and court staff</td>
</tr>
<tr>
<td>Kent</td>
<td>6/5/09, 3/2/10</td>
<td>Public and private agency caseworkers, supervisors and court staff</td>
</tr>
<tr>
<td>Macomb</td>
<td>6/9/09</td>
<td>Public and private agency caseworkers and supervisors</td>
</tr>
<tr>
<td>Marquette</td>
<td>4/22/09</td>
<td>Public and private agency caseworkers, supervisors and court staff</td>
</tr>
<tr>
<td>Oakland</td>
<td>4/15/09</td>
<td>Public and private agency caseworkers and supervisors</td>
</tr>
<tr>
<td>Saginaw</td>
<td>5/25/09</td>
<td>Public and private agency caseworkers and supervisors</td>
</tr>
<tr>
<td>Counties</td>
<td>Dates of Training</td>
<td>Audience</td>
</tr>
<tr>
<td>----------</td>
<td>-----------------------------</td>
<td>--------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Washtenaw</td>
<td>5/14/09</td>
<td>Child welfare attorneys, Juvenile Law Section of the Michigan Bar Association</td>
</tr>
</tbody>
</table>

Other trainings have included:
- SCAO Juvenile Guardianship webcast, June 2009.
- Adoption Oversight Committee, November 2009.
- Tribal Day Presentation, December 2009.
- Region IV Probate Judges Meeting, April 2010.
- Probate and Trial Court Registers Meeting, Marquette, April 2010.
- Probate and Trial Court Registers Meeting, Gaylord, April 2010.

**Grant Projects**
Two private child-placing agencies in Michigan, Bethany Christian Services and Homes for Black Children, received federal grants to develop programs that address the need for older children to maintain connections with birth families. The agencies have identified important permanency strategies for older children. DHS presented information on both projects at the federal grantees meeting in April 2010 and will disseminate the findings as best practice to public and private agencies in 2010 and 2011.

**Michigan CFSR Permanency Outcomes Two and Three Baseline Data**
For FY 2009, DHS’ performance on the Permanency Composite Two: Timeliness of Adoption was 108.3. The national standard is 106.4 or higher. Performance on the individual measures was:

<table>
<thead>
<tr>
<th>Measure</th>
<th>Baseline FY 2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>C2-1: Exits to adoption in less than 24 months 75th Percentile = 36.6%</td>
<td>30.6%</td>
<td>34.80%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measure C2-2: Exits to adoption, median length of stay 25th Percentile = 27.3 months</td>
<td>29.5 months</td>
<td>28.7 months</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
For FY 2009, DHS’ performance on the Permanency Composite Three: Permanency for Children and Youth in Foster Care for Long Periods of Time was 125.5. The national standard is 121.7 or higher. Performance on the individual measures was:

<table>
<thead>
<tr>
<th>Measure C3-1: Exits to permanency prior to 18th birthday for children in care for 24+ months 75th Percentile = 29.1%</th>
<th>Baseline FY 2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>27.6%</td>
<td>31.4%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Measure C3-2: Exits to permanency for children with Termination of Parental Rights 75th Percentile = 98.0%</th>
<th>96.4%</th>
<th>96.7%</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Measure C3-3: Children emancipated who were in foster care for 3 years or more 25th Percentile = 37.5%</th>
<th>48.7%</th>
<th>46%</th>
</tr>
</thead>
</table>

Source: DHS Data Warehouse

Data Analysis

Based on the success of the Adoption Forum and the focus on goal achievement for the children awaiting permanency, DHS’ performance improved dramatically for Composite Two, Timeliness of adoptions. All the composite scores and measures improved, although measures C2-1 and C2-2 did not meet the 75th and 25th percentiles. The percentage of children in care 17+ months, who were adopted by the end of the year (measure C3-3) increased again this year and the C2-4 measure, Children in care 17+ months achieving legal freedom within six months saw a three percent increase. The area that Michigan is focusing on for the coming year is measure C2-5, legally free
children adopted in less than 12 months. There was a five percent improvement but there is need for a much higher improvement in this area.

Based on the efforts described throughout this report, Michigan also increased performance outcomes on composite three, permanency for children and youth in care for long periods of time. The C3-1 and C3-2 measures increased, demonstrating continued efforts towards permanency for children in care for long periods. The C3-3 measure, children emancipated who were in foster care for three years or more decreased but only by two percent. Implementation of case reviews by the PRMs will be focusing on this group of youths.

**Goal:** DHS will negotiate the percentage of improvement on these outcomes during the development of the CFSR program improvement plan.

**Objectives:** To be determined.

**Measurement:** To be determined.
XV. Adoptive and Foster Parent Recruitment and Retention (AFPRR)

Michigan DHS must develop and maintain an adequate number and array of adoptive and foster home placements to meet the safety and permanency needs of all children requiring out-of-home care. DHS must focus on increasing recruitment and retention for identified special populations: adolescents, sibling groups and children with disabilities. DHS will accomplish this by collecting and analyzing data, increasing public awareness of the need for adoptive and foster homes, and providing technical assistance to the local county offices and private agencies to produce viable plans.

DHS created and filled an AFPRR coordinator position in May 2009. The coordinator is responsible for collecting and analyzing licensing data and providing technical assistance to the local offices.

During FY 2009, DHS made significant progress in collecting and analyzing licensing data in order to understand the trends in issuing licenses, closing homes and the number of kin compared to non-kin homes. New data sharing is occurring between Bureau of Child and Adult Licensing (BCAL) and the Child Welfare Bureau, allowing for increased collaboration and planning.

BCAL issued 1,911 new foster home licenses between October 1, 2008 and September 30, 2009, an increase of over 500 homes from the previous year. During that same time, 1,671 foster homes closed, a decrease of approximately 190 homes from the previous year. The program office sends closed home surveys to each closed foster home. The data reveal that the majority of homes close voluntarily, often after adoption, so it is significant that 3,030 children were adopted during FY 2009.

The following chart details the trend of enrollments (completed applications submitted to BCAL for approval), open and closed homes over the last three years in the urban counties:

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Genesee</td>
<td>174</td>
<td>139</td>
<td>248</td>
<td>105</td>
<td>73</td>
<td>115</td>
<td>130</td>
<td>126</td>
<td>101</td>
</tr>
<tr>
<td>Ingham</td>
<td>68</td>
<td>53</td>
<td>106</td>
<td>48</td>
<td>38</td>
<td>64</td>
<td>50</td>
<td>59</td>
<td>52</td>
</tr>
<tr>
<td>Kent</td>
<td>164</td>
<td>190</td>
<td>263</td>
<td>114</td>
<td>128</td>
<td>133</td>
<td>113</td>
<td>136</td>
<td>131</td>
</tr>
<tr>
<td>Macomb</td>
<td>137</td>
<td>113</td>
<td>287</td>
<td>68</td>
<td>76</td>
<td>159</td>
<td>93</td>
<td>93</td>
<td>96</td>
</tr>
<tr>
<td>Oakland</td>
<td>155</td>
<td>169</td>
<td>308</td>
<td>79</td>
<td>106</td>
<td>142</td>
<td>149</td>
<td>130</td>
<td>122</td>
</tr>
<tr>
<td>Wayne</td>
<td>633</td>
<td>523</td>
<td>675</td>
<td>258</td>
<td>130</td>
<td>235</td>
<td>452</td>
<td>418</td>
<td>356</td>
</tr>
<tr>
<td>Totals</td>
<td>1331</td>
<td>1178</td>
<td>1887</td>
<td>672</td>
<td>551</td>
<td>848</td>
<td>987</td>
<td>962</td>
<td>858</td>
</tr>
</tbody>
</table>

Although enrollments and original licenses were down in 2008, there was a strong increase in 2009. There has also been a moderate decline in foster homes that closed over the last three years.
The following chart describes the types of homes (kin vs. non-kin) opened by public and private agencies in the urban counties during FY 2009:

<table>
<thead>
<tr>
<th>County</th>
<th>Agency</th>
<th>Kin</th>
<th>Non-Kin</th>
<th>Sum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Genesee</td>
<td>Department of Human Services*</td>
<td>3</td>
<td>13</td>
<td>16</td>
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<tr>
<td></td>
<td>Private Agencies Opened in Genesee County</td>
<td>45</td>
<td>55</td>
<td>100</td>
</tr>
<tr>
<td>Genesee County Total</td>
<td></td>
<td>48</td>
<td>68</td>
<td>116</td>
</tr>
<tr>
<td>Ingham</td>
<td>Department of Human Services*</td>
<td>7</td>
<td>5</td>
<td>12</td>
</tr>
<tr>
<td></td>
<td>Private Agencies Opened in Ingham County</td>
<td>27</td>
<td>24</td>
<td>51</td>
</tr>
<tr>
<td>Ingham County Total</td>
<td></td>
<td>34</td>
<td>29</td>
<td>63</td>
</tr>
<tr>
<td>Kent</td>
<td>Department of Human Services*</td>
<td>2</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>Private Agencies Opened in Kent County</td>
<td>46</td>
<td>83</td>
<td>129</td>
</tr>
<tr>
<td>Kent County Total</td>
<td></td>
<td>48</td>
<td>86</td>
<td>134</td>
</tr>
<tr>
<td>Macomb</td>
<td>Department of Human Services*</td>
<td>14</td>
<td>28</td>
<td>42</td>
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<tr>
<td></td>
<td>Private Agencies Opened in Macomb County</td>
<td>65</td>
<td>50</td>
<td>115</td>
</tr>
<tr>
<td>Macomb County Total</td>
<td></td>
<td>79</td>
<td>78</td>
<td>157</td>
</tr>
<tr>
<td>Oakland</td>
<td>Department of Human Services*</td>
<td>3</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>Private Agencies Opened in Oakland County</td>
<td>60</td>
<td>76</td>
<td>136</td>
</tr>
<tr>
<td>Oakland County Total</td>
<td></td>
<td>63</td>
<td>79</td>
<td>142</td>
</tr>
<tr>
<td>Wayne</td>
<td>Department of Human Services*</td>
<td>17</td>
<td>17</td>
<td>34</td>
</tr>
<tr>
<td></td>
<td>Private Agencies Opened in Wayne County</td>
<td>91</td>
<td>111</td>
<td>202</td>
</tr>
<tr>
<td>Wayne County Total</td>
<td></td>
<td>108</td>
<td>128</td>
<td>236</td>
</tr>
<tr>
<td>Total Sum of all Urban Counties</td>
<td></td>
<td>380</td>
<td>468</td>
<td>848</td>
</tr>
</tbody>
</table>

* May include DHS homes opened in other counties.

**Goal:** Ensure that Michigan DHS can meet the capacity and need for foster and adoptive homes.

**Objectives:**
DHS will:
- Utilize BCAL and SWSS data to determine the capacity and need for foster and adoptive homes in Michigan.
- Continue to develop specialized data reports for local use utilizing BCAL and SWSS data on numbers of licensed homes, kin and non-kin homes and types of licenses.
- Work with the Data Management Unit staff to develop standardized intranet reports on adolescents, sibling placements and splits, children with disabilities and children waiting for recruited adoptive homes for each county, including new foster care entry data and other relevant data.

**Measurement:**
- BCAL reports on numbers of licenses, closed homes, etc. by county.
SWSS data on adolescents, sibling placements and splits, children with disabilities and children needing adoptive homes including:
  o Data on the initial entries of foster children by age, living arrangement, gender, race and ethnicity.
  o Data on the number of active foster care youths by living arrangement and age.
  o Data on the number of children with a goal of adoption by county and month.

AFPRR Plans
DHS developed a standardized format for the Adoptive and Foster Parent Recruitment and Retention Plan (DHS-878) and provided it to the counties and private agencies to collect data. The plan includes tracking of measurable areas such as the number of families inquiring, length of time to respond, length of time to license a home, reasons families have not followed through with the licensing process, coalition participation, training efforts, support activities, and system changes. The initial plan was due by April 15, 2010, to the AFPRR Coordinator; thereafter, plans will be due by August 1 of each year. These plans include anticipated expenditures of the AFPRR allocations. Licensing staff will be surveyed to determine caseload size, successes and challenges.

Permanency staff held site visits with public and private agency staffs in the urban counties to share relevant county-level data. The Permanency Unit has developed a Recruitment and Retention Advisory Council and it will meet quarterly to make recommendations based on best practices.

Goal: Local county offices and private agencies will utilize best practices for recruiting and retaining adoptive and foster care families for the overall purpose of increasing the number of and retaining homes.

Objectives:
  • Each child-placing agency will develop and submit a plan that defines the number of specialized homes needed and activities sponsored to recruit families, focusing on adolescents, sibling groups, children with disabilities and children waiting for adoption.
  • DHS will collate the results of a standardized survey of licensing staff to determine caseload size, successes and challenges.
  • The coordinator will complete site visits to public and private child placing agencies to collect additional information on placement needs, recruitment strategies and retention ideas.
  • DHS will receive technical assistance from the National Resource Center for the Recruitment and Retention of Foster and Adoptive Parents in the areas of recruitment techniques.
  • DHS will disseminate best practices information statewide through the DHS website, newsletters and other social media.
  • The coordinator will develop a report and distribute it to agencies, demonstrating best practices utilized in Michigan.
Measurement:
- Data collected from the AFPRR plans by each local office and private agency in Michigan with measurable goals and outcomes.
- Data from survey determining caseload size, successes and challenges.
- Increase in the number of adoptive and foster care homes in Michigan based on data collected by BCAL.

Media and Events
Permanency staff developed a media coalition in 2009 consisting of the DHS Office of Communications, private agencies, Michigan Association of Foster Care, Adoptive, and Kinship Parents (MAFAK), former foster children, and the AFPRR coordinator. The coalition developed a media plan, which included the following activities:
- Development of a media packet that includes public service announcements from the Adopt Us Kids© campaign, “You Don’t Have to be Perfect, to be a Perfect Parent.” DHS will be purchasing additional radio and television airtime starting in April 2010.
- Development of Facebook and Twitter web pages.
- Development of posters and brochures to be made available to local county offices.

Adoption-related activities provide an opportunity to educate the public about the need for homes for children available for adoption who do not have an identified family. These activities include the Michigan Adoption Day that was held in November 2009 and the MARE Heart Gallery.

Goal: Increase awareness of the need for adoptive and foster parents through the utilization of a media campaign and special events.

Objectives:
DHS will:
- Work with national and state associations that have established marketing tools to develop a marketing campaign.
- Continued partnership in established events such as the Heart Gallery, National Adoption Day, Foster Parent Month, and court appointed special advocate’s The Forgotten Children.
- Design public services announcements or utilize already established announcement and advertisements for television and radio for recruitment of adoptive and foster care homes.
- Develop posters, brochures and handouts that focus on the need for foster care families.
- Provide technical assistance to counties to develop media coverage at local events on the positives of foster care parenting.
- Improve the website for Michigan’s adoptive and foster parents.
- Develop a social media campaign using Facebook, Twitter and podcasts.
Measurement:
- Increased participation in media events as reported in each agency’s AFPRR plan.
- Collection of responses to the Adopt Us Kids and MARE inquiries with the source that informed the caller about foster care/adoption.
- Increase in web inquiries to DHS and MARE.

Foster/Adopt Parents as Recruiters
Experienced foster and adoptive parents can be the most effective recruiters. DHS local offices and private agencies include experienced foster and adoptive parents in local recruitment activities. Agencies are reporting that they have:
- Developed resource books and newsletters and provided them to adoptive and foster parents.
- Established mentoring programs.
- Utilized annual foster parent recognition events to honor the efforts of foster parents in each county.
- Presented information to the community through booths at malls, presentations at church groups, 4-H groups and other community forums.

Existing coalitions serve as essential partners in disseminating best practice information to members. Over the last few months, the AFPRR coordinator has met with public and private staff in the urban counties to discuss existing coalitions and the importance of collaboration in meeting recruitment and retention goals.

Goal: Increase recruitment and retention efforts by utilizing experienced adoptive and foster parents.

Objectives:
- Include experienced foster care parents in recruitment activities to explain the benefits of fostering and adopting children, focusing on the need for homes for adolescents, sibling groups, and children with disabilities.
- Encourage agencies to utilize creative practices.
- Develop partnerships between child placing agencies and community partners to increase the involvement of adoptive parents, foster parents and foster children in community events to increase awareness of the needs of foster care youths.
- Enhance partnerships with national and state associations that serve mutual and overlapping populations such as the Michigan Association of Adoptive, Foster and Kinship parents, private agencies, Casey Family Services and Adopt Us Kids.
- Enhance collaboration and partnerships to engage local churches, schools and community organizations in recruitment activities.

Measurement:
- Annual local AFPRR plans that provide data and narrative indicating foster parent involvement in recruitment efforts.
- An increase in the number of adoptive and foster homes.
• An increase in the number of coalitions between private and public agencies as reported in the annual AFPRR plan.

**Targeted Recruitment**

Targeted recruitment is an essential practice in meeting the capacity needs for special populations such as adolescents, sibling groups and children with disabilities. Local DHS offices and private agencies currently include children from these populations at community presentations. Local offices and agencies develop individual and targeted recruitment activities for children and youths who are available for adoption but do not have an identified family.

**Goal:** Utilize targeted recruitment efforts for special populations of adolescents, sibling groups, children with disabilities and children waiting for adoption.

**Objectives:**

• Each agency developed a plan for recruiting homes for adolescents, sibling groups, children with disabilities and children waiting for adoption and submitted it to DHS by April 15, 2010.
• Recruitment efforts will include adoptive and foster care adolescents, sibling groups and children with disabilities, telling their stories.
• Adolescents will be actively engaged in identifying connections and developing recruitment activities through the process of finding a permanent family.
• Foster children will be involved in outside activities such as after-school programs and volunteer activities to increase social interaction among foster youths.
• DHS will:
  o Develop individual and targeted family recruitment for teenagers, children with disabilities and sibling groups.
  o Provide child-specific backlog data to assist in identifying children’s permanency needs.
  o Utilize the PRMs working with permanency backlog cases to address children’s’ permanency needs.
  o Geo-map areas where children are being removed and develop targeted recruitment efforts in those communities.
  o Provide resource books and newsletters to adoptive and foster parent groups describing the need for foster and adoptive families for special populations.
  o Implement mentoring programs for adoptive and foster parents.
  o Increase the number of foster parent recognition events.
  o Increase the number of community events at which general information about foster parenting is distributed.

**Measurement**

Completed AFPRR plans by each local office and private agency in Michigan will indicate targeted recruitment efforts that utilized the assistance of youths, adoptive parents and foster parent.

• A decrease in the number of adolescents placed in non-family settings.
• A decrease in the number of siblings separated in care.
• An increase in the number of foster and adoptive parent support groups to provide ongoing training, resources and crisis intervention for new and experienced foster parents.
• A decrease in the number of children placed in residential treatment centers for long lengths of time.
• A decrease in the number of children waiting for an adoptive home.
XVI. Health Care Services Plan

DHS is committed to improving the delivery of health care services to children. Over the last year, DHS took a number of steps to improve the oversight and coordination of health care services for children in foster care.

**Goal:** Every child in foster care will have an updated physical examination by March 31, 2010.

To demonstrate the department’s commitment to take meaningful action to better assure the delivery of health services to children, DHS sent a directive to all local DHS offices in March 2010. For any foster child who does not have a current physical exam, the worker was required to schedule:

- A physical exam for all children supervised by a private agency or child caring institution by March 31, 2010.

Each local office was required to document the action taken and forward the information on a spreadsheet to DHS Urban Field Operations or the Field Operations Administration by March 31, 2010. Field operations and the Children’s Services Administration are tracking the progress of this initiative weekly until every child in foster care has an up-to-date physical examination.

**Infrastructure**

**Goal:** DHS will develop a Health Unit by June 2010.

DHS is in the process of reorganizing the CSA to add a Health Unit that reports to the CSA Director, Kathryn O’Grady. The responsibilities of the Health Unit will include providing centralized strategic planning, oversight and tracking of psychotropic medication, use of residential care for children in state custody and monitoring field compliance with health requirements. Current staff assigned to the Health Unit includes Dr. Zakia Alavi, DHS Medical Director, the DHS Health, Mental Health and Substance Abuse Liaison, the manager of the Residential Treatment and Transition Unit (RTTU) and her staff and a policy analyst.

**Coordination and Collaboration**

No one system can adequately address the well-being of children in state custody, and because the DCH, not DHS, is responsible for health programs, DHS must rely on DCH to move its health agenda forward. Rather than operating in isolation, DHS is employing an interdisciplinary team approach by involving DCH, local health departments, universities and relevant others in building a system that can be responsive to the needs of foster children. In developing the health plan, DHS solicited input and feedback from a variety of experts.
Over the last year, DHS has coordinated and collaborated with the following agencies and experts to develop a plan for the ongoing oversight and coordination of health care services for any child in foster care:

- Cheryl Bupp, Administrator, DCH Managed Care Plan Division.
- Audrey Corder, Executive Director of the Family and Child Well-Being Division, TN.
- Dr. James Dillon, Director, DCH Office of Psychiatric and Medical Services.
- Dr. Debbie Eggleston, Physician Consultant, Office of Medical Affairs, DCH Medical Services Administration.
- Sheri Falvay, Director, DCH Mental Health Services to Children and Families.
- Stephen Fitton, Senior Deputy Director, DCH Medical Services Administration.
- Michael Head, Director, DCH Mental Health and Substance Abuse Administration.
- Mark Miller, Director, DCH Local Health Services, Public Health Administration.
- Sue Moran, Administrator, DCH Bureau of Medicaid Operations and Quality Assurance.
- Betsy Pash, Director, DCH Bureau of Local Health and Administrative Services, Public Health Administration.
- Sheila Pires, MPA, Research and Training Center for Children's Mental Health, University of South Florida.
- Robert Stampfly, MA, Health Policy and Administration Advisor, Institute for Health Care Studies, Michigan State University.
- Paul Stuve, Ph.D., Account Manager, Care Management Technologies.
- Sheila Vandenbush, Ph.D., Oral Health Director, DCH Division of Family and Community Health.
- Donald Vereen Jr., MD, Director, Community-Based Public Health, School of Public Health, University of Michigan.

In addition to the experts listed above and their staff, local DHS directors and staff, local CMH directors and staff and private child-placing agency and residential care providers provided information and suggestions.

**Transition of Foster Children to Managed Care**

**Goal:** Children in foster care will be enrolled in managed care plans by October 2010.

DHS and DCH are working collaboratively to design a managed care model that fits the needs of children in foster care. The group has met monthly since July 2009 to plan for the transition. With the expertise and input of the DHS medical director, DHS is ensuring that managed care providers understand the needs of the foster care population and are making provisions to serve them effectively. The first meeting with the managed care providers occurred in April 2010. Health unit staff will also work with local offices to ensure that there are mechanisms in place to solve problems and ensure continuity of care when a child changes placement. One of the core goals in moving foster children
to managed care is continuity of health care services and the establishment of a medical home.

DHS is developing protocols and structures within local offices in response to the transition of foster children to managed care. A health liaison officer in each DHS office will serve as the face of the agency to work with the managed care provider. The health liaison will ensure timely health care access for children served by private agencies. The health liaison officer will:
- Know all the available managed care providers.
- Back-up workers in the enrollment and disenrollment process.
- Ensure that established health care procedures are followed.
- Track health outcomes.
- Assess family, child and provider satisfaction.
- Make improvements based on data and outcomes.

With careful planning, access to health care for foster children will improve when the transition to managed care providers occurs.

**Immunizations**

Immunizations are considered routine medical care and do not require parents’ authorization. However, some parents, acting in accord with state laws, refuse to have their children immunized because of religious beliefs. If this is the case, a signed statement from the parents specifying the prohibition must be contained in the case record.

The American Academy of Pediatrics recommends an immunization schedule that is congruent with the Michigan Medicaid Program. In addition, a schedule of required childhood immunizations for Michigan school settings serves as a minimum standard for children in custody. Current policy requires parental or Michigan Children’s Institute consent for the human papillomavirus vaccine.

**Goal:** DHS will utilize the expertise of its medical director to evaluate all recommended immunizations to determine their appropriateness as preventive health care for foster children.

The Michigan Child Immunization Registry (MCIR) is a statewide practice by DCH to track the immunizations of all children in the state. Doctors and health departments are able to update the system as children receive immunizations. Since March 2005, SWSS automatically downloads data from DCH to get up-to-date information on immunizations of foster children. This information includes the immunization and date given. If a worker encounters documentation that is not on MCIR, there is a process to add the information. This prevents duplicate or missed immunizations.

DHS updated foster care policy on December 1, 2009 to provide instruction to workers to review immunization records and immediately take action if immunizations are not
up-to-date. DHS added the most recent immunization guidelines for pre-school and school-age children to policy.

Follow-Up Medical Care
DHS updated foster care policy on December 1, 2009 to include instructions on follow-up medical and dental care. Caseworkers must review the medical and dental forms completed by physicians and note whether follow-up care is required. If the child requires follow-up care, the caseworker is responsible to ensure that the child receives required tests or attends appointments. Supervisory case reading will monitor these activities.

Psychotropic Medication Management Policies and Procedure
The DHS medical director is a child psychiatrist who will guide the development of policies, procedures and oversight of psychotropic medication management of children in DHS custody.

Goal: By September 30, 2010, DHS will update policies and procedures for the use of psychotropic medications.

DHS was unable to meet its original goal date of November 30, 2009 and established a new goal date of September 30, 2010.

DCH is involved in a collaborative effort that involves their Mental Health and Substance Abuse Administration, the Medicaid Services Administration and Comprehensive NeuroScience, Inc. The Pharmacy Quality Improvement Project (PQIP) analyzes the prescribing of mental health medications for Medicaid members and identifies prescribing patterns inconsistent with evidence-based guidelines. An expert panel from several states, which includes at least three child and adolescent psychiatrists, established the guidelines. Michigan Medicaid Health Plan medical directors review the guidelines and upon approval, the guidelines reveal prescribing patterns in Michigan that fall outside of the guidelines. When needed, physicians are provided with education materials and client survey information as well as peer-to-peer consultation.

DHS is working with the DCH PQIP workgroup to match foster children against their database to learn more about psychotropic medication prescribing patterns for children in state custody. The project may already have had some impact on those prescribing patterns, as there was a 22 percent reduction in Medicaid claims and a 21 percent reduction in costs after a PQIP intervention between May 2005 and January 2006. Preliminary results show that 3,959 of the 15,916 (~25 percent) active foster care cases on December 1, 2009, had at least one prescription for a psychotropic medication paid by a DCH pharmacy program between March 1, 2009, and February 28, 2010.

A DHS Clinical Review Team (CRT) was formed in February 2010. The CRT provides consultation to the field on cases where there is specific concern about the prescribing of psychotropic medications or a child’s residential placement or mental health treatment. The CRT core members are the medical director, the RTTU manager and staff from the RTTU. To date, the CRT has reviewed approximately 10 cases.
Dr. Alavi will establish a Child Welfare Health Advisory Board (CWHAB) by May 31, 2010. Membership of the CWHAB will include child psychiatrists and pediatricians with experience working with the foster care population. The CWHAB will review new health information and determine its application in the child welfare system. In the area of psychotropic medication prescribing, the CWHAB will:

- Review and update prescribing guidelines.
- Develop a plan for ongoing professional oversight at a regional level.
- Conduct reviews on complex cases.
- Provide input on informed consent policies.

A leadership team at DCH consisting of Dr. James Dillon, Director of the Office of Psychiatric and Medical Services, Mike Head, Director of Mental Health and Substance Abuse Administration and Sheri Falvay, Director of Mental Health Services to Children and Families began meeting with Dr. Alavi and the manager of the Health Unit on April 2, 2010. The group is exploring the possibility of psychiatrists in local community mental health services programs assisting with the oversight and review of psychotropic medications for foster children.

**DCH-DHS Children’s Issues Leadership Team**

Kathryne O’Grady, Director of DHS Children’s Services Administration and Michael Head, Director of DCH Mental Health and Substance Abuse Administration chair a team that has been meeting monthly since March 30, 2009. The goal of the team is to improve communication and coordination in meeting the mental health needs of children in state custody. One of the first products of this collaboration is the SED (Serious Emotional Disturbance) waiver pilot for children in foster care.

The DCH-DHS Children’s Issues Leadership Team continues to explore the possibilities of collaborating to create a system of care at the state level in an effort to maximize expertise and resources from the different systems to improve mental health services to children in foster care. On January 26, 2010, the team consulted with Sheila Pires, of the Research and Training Center for Children’s Mental Health, to discuss funding models that maximize Medicaid and other federal revenue for collaborative projects to meet the mental health needs of children in state custody.

**Seriously Emotionally Disturbed Waiver (SEDW) Pilot**

The SEDW pilot expands the use of home and community-based services to support children at risk of psychiatric hospitalization and residential or institutional placement, by using the 1915 (c) waiver for children with SED to allow additional services. The priority population for this pilot is the DHS permanency backlog, children who have been awaiting reunification or adoption for over a year with extensive mental health needs identified as a barrier to permanency. For FY 2009, DHS redirected $1.7 million in general funds to this project, and when matched with $6.3 million in Medicaid funds, 266 children in eight pilot sites can receive services. On December 7, 2009, the first DHS child began receiving SED waiver services.
Identification of children for the SEDW requires close coordination between local DHS and their CMH partners. To assist in identifying foster children for the SEDW, DCH will fund a CMH local access position for each pilot site. This CMH staff person will be located at the DHS county office. The local access position will assist DHS workers in identifying children for the SEDW, complete assessments and facilitate the paperwork for the waiver. DHS is providing office space, telephone and a computer for the CMH staff person. The local access person will also assist DHS workers in finding services for children who do not meet the eligibility requirements of the SEDW, yet still require mental health intervention.

Residential Treatment and Transition Unit (RTTU)
Too often, children with challenging mental health needs are placed in residential care for long periods without a plan in place for successful reintegration into a community setting. DHS recognizes that residential care has its place in the continuum of care to meet the mental health needs of children, but it must be a treatment intervention, not a permanent placement. In order to monitor the use of residential treatment and ensure a best practice model, DHS established a new unit in the Children’s Services Administration called the RTTU in December 2009. The unit:

- Has five staff and a manager with child welfare, juvenile justice and residential experience.
- Conducts intensive case reviews on children in residential placement over a year and/or with multiple residential placements.
- Develops a centralized approval process for all residential placements.
- Gathers best practices for treatment, programming and placement decisions.
- Develops policy, guidelines and training for workers with children in residential placements.
- Researches, develops and implements step-down alternatives, such as community residential homes or therapeutic foster care.
- Ensures that discharge planning from residential placements (including psychiatric hospitals) occurs and is an integral part of the treatment planning process and the decision to place a child in residential care.

The RTTU staff participated in several trainings including residential permanency planning training through the National Resource Center for Family-Centered Practice and Permanency Planning and in-house training and bi-monthly case reviews with Dr. Zakia Alavi. Additionally, the unit will coordinate with the Child Welfare Training Institute to develop a training curriculum for DHS staff about residential treatment and to address effective transition to step down programs or return home.

Since July 31, 2009, the population of foster children in residential child caring institutions decreased 16 percent, from 1,158 to 971 on February 28, 2010.

Medical and Mental Health Training
Raising the awareness of front line workers and supervisors to the health needs of children is essential to improving health outcomes. Workers need to understand the importance of their role in securing a complete medical history of the child from the
parents and foster parents to ensure appropriate services and follow up. Beginning January 28, 2010, the Child Welfare Training Institute, in collaboration with Dr. Alavi, offered a new medical and mental health training series to caseworkers and supervisors in child welfare. The training covers three topics in a six-month period alternating between Lansing and Detroit locations, with three days of training in Gaylord covering all three topics:

- Common psychotropic medications.
- Attention Deficit and Hyperactivity Disorder (ADHD) and anxiety disorders in children.
- Childhood depression and suicide.

To date, Dr. Alavi has trained over 270 staff on common psychotropic medications, and an additional 500 staff will attend training by mid-summer. Staff attending the training include child welfare caseworkers and supervisors.

**Data Collection and Tracking Health Care Services**

Many efforts are underway to track needed health care information for children in foster care. In February 2009, DHS submitted a Services Worker Support System (SWSS) work request to the Department of Management and Information Technology to improve the collection of health information. The request will modify SWSS to implement a prompt for the worker to complete health information before he or she can leave the “Child Info” module. Additional fields will also be added to the module to document mental health information and prescribed medication. DHS made a policy change in December 2009 requiring that caseworkers update and enter medical, dental and mental health information into SWSS.

Although there is a plan in place to use the data in SWSS to provide oversight for initial and yearly medical and dental exams, DHS continues to explore the use of other data resources that might offer a more complete picture of service delivery. DHS has been meeting with the Medicaid Services Administration since April 2009 to discuss access to Medicaid claims data. Claims data would provide an accurate picture of the medical, dental and mental health services foster children use. DCH and DHS signed a data sharing agreement in April 2010, and DHS will begin reviewing the data in May 2010. After review, DCH and DHS will hold further discussions to determine ongoing access for DHS and how DHS will use the information.

**Electronic Tracking of Medical and Dental Examinations**

The DHS Data Management Unit will measure in percentages, whether the initial physical exams (within 30 days of placement), initial dental exams (within 90 days of placement), yearly physical exams (within 14 months of the initial physical), and yearly dental exams (within 14 months of the initial dental exam) were met in accordance with DHS policy and the consent decree.

The measurements may include the percentage of completion and median time from initial placement to medical or dental exam. DHS sent an L-letter to local offices on March 10, 2010 to provide workers with specific instructions for entering medical and
dental information into SWSS for all children in state custody. Moreover, DHS sent private agency foster care providers and child caring institutions a letter on March 2, 2010 to inform them of the electronic tracking and remind them of the requirement to forward all medical and dental information to the DHS monitor. Caseworkers were required to complete the initial data entry by May 15, 2010; data management staff will run reports on a quarterly basis.

**Monthly Spreadsheet Tracking of Health Care Compliance**
Beginning October 1, 2009, local offices were required to track manually the following health care information on all children in foster care:
- Initial physical exam.
- Yearly (every 14 months) physical exam.
- Initial dental exam.
- Yearly dental exam.
- Receipt of the Medicaid card or number by the current foster care provider within 30 days of placement.

Local offices must report on all foster children using a spreadsheet provided by the Children’s Services Administration. They must complete the spreadsheet on a quarterly basis. The first submitted spreadsheet on the period October 1, 2009 to March 31, 2010 was due to field operations by May 15, 2010. Subsequent quarterly spreadsheets are due by the fifteenth of the month following the reporting period.

The spreadsheet contains a comment section that local staff must complete when there is non-compliance in an area. If a child is not up-to-date for a medical or dental examination, local staff must schedule one immediately with the date of the appointment listed in the comments section of the spreadsheet. Field operations will flag cases with noncompliance in a category to ensure appropriate follow-up. The Children’s Services Administration will work with them to review the spreadsheets quarterly and determine the next action steps, if needed.

Once the electronic tracking of medical and dental examinations is available, DHS staff will compare the percentages reported by hand with the SWSS data. This comparison will help in determining whether DHS staff are entering the required data into SWSS.

**Foster Parent Survey**
In April 2009, DHS developed a health care survey not only to monitor the timely receipt of Medicaid cards by caregivers, but also to solicit information from caregivers about timely access to quality health care for foster children. During the months of September 2009 to January 2010, DHS mailed the surveys monthly to all licensed foster homes, licensed and unlicensed relative homes, unrelated caregivers and legal guardians, all of whom had children who were new to the foster care system and placed in their homes for at least thirty days.

The survey asked caregivers about:
- The receipt of Medicaid cards.
• The length of time it took to receive the cards.
• The difficulty in scheduling medical and dental appointments.
• The quality of the care received.
• Questions about the mental health needs of children in their care and the responsiveness of the agency and community to those needs.

DHS completed an analysis of the surveys in February and these are the summary findings:
• During the survey period, 938 or the 2,258 surveys were completed and returned for a response rate of 41.5 percent. At the 95 percent confidence level, this return has an error level of 2.4 percent, well within the generally accepted 5.0 percent level of error.
• Seventy-seven percent of respondents indicated they received Medicaid information for the child within 30 days of placement in their home. When those respondents who “couldn’t remember or didn’t know” when they received the information were removed from the analysis, this percentage increased to 79.2 percent.
• Medical/physical health services:
  o Seventy-six percent of respondents indicated that they took the child to the doctor for a physical examination within the first 30 days of placement.
  o The top two reasons selected by the 24.2 percent who did not take the child to the doctor within the first 30 days of placement were:
    ▪ “Other” (33.3 percent), with the majority of the explanations centered on problems with Medicaid.
    ▪ “Doctor’s office could not schedule an appointment within that 30-day time frame” (28.2 percent).
  o Of those who did not take the child to the doctor within 30 days of placement, 72.3 percent took the child to the doctor some time after those first 30 days.
  o Regardless of when the caregiver took the child to the doctor, 93.3 percent of respondents indicated that they took the child to a doctor for a physical examination. Furthermore, the majority (98.1 percent) of those respondents were satisfied with the care the child received at those visits.
  o Seventy-seven percent of those respondents who indicated their child did see a doctor also indicated they received a copy of the Youth Health Record.
• Dental services:
  o Sixty-eight percent of respondents indicated that they took the child (age four years or older) to the dentist within the first 90 days of placement. Ninety-eight percent of those respondents were satisfied with the dental care the child received.
  o The top two reasons selected by the 32.2 percent who did not take the child to the dentist within the first 90 days of placement were:
    ▪ “Other” (33.3 percent), with many of the explanations centered on problems with Medicaid or issues with a dental office.
• “No one told me I was supposed to take the child to the dentist” (17.9 percent).

- Mental health issues/services:
  - Sixty-three percent of respondents indicated their child had no mental health issues about which they were concerned. Furthermore, 13.4 percent had no concerns, as the child’s mental health needs were currently being addressed.
  - Of the 23.3 percent who indicated they had concerns about the child’s mental health, 71.3 percent further indicated that their worker had referred the child for mental health services.
  - Eighty-four percent of those respondents (who either had concerns or did not have concerns because mental health needs were being addressed) were satisfied with the mental health treatment being provided to the child.

The findings from the survey show improvement in health care service delivery when compared to the results from the case readings for the CFSR self-assessment. Seventy-six percent of respondents indicated that they took the child to a doctor for a physical examination within the first thirty days of placement compared to 48 percent indicated in the CFSR self-assessment case readings. Sixty-eight percent of children, four years of age or older, were taken to the dentist within the first 90 days of placement compared to the 24.1 percent indicated in the CFSR self-assessment case readings.

DHS staff are using a county breakdown of the survey results to target improvement. They are comparing the results from the survey with the reports established in early summer by the Data Management Unit. The counties will also track the results on a quarterly basis. Variations in numbers may point to a problem with documentation that local offices will address.
Child Welfare Training Institute (CWTI)

CWTI Training Description
Training through CWTI ensures that child welfare workers in Michigan are fully prepared to carry out the responsibility of keeping children safe from abuse and neglect. CWTI trains both public and private agency foster care providers in the laws, programs, policies, and philosophy of Michigan’s child welfare system to assure standardized service application for service delivery.

The CWTI pre-service institute (PSI) prepares newly-hired CPS, foster care, and adoption workers to assume a child welfare caseload. CWTI also offers program-specific transfer training (PSTT) for workers who have previously completed the PSI in one program area, but who have transferred to a new program area. For DHS juvenile justice workers, the PSTT also serves as their PSI training. The training curriculum remains the same as detailed in the 2010-2014 CFSP.

To ensure that new hires are prepared to work effectively with children and families, conduct investigations, provide services, and work with other child welfare professionals, CWTI now provides a competency-based written examination for all pre-service and supervisor training to evaluate trainees’ level of knowledge and ability. The performance evaluation includes classroom work, written assignments, supervisor assessment, in-class tests, and the written examination. The written examination questions are related to the specific competencies and materials taught in the PSI.

CWTI continues to use the Juvenile Justice Online Technology (JJOLT)/Omni Track Plus system to track training participants. For the purposes of the training data in this report, completion dates are used. Since training often spans reporting periods, this data may reflect different numbers than if a different reporting period is used or if training is tracked by commencement rather than completion date. The 2009 APSR included training data through the end of March 31, 2009. Therefore, this year’s APSR includes training data for the reporting period of April 1, 2009 through March 31, 2010.

The 2010-2014 Child and Family Services Plan indicated that permanency planning conference training would come under CWTI’s purview. However, to provide consistency between the program and training aspects, the PPC trainer was subsequently transferred to the Child Welfare Bureau.

Children’s Protective Services (CPS) Training
All CPS newly-hired workers must complete the PSI, which is a nine-week training program. CWTI increased the CPS PSI sessions to offer the training almost monthly during this reporting period; 107 trainees completed the training. Upon completion of the training, participants were able to assess families and develop investigation reports and service plans as provided under Michigan’s Child Protection Law and CPS policy.
Trainees learned how the CPS program interfaces with the court system and they were trained in petition and court report writing.

Child welfare staff who transfer to CPS from another child welfare program area are required to take a ten-day PSTT. Seventy-eight staff completed the CPS-PSTT training during this reporting period.

In addition to the required PSI and PSTT courses, CWTI offers some of the individual sessions as in-service training. The following training occurred between April 1, 2009 and March 31, 2010:

- Twenty-two staff attended CPS Forensic Interviewing.
- Twenty-one staff attended CPS Legal Process.
- Twenty-one staff attended Interviewing and Investigations.

**Foster Care Training**

CWTI offers a PSI for DHS and private agency foster care new hires. PSI provides the skills and knowledge necessary for foster care staff to ensure safety, well-being and permanency to children who are committed or referred to DHS for care and supervision by the courts because of abuse or neglect. During this reporting period, 61 DHS and 183 private agency new hires completed the PSI.

As part of a pilot, CWTI staff trained and certified several private agency staff as CWTI trainers for foster care PSI training. With the addition of private agency CWTI trainers, CWTI offered additional initial PSI opportunities for private agency foster care staff. All lesson plans and requirements, including passing the competency-based written examination, were identical to CWTI-led trainings and the total number of foster care PSI completions listed above includes trainees from this pilot. This pilot ended in January 2010 due to contracting issues. CWTI continues to evaluate ways for private agencies to collaborate with CWTI to offer PSI training.

Seventy-five staff participated in the foster care PSTT. Thirteen staff members received training in the foster care legal process, in addition to those who received legal process training as part of their PSI coursework. Eight private agency staff, who had not previously participated in PSI training in a timely fashion, completed a special compressed PSI during this report period.

**Adoption Training**

As of April 2009, newly-hired adoption workers also participate in a nine-week PSI. During this report period, 33 workers completed adoption pre-service training. In addition, 70 workers completed adoption PSTT. Due to the small enrollment numbers for both the PSI and PSTT, for calendar year 2011, CWTI is looking at consolidating the core portions of the training for both newly-hired and staff transferring to adoption from another program. Both groups would be co-trained on the salient portions and would also enroll in the other required portions of their respective training.
In addition to the required PSI and PSTT full courses, some of the individual sessions are available as in-service training. In this category, the following training occurred between April 1, 2009 and March 31, 2010:

- Seventy-seven staff attended Adoption Legal Process.
- Seventy-six staff attended Adoption Subsidy.
- Eighty-nine staff attended Transitioning Successful Adoptive Families.

**Juvenile Justice Training**

Initial training for DHS juvenile justice case managers is a 10-day PSST offered on an “as-needed” basis. Most Michigan juvenile justice workers are court employees who are trained by the State Court Administrative Office’s Michigan Judicial Institute. During the reporting period, CWTI trained 19 juvenile justice workers. PSTTs are scheduled almost every month, but due to low enrollment, they are often cancelled. For the 2011 calendar year, juvenile justice PSTTs are likely to be offered on a quarterly basis to facilitate a more robust training cohort for each session.

**Child Welfare Supervisor Training**

A group consisting of public and private agency foster care workers, supervisors, program managers, Michigan State University’s School of Social Work and the Office of the Children’s Ombudsman worked with CWTI to develop a training package for CPS, foster care, and adoption supervisors. This 40-hour child welfare supervisor training began in April 2009 and is ongoing for all private and public supervisors. The training currently consists of two days of general supervisor training and three days of program-specific training, concluding with a competency-based written examination. The training curriculum remains the same as the 2010-2014 CFSP. During this reporting period, 55 CPS supervisors, 134 foster care supervisors, and 57 adoption supervisors successfully completed this training. CWTI is currently evaluating the content and logistics of this 40-hour supervisor training and may reformat it during the upcoming year.

**In-Service Training**

To support a well-trained child welfare workforce, CWTI is also working to expand the in-service training available to staff. The seven Michigan universities with graduate social work programs have developed a DHS approved in-service track for continuing education offerings for both DHS and private agency staffs. A large array of in-service options was provided during this period and CWTI recently contracted with Michigan State University for the seven universities to continue offering in-service training. The contract provides for 21 one-half day training sessions between January and September 2010.

CWTI develops and provides courses as in-service options for workers. In this reporting period, CWTI implemented several new in-service training options. They include:

- Confidentiality: This training is a full-day in-service training offered to all DHS and private agency staffs. The curriculum is designed to ensure that they understand confidentiality law and policy to avoid potential liability and protect client’s rights. The training is interactive and focuses on the revised DHS policy in the Services Requirements Manual 131. Additionally, DHS strongly recommends that this
training include court staff, attorneys, and judges to ensure that the information is disseminated to all the parties in the abuse and neglect system.

- Report Writing: The objective of this full-day training is to provide participants with skills to promote individualized report writing, behavioral-based narratives, and SMART (specific, measureable, attainable, relevant and time-sensitive) goal development to facilitate the outcomes of the CFSR. Originally, the curriculum development staff designed and piloted this training; it is now available as an in-service training for foster care workers. CWTI will also enhance and modify the curriculum in the future to apply the needed skills for CPS workers. CWTI is also considering a modified to meet the specific needs of adoption workers. CWTI intends for this training to be an ongoing, long-term training. It is predominantly offered at state training centers.

- Medical and Mental Health Training Series: CWTI staff and the new DHS medical director collaboratively developed the medical and mental health training series. The training was developed to assist child welfare workers and supervisors to identify and meet the medical and mental health needs of children involved with the child welfare system, particularly those children in foster care or a residential placement. The initial series, presented by the Medical Director, consists of three training topics that are covered in a six-month period (January- July). The three topics include:
  2. ADHD and Anxiety Disorders in Children.
  3. Childhood Depression and Suicide.

Each of the trainings are a full day and are offered for an audience of DHS and private agency staffs, including CPS, foster care and adoption workers and supervisors. The training sites alternate between Lansing and Detroit locations, with three days of training in Gaylord (a city in northern Michigan). Each session is held in a large venue, such as the Michigan Historical Center, the Michigan State Police Auditorium or a hotel, for an audience of 100-300 per session. CWTI will offer each training topic at least twice and new sessions in this series will likely be introduced during the next year. Suggested future topics include grief and mourning and post-traumatic stress disorder. (Reference the Health Care Service Plan for additional information).

Upcoming changes include re-writing the administrative hearings training, developing a new investigation training, which will not be title IV-E funded, and other trainings that will arise because of the recent CSFR and the program improvement plan.

CWTI also plans to meet the needs of the northern Michigan child welfare workforce by sending trainers north to the Upper Peninsula on several occasions over the summer to provide in-service training for both DHS and private agency staffs.

Additional in-service trainings provided during this report period include:
  - Forty-one child welfare funding specialists received training developed and implemented by the Federal Compliance Division staff.
• Two-hundred and seventy-eight DHS and private agency staffs were trained as permanency planning conference facilitators.
• One hundred-four workers were trained as permanency planning assistants.
• Ninety-six workers were trained as permanency planning specialists.
• One hundred-sixty-nine employees were trained on Foster Care Transitional Medicaid.

Child welfare staff have an option of attending classes that are part of the coursework for a PSI or PSTT, but may have broader applicability. In this reporting period:
• Forty-nine staff attended the one-half day Domestic Violence Legal training.
• Thirty-eight staff attended the Medical Findings of Child Abuse and Neglect.
• Thirty-eight staff attended the Mental Health in Child Welfare training.
• Eleven workers were trained in Self-Awareness/Cultural Diversity.
• Thirty-six staff attended the Substance Abuse training.
• Eighteen staff attended the Transitioning Youth to Independence and Adulthood.
• Thirty-six workers were trained in the worker safety curriculum Working Safe/Working Smart.

Expanding services
In 2007, due to budget constraints, DHS eliminated funding for the title IV-E partial tuition reimbursement program for staff working on child welfare related Master of Social Work degrees. The Michigan Legislature has not restored the funding; although, there are ongoing efforts to restore funding for FY 2010. CWTI is partnering with the Children’s Services Administration regarding procedures for implementation if funding is restored.

Family Preservation Services (FPS) Training
Family preservation services (FPS) delivers training to private agency contracted staff who provide in-home crisis intervention, support services or reunification services to families. These service programs include: Families First of Michigan, The Family Reunification Program, Family Group Decision Making (FGDM) and Families Together/Building Solutions (FTBS). Due to a lack of funding, training was not provided for the FGDM or the FTBS programs.

FPS trainings focus on research-based service delivery methods consistent with the philosophy of strength-based, solution-focused techniques. The trainings are also open to local DHS staff. In this reporting period:
• Forty-six people were training in the Families First program.
• Nineteen people were training in the Family reunification program.

CWTI offered numerous other special family preservation topics in this reporting period. Some classes were required and others were recommended. The trainees included:
• Forty-five people attended Behavior by Design.
• Forty-nine staff attended Incest-Affected Families I and 50 staff attended Incest-Affected Families II.
Fifty-eight people attended the Lesbian, Gay, Bisexual, Transgender, and Questioning Youth.
Fifty-nine staff attended Personal Safety for Workers.
Sixty-nine staff attended Mental Health I – Interventions and 43 staff attended Mental Health II – For kids.
Twenty-seven people attended Self Care for Workers.
Forty-nine attended Solution Focused training.
One hundred-fourteen attended Self Awareness.
One hundred-twenty-one people attended Substance Affected Families.
One hundred-twenty-one people attended the Impact of Domestic Violence.
Seventy-three staff attended Testifying in Court (for family preservation workers).
Thirty-seven supervisors attended supervisory training for family preservation.

The FPS trainer collaborated with child welfare staff from Kansas, which included telephone consultation and on-site visits. In 2009, Kansas child welfare staff attended the Families First of Michigan training in Michigan. Their agency subsequently implemented a family preservation program in Kansas and CWTI has continued to provide technical assistance.

Foster and Adoptive Parent Training
The CWTI provides train-the-trainer sessions for DHS and private agency staffs who then train foster and adoptive families. The required pre-placement curriculum used by CWTI staff is the Foster PRIDE/Adopt PRIDE (Parents’ Resource for Information, Development and Education) training. Local DHS offices collaborate with private agencies to provide advanced foster parent training.

One hundred-sixty-nine DHS and private agency staffs attended the PRIDE sessions to prepare them to train foster and adoptive parents. Of the 169 people who had the training, CWTI staff reviewed and approved 73 participants to conduct the training themselves.

CWTI and the foster care program office are reviewing Child Welfare League of America PRIDE training modules and may offer specific additional PRIDE modules for relative caregivers in the future.

Collaboration
The CWTI expanded its collaboration with public and private partners in this reporting period by continuing the Child Welfare Training Advisory Committee. The committee consists of various public and private agency partners, university staff and other stakeholders. The committee’s charge is to review Michigan's current child welfare training program and make recommendations for improvement. Special focuses for this reporting period included reviewing CWTI’s PSI training to explore possible alternative delivery modalities, such as video conferencing, online training, additional classroom locations throughout a broader geographical area of the state and future redesign to make it more responsive to the needs of the field.
Michigan continued its training collaboration with the Michigan Association for Foster Adoptive and Kinship Parents, the Michigan Federation for Children and Families, the Prosecuting Attorneys Association of Michigan, the State Court Administrative Office and the Governor's Task Force on Children's Justice.

Challenges
Michigan continued to experience severe budget challenges during this period that necessitated ongoing efforts to provide quality-training opportunities while reducing costs. This was most evident in reducing the high cost of travel to attend trainer-led statewide training and by greater reliance on technology to deliver courses. For example, CWTI made the supervisory training curriculum available on-line. The Drug Endangered Children course continues to be available on DVD and the Effective Petition Drafting course was distributed to local DHS and private agency offices on DVD in 2009.

Evaluation
The CWTI is in the process of developing a multi-level method of training evaluation, which measures effectiveness according to:

1. The immediate impressions of trainees as to whether they learned new information.
2. Surveys or interviews with the direct supervisors of trainees, typically 30 to 60 days following the training.
3. Job "shadowing" trainees in the field or reading case files.

Due to the demands of the consent decree and preparation for federal reviews, this process has been on hold.

All CWTI courses currently include a standard first-level evaluation. CWTI staff initiated the development of a second-level evaluation for all courses in FY 2007. A draft third-level evaluation was also completed on the PSI and work on a training evaluation has been ongoing. CWTI staff will share the results with the Child Welfare Training Advisory Committee, DHS field and program offices and other stakeholders. A meeting of the Child Welfare Training Advisory Committee in August 2009 focused on a review of PSI training, including content, duration and delivery modalities to serve the needs of caseworkers and children and families.

CWTI Goals
The CWTI has aligned their goals with the Child Welfare Improvement Task Force (CWITF) change priority 8: Provide opportunities for training and workforce development to ensure that judicial officers and public and private providers have adequate skills and competencies to effectively serve the needs of children, youths and families.

Goal: Enhance communication about training issues to DHS and private agency staffs by developing and implementing specialized training letters, website updates and electronic communications in 2010-2011.
**Update:** CWTI unveiled its new website in June 2010. The new website, in concert with enhanced communication with local DHS and private agency offices via emails to training facility coordinators, constitute early efforts to enhance communications about training issues to the field.

**Goal:** Expand the capacity of CWTI to provide pre-service training to newly hired child welfare workers by partnering with private agency providers to develop private agency led pre-service institutes.

- In FY 2010, expand the foster care pre-service training and implement adoption private agency led CWTI pre-service training.
- In FY 2010-2011, evaluate the effectiveness of private agency led pre-service training by comparing trainer evaluations and trainee competency-based examination scores to access the success of this pilot.
- Modify and continue building of private agency training capacity through 2014.

**Update:** CWTI piloted a successful private agency certified trainer program in 2009 with staff from several Kent County private agencies. This three-tiered process resulted in a cadre of six certified private agency foster care pre-service institute trainers. Although a roadblock regarding financial support for this process occurred in January 2010, efforts are underway to explore how to revive and expand this certified trainer collaboration.

**Goal:** Expand ongoing/in-service training to public and private child welfare workers. In FY 2010, partner with universities to develop and present child welfare in-service options and organize and lead a child welfare training consortium to identify and seek to fulfill child welfare training needs for caseworkers, tribes and other child welfare professionals.

**Update:** CWTI informally collaborated with the Michigan graduate schools of social work in 2009 to provide 21 free in-service training opportunities for DHS staff. Additionally, each university also offered workshops at a small charge. For 2010, CWTI has contracted with Michigan State University School of Social Work as the lead for an additional 21 in-service training sessions between January and September 2010. These sessions, three per university, are offered free of charge both to DHS and private agency workers. The contract process for future university partnerships for a three-year contract will be initiated in the near future for FY 2011-2013.

CWTI created a child welfare training consortium with over 30 participants, including the State Court Administrative Office, the Prosecuting Attorney’s Association of Michigan, universities, private agency and DHS representation, and a tribal social services director. The initial meeting was in December 2009 and each of three committees (forensic interviewing, Indian Child Welfare Act, and in-service training) has met since that time to identify further training needs and ways to address those needs.
**Goal:** Explore with seven Michigan graduate schools of social work the development of course work that would cover a significant portion of the CWTI pre-service training to reduce the time needed after hire to assume a caseload.

- In 2010, meet with the universities and identify issues to be explored in more depth and share CWTI lesson plans for review by university curriculum staff.
- Implement course work in at least one university by August 2011 and continue expanding to other university programs, including undergraduate social work programs by 2014.

**Update:** CWTI is working with both the seven Michigan graduate schools of social work and several of the baccalaureate programs in Michigan to develop coursework that will cover a significant portion of the current CWTI pre-service institute. Efforts are underway to have this in place for at least some universities by the 2012 academic year. CWTI will initiate discussions with appropriate federal Administration for Child and Families staff to ensure that this process is compliant with federal funding streams.

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

- In 2010, CWTI will continue to integrate family preservation concepts into child welfare training to reduce unnecessary removal and placement of children.
- In 2010 and 2011, CWTI will work with the program office to implement concurrent planning policy and training to enhance worker skills in achieving permanency.
- CWTI will continue to both weave core concepts throughout its training and develop individual training modules or in-service training on key cutting-edge issues.

**Update:** CWTI has continued to integrate family preservation concepts into all child welfare training and now offers many family preservation “core” training modules as in-service training options for CPS, foster care, and adoption workers. CWTI is integrating information about concurrent permanency planning into lesson plans to ensure that workers are familiar with the concepts even if the program has not yet been formally introduced in all counties. CWTI liaisons with program office staff regarding all aspects of concurrent permanency planning and its implementation statewide.

**Goal:** During FY 2010, DHS will revise its Public Assistance Cost Allocation Plan (PACAP) to include the “expanded training group” under P.L. 110-351.

**Update:** DHS is working on modifying its cost allocation plan.

**Goal:** By 2011, at a minimum, CWTI will implement new training for relative caregivers and guardians, foster and adoptive parents and private CPA adoption workers.

**Update:** CWTI has begun exploring options for providing a conference for resource families with a target date of late winter 2011.
Goal: CWTI will implement a process in JJOLT to certify that supervisors have reviewed revised policy with their staff.

Currently, the training institute has a process to record in-service training hours for supervisor and staff reviews of new policy releases. This is tracked in the JJOLT system, and it is considered a qualifying in-service training.

Training staff are also developing an automated process for supervisors to verify with an electronic signature that they have reviewed policy with their staff. The goal is to have this implemented by December 2010. DHS will use this information during the CFSR program improvement plan to validate that staff have reviewed all of the new policy releases. DHS is also forming a workgroup to explore online training for new policy releases.

Office of Professional Development
The Office of Professional Development (OPD) provides training to all DHS staff on non-programmatic issues and provides training support and consultation services for the program offices. Media production staff produce instructional videos, web-based training, video conferences, and other tools for performance support and distance learning. OPD offers the following training:

New Supervisor Institute – The New Supervisor Institute (NSI) is designed for recently promoted DHS supervisors. NSI is offered several times a year. Classes are held in Lansing and Detroit. All new supervisors are expected to attend NSI. Training typically spans three months, combining classroom meetings and web conferences. Participants must attend all days of training in the order provided.

New Director Institute – The New Director Institute provides a learning opportunity for new directors. To meet the needs of this diverse group, OPD created a program combining classroom instruction and web conferences. Participants meet for presentations led by subject matter experts on topics of special interest and for networking and in-depth discussion. OPD trainers conduct classroom sessions, focusing on the leadership competencies that are most important for new directors. To reduce time and travel expense, some topics are delivered by web conference. This innovative approach allows directors from across the state to participate in on-line informational presentations and discussions using a computer and telephone.

Customer Service Excellence Training – This web based training focuses on improving internal and external customer service. Training involves identifying the customer conditions, adapting, and personalizing the delivery of service to suit the customer. Trainees are taught positive self-talk, effective listening and questioning skills and appropriate interaction strategies to increase customer satisfaction. The trainee completes the course at their desk on their personal computer. All new DHS employees are required to complete this course.
**Working Safe/Working Smart** – This web-based course can be completed at the trainee’s desk on their personal computer. The focus of the training is interaction of agency staff with clients or the general public. The overriding theme is how to plan for individual safety when resources are limited, yet action is needed. The training identifies techniques for field safety, office safety and interviewing. It is designed to increase the knowledge and skills of staff in recognizing emotionally charged situations. This includes early risk assessment, prevention of exacerbation and using appropriate referrals. The training focuses on the use of non-physical crisis intervention methods to defuse aggressive or hostile behavior. OPD will offer a classroom session on request.

**Leadership Academy** – DHS chooses approximately 20-25 participants to participate in the academy. Each participant is paired with a DHS executive-level manager as a mentor. The purpose of Leadership Academy is to develop a pool of high potential candidates who are prepared and ready to step into leadership positions as they become vacant. Using an accelerated development model, academy members are trained in a broad range of leadership competencies rather than groomed for particular positions. Pre- and post-360 assessments of candidates show significant improvement in overall skill levels.

For two consecutive years (2007 and 2008), the Leadership Academy was selected as one of the top 50 programs for the "Innovations in American Government" award, sponsored by Kennedy School of Government at Harvard University. Additionally, the Leadership Academy has won national recognition from the American Society for Training and Development. This "Excellence in Practice" citation is for "outstanding contributions and achievements in advancing learning and performance in the workplace." Other state agencies are replicating the academy to build leaders who are prepared to step up to leadership positions as needed.

All DHS employees with Civil Service classification level of P-11 or above and supervisors at any level are eligible to apply for Leadership Academy. The academy requires a two-year time commitment that can be demanding and time consuming, similar to attending graduate school while working full time.

**Leadership Development Program** – DHS created the Leadership Development Program in response to interest sparked by the success of the Leadership Academy. The training is open to all staff statewide with management approval. The goal is to provide or increase leadership skills and address succession planning needs by preparing staff for supervisory opportunities.

The program has three levels. In Level 1, classroom training introduces leadership skills. Level 2 builds knowledge and skills with online learning courses. Level 3 uses a 360 assessment, development plans, and the mentoring partnership to identify and build strengths to prepare emerging leaders for supervisory positions.
XVIII. Quality Assurance

Children’s Services Continuous Quality Improvement (CQI) Program
Recognizing the need for a robust quality assurance system, DHS added the Quality Assurance Unit to the Child Welfare Improvement Bureau. This unit’s primary objectives for the continuous quality improvement (CQI) program are to ensure:

- The delivery of consistent, high-quality services to the children and families assigned to DHS care.
- The permanence, safety and well-being of children.
- The reduction of possible adverse occurrences.
- The accomplishment of continuous improvement in the programs and processes required to achieve targeted outcomes.

DHS’ CQI methodology integrates philosophies and practices of quality assurance, program planning and evaluation, continuous improvement and outcome measurement. The findings of the quality assurance process will be integrated into strategic and operational planning, including the CFSR program improvement plan. These planning efforts are aligned with Change Priority number 7 of the Child Welfare Improvement Task Force (CWITF). Change Priority number 7 states: Improve the strategic use of data collection, analysis and reporting to improve performance of the system as measured by outcomes for families and children.

The Quality Assurance Unit is responsible for monitoring performance expectations internally and with contracted providers using performance indicators. The results of data collection and analysis, in conjunction with feedback throughout the continuum of care, will allow DHS to make informed decisions about policy, process, program effectiveness and deficits.

Goal: By December 2009, one CQI analyst will be strategically located in five of the six urban counties, as well as other local offices in each geographic region based on child welfare population and program participation.

Progress to date:
Currently, one CQI analyst is located in four of the six urban counties and seven CQI analysts are stationed in local offices based on their geographic region and child welfare population. Genesee County has a vacancy due to the previous CQI analyst being appointed to a ‘working out of class’ position. At this time, interviews have been conducted and a temporary assignment should be made by May 2010.

Goal: By January 2010, the CQI analysts will track, report and analyze data reports for children under DHS care and supervision. They will prepare quarterly tracking reports for the counties and DHS central office management. By June 2010, the QA unit will develop a process to gather and analyze all case read data completed within the department and create reports identifying trends and patterns.
Progress to date:
DHS has made some progress on this goal. The QA unit has developed an internal capacity to undertake data collection, verification, and analysis, in addition to case record reviews for the higher-risk cases identified in the consent decree. Currently, CQI analysts are completing special reviews for high-risk cases and inputting this information into the case read tool. A quarterly summary of the case reviews highlights areas of non-compliance with policy, safety and risk concerns, and quality assurance assessments. QA staff submit the summary reports to the local field offices and DHS central office management. All case review findings are compiled and maintained in the database, enabling the QA unit to track trends and develop quality improvement plans (QIP).

QA staff complete a state summary report quarterly, based on the data from case reviews, and they make it available to the Quality Council, the federal monitor, the plaintiffs and the department.

In addition, QA staff and the Office of the Family Advocate (OFA) work together to incorporate findings and recommendations from Child Fatality Reviews. The QA Unit reviews all information from the child fatality reviews, compiles the data to determine demographics, identifies trends and analyzes the cause and manner of death. This information is then composed into a Child Fatality Review Summary Report and is made available to the Quality Council, federal monitor, the plaintiffs and the department. Reference the Children’s Protective Services: Child Abuse and Prevention Treatment Act (CAPTA) State Grand section for additional information on child fatality reviews.

Goal: QA staff will make recommendations to the Bureau of Child Welfare and field operations for improving the child welfare system. These recommendations will be integrated into DHS policy and processes. The Bureau of Child Welfare, which includes CPS, foster care and permanency policy, will be a vital resource for the QA Unit. The Children’s Services Administration approves any necessary policy changes and/or clarifications that QA staff recommend to improve processes and service delivery.

Progress to date:
The QA unit reviews and analyzes case summary reports completed by OFA and the CQI analyst. QA staff track the trends and patterns, and based on information gathered from the reports, they developed a QIP for the program offices within the department. The QIP identifies barriers in policy and/or programs and makes recommendations for policy and/or program changes.

Starting in May 2010, QA staff will monitor and assess the program office QIPs and provide quarterly feedback on a state and local office level.

Goal: By March 2010, CQI analysts will develop and track the completion of QIPs for local offices who are not meeting defined benchmarks. Starting in June 2010, CQI
analysts will begin to monitor and re-evaluate processes to ensure that the changes affect the areas of improvement as intended.

**Progress to date:**
The QA unit reviews and analyzes case summary reports completed by OFA and CQI analysts. QA staff track the trends and patterns; and based on information gathered from reports, they developed a QIP for each local office involved in the case review process. The QIP identifies barriers in policy and/or programs and makes recommendations for review of policy and/or implementation of procedural changes.

**Goal:** By June 2010, CQI analysts will develop local quality improvement teams along with the DHS county director.

**Revised Goal:** This goal has been changed to start the CQI teams in counties where a CQI analyst is assigned by June 2010.

**Progress to date:**
Placing a CQI analyst in a specific county or region allows them the opportunity, in conjunction with the county directors, to develop local quality improvement teams. Quality improvement team members will provide firsthand insight regarding “the way we do business” and provide ongoing feedback on ways to improve services. By reviewing county-level data, the team may identify some trends that can help in their overall improvement and identify best practices.

Another component is the development of a “feedback loop” for quality improvement as seen in the quality improvement framework. Initially the county/regional improvement teams will consist of the CQI analysts and DHS local office staff. It is expected that these teams will be expanded to include representatives from private agencies, consumers and community members. This information-sharing network is designed to evaluate data measurements, best practice techniques, methods of improvement, program expectations, and process successes and barriers. The implementation of this structure provides DHS the opportunity to engage private agencies and consumers in developing a true partnership.

During this period, the QA staff communicated with the Casey Foundation and National Child Welfare Resource Center for Organizational Improvement for technical assistance and to formulate new mechanisms to assist with the implementation of the Michigan statewide CQI team process. Evaluations are being done on procedures and training materials used in other states, in order to gain knowledge and best practices used to roll out a statewide CQI program.

**Data Profile**
The QA and data management staffs continue to compile a comprehensive statewide data profile that will define a baseline for ongoing qualitative and quantitative measurement of program outcomes. The data profile will illustrate specific county-level data. These data sets serve as performance indicators of departmental program
outcomes and federally-mandated CFSR goals of safety, permanency and well-being. From this data profile, it will be possible to define acceptable thresholds for each indicator on a statewide level, as well as the individual county or office level. Metrics will be utilized that focus on key processes that help to identify strengths and barriers to effective services. The results will make up the initial report to the office and will serve as the basis of their QIP.

**Goal:** Develop baseline data for the measurement of DHS program outcomes that include the CFSR goals of safety, permanence and well-being.

**Progress to date:**
The case read tools have been modified and now incorporate core questions from CFSR. With these enhancements, baseline data will be developed for future measurement. In May 2010, QA staff will make modifications to the Quality Assurance Quarterly Summary Reports in order to define acceptable thresholds for each data indicator on a statewide level. (For additional information on CFSR data and permanency reports, reference the DHS Data Management section).

**Goal:** By March 2010, CQI analysts will maintain local office excellence through the quality-monitoring loop and share best practices with other local offices.

**Progress to date:**
CQI analysts provide quarterly feedback summaries based upon the results of the special reviews on higher-risk cases to the counties. Summaries are structured to communicate a well-developed message from a thorough analysis that reinforces the agency’s quality objectives – acknowledging successes or providing the impetus for needed program adjustments.

In addition, CQI analysts also provide immediate feedback to local management regarding best practices noted during case reads and make immediate notification to local office management on any cases where a child may be at imminent risk of harm.

The QA unit conducts monthly staff meetings where analysts share information and discuss best practices found within their assigned county/region. Analysts relay this information to their local office for possible implementation of training, review of policy and innovative ideas to address program needs and policy compliance.

**CPS Quality Assurance**
CPS supervisors will utilize both the electronic case record in SWSS and the hard-copy case file when conducting their case review. Utilization of both case records will assure that all relevant information regarding the case is thoroughly reviewed for compliance as well as for safety issues.

The QA unit will randomly select the cases for CPS supervisors to review on a quarterly basis. A list of identified cases will be compiled and submitted to field operations, who will disperse the list(s) to the assigned managers. Second-line managers and/or local
office management are required to perform secondary reads on at least one case that each first-line manager has read. This review will require a second-line manager to re-read a case already reviewed by a first-line manager.

Each county field office will complete quarterly case read narratives that summarize compliance with policy/procedures and identify the percentage of cases returned to the worker for corrections when child safety issues were found. The findings of these reviews will be incorporated into all relevant QA activities, program improvement and other related policies and practices.

**Goal:** By July 2010, the CQI analysts will track, report and analyze data from the completed CPS supervisory case reviews. They will prepare quarterly tracking reports for the counties and DHS central office management.

**Bureau of Juvenile Justice Quality Assurance**

In 2009, the Bureau of Juvenile Justice (BJJ) continued its administration of state and federal grants and the county child care fund within Michigan’s 83 counties. BJJ also managed a regional detention support service, the assignment unit for all juvenile justice residential placements, and seven residential juvenile justice facilities. These facilities provide treatment and detention services for delinquent youth 12-20 years of age who are referred by county courts or committed to DHS. Juveniles placed include males and females whose offenses and assessed risks are so severe that community-based treatment is determined to be inappropriate. Services provided include sex offender treatment, substance abuse treatment, mental health treatment, and treatment for severely violent and chronic offenders. Four of the residential facilities operate at the DHS secure level and include direct 24-hour, 7-day per week staff supervision. The remaining three facilities are community justice centers where youths nearing the completion of treatment work on education and vocational tasks designed to facilitate their transition back to the community.

The BJJ Quality Assurance Unit (BJJ QA) conducts site reviews at each of its seven residential facilities to ensure compliance with DHS juvenile justice residential policy. Site reviews are conducted using policy-based checklists and include reviews of safety and security, facility administration, residential programming, medical services, and youth behavior management. Techniques used during site reviews include facility tours, observations of facility routine, review of documentation, inspections of facility transport vehicles, and interviews with youths and staff.

Review results are debriefed with facility management and documented in written reports provided to BJJ management. BJJ QA conducts follow-up visits to verify that the facility effectively implemented the corrective action plan.

In addition to facility reviews, BJJ QA continues development of the monthly statistical package (MSP), a comprehensive statistical summary of facility key events (for example, assaults, restraints, and injuries) based on facility incident reports in the JJOLT. The MSP not only provides a compilation of recent incident data but also
includes historical trend data designed to help facility management monitor incident rates in order to maintain safety and security. Recognizing that treatment planning is a key element of service delivery to youths in residential facilities, BJJ QA also uses JJOLT to regularly monitor the timeliness of youth treatment plans and provide reports to BJJ leadership.

In July of 2009, the US Department of Justice (DOJ) reported that compliance with the remaining medical and mental health issues at the W. J. Maxey Training School had been achieved. In 2003, DOJ had conducted site visits at the training school under the terms of the Constitutional Rights of Incarcerated Persons Act. Based on those visits, the State of Michigan entered a memorandum of understanding with DOJ in 2005. Under the terms of the MOU, BJJ QA was tasked with monitoring compliance at the training school in the areas of juvenile justice, education and medical/mental health. Based on the July 2009 DOJ report, compliance in all areas of the MOU was achieved and BJJ QA’s monitoring task was discontinued.

**Goal:** BJJ QA will conduct semi-annual reviews of the three BJJ residential facilities to ensure compliance with policy. At least one of the reviews will be an unannounced review. BJJ QA will conduct follow-up visits to verify that corrective action plans are effectively implemented.

**Progress to date:**
Two semi-annual reviews have been completed; the third is scheduled, and an unannounced review is scheduled.

**Goal:** BJJ QA will conduct research on nationally based child welfare quality accreditation programs and make proposals regarding accreditation for the three juvenile justice facilities.

**Progress to date:**
BJJ staff have completed the research and made a proposal to the DHS administration.

**Maltreatment in Foster Care**
DHS has developed a cross-functional team of experts that will utilize the CQI model to assess and review occurrences of child maltreatment in foster care. This committee will serve as the core group for the analysis and review of information related to children who are maltreated while in foster care. Committee members will document, review and analyze data obtained from substantiated maltreatment cases in order to identify and recommend reporting needs, system enhancements and policy changes needed to reduce instances of maltreatment in care. The committee has established three sub-groups:

- Policy and training for specialized investigations, which includes foster care, CPS and Bureau of Child and Adult Licensing (BCAL) staffs.
- Prevention of maltreatment in care policy and practice.
- Data integrity, analysis and quality assurance.
The committee will meet monthly or as needed to exchange information and ideas, evaluate current procedures and make recommendations from the field to central office. The committee’s goal is for Michigan to exceed the CFSR national standard for absence of maltreatment in foster care.

Special Reviews for High Risk Cases

Goal: The consent decree requires DHS to conduct special reviews of certain higher-risk cases. The Department of Technology, Management and Budget staff generated preliminary reports for these special review cases in early December 2008. CQI analysts validate each case for inclusion in the special review schedule.

There are five high-risk case categories that require special review; they are:

1. Children who have been the subject of an allegation of abuse or neglect in a foster home or residential care setting, whether licensed or unlicensed, between June 2007 and September 2008, and who remain in the facility or home in which the maltreatment is alleged to have occurred.
2. Children who have been the subject of three or more reports alleging abuse or neglect in a foster home, the most recent of which reports was filed during or after July 2007, and who remain in the foster home in which maltreatment is alleged to have occurred.
3. Children who have been in three or more placements, excluding return home, within the previous 12 months.
4. Children who have been in residential care for 12 months or longer.
5. Children who are in unrelated caregiver placement, defined as an unlicensed home in which the caregiver is not a relative of the child but has been approved as a placement resource because of prior ties to the child and/or the child’s family.

Reviews of children meeting the criteria will occur every 90 days throughout the next year, and continue, if indicated by a lack of progress toward significant improvement in outcomes. The results of these reviews will become the focus of CQI efforts in order to reduce or eliminate the factors that contributed to the occurrence of these events. Progress toward achievement of the identified outcomes will be tracked and reviewed monthly. The Children’s Services Administration Director retains overall responsibility for the special reviews.

Progress to date:
The QA staff conduct specialized case readings on a quarterly basis in compliance with the consent decree. A formal screening process has been developed to ensure that all cases identified fit the criteria for each specialized review. CQI analysts have been trained on this new pre-screening process, which allows them to compare the current data pull with information on all of the cases that have been previously selected for their QA region/county. In addition, analysts conduct a SWSS pre-screen to determine whether:

- The child is in the same cohort as previous data pulls.
- The case had already been reviewed for the current cohort.
The conditions regarding the case have changed and warrant another review. Analysts began utilizing the new format on April 1, 2010.

The QA Unit continues to assess and improve the case review tool for the internal capacity to undertake data collection, verification, and analysis of case record reviews for the higher-risk cases identified in the consent decree. DHS staff have made changes to the tool and it now incorporates core questions from CFSR.

New procedures for the QA unit have been drafted that outline how QA staff will complete and distribute case read findings in counties where children have been identified as meeting the special review cohort definitions. The communication process involves the CQI analyst making immediate notification to management in the event of a case read identifying an immediate safety concern involving a youth. The procedures also address the process for creating and following up on QIPs for all departments within the agency. CQI analysts will be responsible for monitoring and assessing the QIPs to evaluate progress and the possible need for further actions to address identified barriers.


Case Reading and CFSR Baseline Data
Data management staff is working with the CFSR and The Department of Technology, Management and Budget staffs to automate the DHS case reading tools to collect data for program improvement plan baseline establishment, quarterly reporting and the quality assurance process. Currently, these case reading forms include DHS quality assurance, the Child Welfare Contract Compliance, the CPS supervisory, the foster care supervisory and the Residential Treatment and Transition Unit tools. DHS staff have defined the CFSR core questions, which map to all of the 23 outcome measures. These CFSR core questions will be added to all of the case reading tools, as applicable. For example, when staff are conducting a CPS case reading, the questions on timely initiation of a CPS investigation will be included within the applicable questions. DHS will submit the CFSR core questions and the case reading tools to the PIP Management Advisory Group for approval.

DHS will gather baseline data through collecting data via SWSS and by random case readings to capture the quality of the information needed. Second-level case reads, not the supervisory case reads, will be used to collect the data for those items that cannot be reported using SWSS data. The quality assurance, child welfare contracts, field operations, and the CFSR staffs will complete the second-level case reads. DHS will negotiate with the PIP Management Advisory Group on the number of cases that must be read to establish prospectively Michigan’s baseline data. The case sample selection
will be stratified and randomized, with cases from Wayne County included in all of the reporting quarters. Wayne cases will be represented in the sample numbers at the same level as the onsite review, approximately 30-40 percent of the cases.

DHS will perform random ongoing supervisory case reads at the local level. The data management, CFSR and field staffs will determine a sampling methodology with the assistance of the PIP Management Advisory Group to randomly select cases for these reviews. Supervisors will continue to conduct three supervisory case reads per worker, per quarter. The quality assurance staff will use the information collected in the case reading database when they are developing a continuous quality improvement plan and/or a corrective action plan with the counties.

Supervisory and quality assurance case reads, along with a continuous quality improvement process will assist Michigan in improving casework practice and ensuring the integrity of the structured decision making and the permanency planning conference case practice models.

**New Goal:** QA will make notification of the new case read tool to the field and provide training to staff.

**New Goal:** The QA unit will be responsible for monitoring all data and provide analysis of trends and patterns. Findings will be used in the CQI process.

**Child Welfare Contract Compliance Unit (CWCCU) Quality Assurance**

The CWCCU was formerly referred to as the Purchased Services Division (PSD). CWCCU staff review each private agency foster care agency and residential foster care agency with whom DHS contracts to provide foster care, adoption and supervised independent living services. Each agency is reviewed once a year. CWCCU also monitors the Families First of Michigan contracts.

**Goal:** Review each private CPA and RFC agency at least once a year, and conduct investigations as needed.

**Update:** During FY 2009, CWCCU completed 100 percent of all contract compliance reviews on adoption, foster care, treatment foster care, residential foster care, sex offender foster care and shelter foster care.

During FY 2010, CWCCU is on track to complete 100 percent of the review for all of the contracts noted above, as well as the family first contracts.

To ensure that CWCCU staff complete all reviews annually and the agency completes a contract compliance improvement plans on time, CWCCU developed a tracking system assignment sheet. It contains the following information:

- Name of the agency.
- License number.
- Contract number.
Name of the contract monitor.
Date of FY 2009 exit conference.
Date of FY 2010 letter notifying of upcoming review.
Date FY 2010 review is scheduled.
Date of FY 2010 exit conference.
Date contract compliance report was sent to the contractor (electronically).
Contract non-compliances cited.
Date contract compliance improvement plan is due.
Date contract compliance improvement plan was received by CWCCU and date it was approved or not, or date denied, along with the date that a revised plan was approved.

**Goal:** Implement policy and procedures for contract monitoring.

**Update:** As CWCCU has grown in number of staff, as well as the number and types of contracts reviews, it became critical that there was an established set of polices and procedures by which all staff would operate. Therefore, CWCCU developed a Policy and Procedures Manual. The DHS administration approved the manual in April 2010. CWCCU management reviewed the manual with all staff during a team meeting. For new staff, the manual is provided and reviewed during the new staff orientation.

CWCCU also developed a complaint notification form to formalize the process when a local DHS office, court personnel or parties want to file a complaint regarding a provider’s compliance with the terms of the contract and/or applicable DHS policy. CWCCU staff provided the form to all DHS local offices and the State Court Administrators Office. CWCCU developed a tracking system to document the following:
- Date of receipt of a complaint.
- Name of agency.
- Agency type.
- Nature of the complaint.
- Staff assigned to the complaint.
- Date assigned.
- How was the complaint was resolved.
- Date resolved.

CWCCU has implemented an addendum to the private agency foster care contracts that will be in effect until September 30, 2010. The amendment will include all related requirements as set forth in the consent decree.

**Performance Based Contracts for Foster Care and Residential Foster Care Placement Agency Foster Care Contracts**
Representatives from DHS (central and local offices) and the private agency contractors began meeting in January 2008 to review performance based contracting practices for foster care services.
**Goal:** By October 1, 2010, amend the private agency foster care contracts to include the requirement for an agency corrective action plan if the performance based contracting measures are not met. Completed.

**Update:** DHS and private agencies are reviewing the performance measure for the first year to establish a baseline. The measure will then be incorporated into the October 1, 2010, contracts and tied to incentives for achievement or disincentives for failure to meet the standards.

CWCCU amended the contracts effective May 1, 2009, to include the performance based measures. CWCCU established the following schedule; the data management staff extract the data as follows:

<table>
<thead>
<tr>
<th>Date Period Under Review</th>
<th>Report Extraction Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>07/01/2009 – 09/30/2009</td>
<td>01/31/2010</td>
</tr>
<tr>
<td>10/01/2009 – 12/31/2009</td>
<td>04/30/2010</td>
</tr>
<tr>
<td>01/10/2010 – 03/31/2010</td>
<td>07/31/2010</td>
</tr>
</tbody>
</table>

There have been some challenges in terms of verifying the accuracy of the data. CWCCU staff are working with the data management staff to analyze the data integrity. Additionally, the data extraction process is cumbersome and time consuming for CWCCU staff. Data management staff are reviewing options to improve the extraction process, as well as exploring options for making the data available to the contractors on a more frequent basis. The plan is for them to access the data directly without requiring CWCCU to provide the data to the contractor manually.

CWCCU staff have begun to review the data with providers as a part of the annual contract compliance review. It is one factor considered when determining the type of corrective action is required.

**Residential Foster Care Contracts**

**Goal:** By July 2009, CWCCU staff will develop performance based contracting measures for residential foster care providers, and they will be included in the contracts. Completed.

CWCCU amended the residential contracts effective September 1, 2009, to include the performance measures. CWCCU established the following schedule and data management staff have begun extracting the data as follows:

<table>
<thead>
<tr>
<th>Date Period Under Review</th>
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</tr>
</thead>
<tbody>
<tr>
<td>07/01/2009 – 09/30/2009</td>
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</tbody>
</table>

There have been some challenges in terms of verifying the accuracy of the data. CWCCU is working with the data management staff to analyze the data integrity.
Additionally, the data extraction process is cumbersome and time consuming for CWCCU staff. DMU is reviewing options to improve the extraction process, along with exploring options for making the data available to the contractors on a more frequent basis, where they could access the data directly.

CWCCU staff have begun to review the data with providers as a part of the annual review; it is one factor considered when determining the required type of corrective action.

**Substantiated Abuse/Neglect and Use of Corporal Punishment**

To ensure child safety, DHS will give due consideration to any and all substantiated incidents of abuse, neglect and/or corporal punishment occurring in placements licensed and supervised by a contract agency at the time of processing its application for licensure renewal. The failure of a contract agency to report suspected abuse or neglect of a child to DHS results in an immediate investigation to determine the appropriate corrective action, up to and including termination of the contract or placement of a provider on provisional licensing status. A repeated failure to report within one year shall result in termination of the contract.

Michigan licensing rules require any child placing agency or child caring institution to report suspected abuse and/or neglect to BCAL. CPS policy also requires the CPS worker to make a referral to BCAL when a child in foster care is reported as abuse and/or neglected by a licensed foster parent. BCAL and CWCCU work together to investigate these allegations when the agency is a contracted private CPA.

BCAL receives an automated list of all individuals who are licensed foster parents or are adults living in a licensed home, whose names were placed on the CPS Central Registry the preceding week as perpetrators of child abuse or neglect. This information exchange occurs once a week. When a match is found, BCAL sends a letter to the certifying agency advising them that the foster parent or adult member of the foster home has been named as a perpetrator. BCAL copies the CWCCU manager on the letter. The letter advises the agency director that a foster home complaint investigation must be opened immediately and that being named as a perpetrator of child abuse or neglect requires a recommendation of license revocation. BCAL send this letter to assure that the agency is aware that a CPS investigation has occurred with one of their licensed foster homes.

Michigan licensing rules also require an investigation when there are allegations of the use of corporal punishment in a licensed foster home or a child-caring institution. They also require the child placing agency to report immediately the death of any child in care to the BCAL.

Michigan law, in MCL 722.118a(1) requires the DHS to make an onsite evaluation of a child care organization (which includes child placing agencies) at least one time per year. During each onsite evaluation, the child welfare licensing consultant reviews a random sample of both children’s files and certification (foster home licensing) files. As
part of the sample of certification files, complaint investigations are always reviewed. If either a child’s file or a certification file has information regarding suspected use of corporal punishment, the consultant will review the investigation by the placing agency.

When BCAL determines that a licensed agency or institution failed to comply with the reporting requirements established in the Child Protection Law, BCAL will substantiate a licensing violation and appropriate licensing action will be taken based on the substantiated noncompliance. When CWCCU determined that a private agency foster care or residential contractor has failed to comply with the reporting requirements established in the Child Protection Law, CWCCU will substantiate noncompliance with the applicable contract and will determine appropriate contract action, up to and including termination of the contract. Should CWCCU determine the contractor has failed to report an allegation of child abuse and/or child neglect a second time within one year, the CWCCU Manager will advise the contractor that a recommendation to terminate the contract will submitted to the Director of the Child Welfare Improvement Bureau. PDS will initiate adverse action per CWCCU policy.

Licensing rules also require that a child placing agency develop a behavior management policy that is positive and consistent based on each child’s needs, stage of development and behavior. The plan must promote the child’s self-control, self-esteem and independence. The rules prohibit physical force, excessive restraint or any kind of punishment inflicted on the body, including spanking. Foster care policy item CFF 722-2 requires supervising agencies to have a behavior management policy that identifies appropriate and specific methods of behavior management consistent with licensing rules.

**Update:** CWCCU staff have updated the Policy and Procedure Manual to require that the contract monitor review all instances of substantiated child abuse and/or neglect against an employee or a foster family certified for licensure by the contractor. CWCCU will review for patterns of abuse/neglect and require corrective action as appropriate; however, a repetitive pattern could be grounds for adverse contract action.

BCAL notifies CWCCU whenever a member of a foster family certified for licensure by a private agency foster care contractor is placed on the CPS Central Registry. When CWCCU receives such notification, a CWCCU supervisor contacts the private agency and determines whether DHS supervised children remain in the licensed foster home. If DHS supervised children continue in the home, CWCCU staff send an electronic notice to DHS field operations, as well as several children’s services administrators. The notice advises them that DHS children continue in a placement home where a member of the foster family has been placed on Central Registry. The notice also suggests that field operations staff review the case with the local DHS office.

The Quality Assurance Unit staff are in the process of developing a web-based reporting process where all instances of the use of seclusion and/or restraint in residential foster care or in a foster home will be reported to DHS. The staff will compile the data on a monthly basis and provide this information to CWCCU for review/analysis.
CWCCU will consider instances where a provider has multiple instances of restraint and/or seclusion.

Finally, DHS has established Maltreatment in Care Committee. CWCCU participates in the committee and will work with other units to explore the causes of maltreatment and the committee members plan to develop a process that will help to reduce the occurrence of maltreatment in foster care.

**Families First of Michigan (FFM)**

**Goal:** Families First reviews will begin during the summer of 2009 and will occur annually thereafter.

**Update:** This goal has been partially completed. CWCCU staff have established a standardized process for the review of family first contracts; however, due to a loss of CWCCU monitoring staff to promotions within the department, CWCCU had to prioritize the review of specific contract types. Family first contract reviews are a priority for CWCCU and it is the intent of the unit to complete 100 percent of the reviews of during FY 2010.

**The Bureau of Child and Adult Licensing (BCAL)**

**Goal:** BCAL will continue to conduct evaluations and investigations for all child placing agencies and child caring institutions to ensure the safety of Michigan’s children.

Public Act 116 of 1973, (MCL 722.111 et seq.), also known as the Child Care Organizations Act, provides for the protection of children placed out of their own home through the establishment of standards of care for child placement agencies, institutions and family foster homes. The act also contains penalties for noncompliance with promulgated administrative rules. Michigan has administrative rules that govern the following:

- Child placing agencies, (Rule 400.12101-400.12713);
- Foster family homes and foster family group homes (Rule 400.9101-400.9506);
- Child caring institutions (Rule 400.4101-400.4666).

BCAL is in the process of revising the rules. The rules are promulgated through the following process:

- A written request is made and written permission is received from the State Office of Administrative Hearings and Rules (SOAHR) to open a rule set.
- A workgroup is convened to draft new rules.
- An email distribution list is compiled of any person interested in the process for purposes of distributing all workgroup minutes and soliciting feedback on an ongoing basis.
- Draft rules are submitted to SOAHR for legal review of language and enforceability.
- Draft rules approved by SOAHR (or amendments made as required).
- Public forums are held to obtain feedback from stakeholders.
- Draft rules are modified as needed based on feedback from forums.
Draft rules are resubmitted to SOAHR for approval.
Public hearings are held around the state for comment on proposed rules. Notice of hearings must be published in at least three newspapers.
BCAL must specifically address each comment made or submitted in writing and state why changes recommended were or were not made. If the comments will result in significant changes, the committee may be called together to review the changes.
If there are significant changes made in draft rules based on the comments, new public hearings must be held and those comments addressed.
A statement identifying the impact of the proposed new rules along with the documents addressing comments are resubmitted to SOAHR for approval.
SOAHR submits the draft rules to Legislative Services Bureau for review of language and form.
Proposed rules are submitted to the Joint Committee on Administrative Rules at the legislature. JCAR has 15 session days to either approve or reject the proposed rules.
Rules are filed with the Secretary of State with an effective date.

Update: Public forums will be scheduled during the summer of 2010 to obtain feedback on the proposed rule changes. The initial draft of the child placing agency rules is scheduled to be completed by July 2010 and submitted to SOAHR for review of enforceability and legality of all language. DHS and a group of stakeholders will begin working on the foster home rules in August 2010.

Office of Family Advocate
The Office of Family Advocate (OFA) within DHS responds to complaints from citizens, the legislature and the governor’s office concerning families and children involved in the child welfare system. In 2009, the OFA responded to 436 case complaints. The OFA analyzes case handling for compliance with applicable laws to ensure child safety, well-being and permanency. As a result of case reviews, the OFA makes recommendations for changes in local office practice and statewide policy.

The OFA is also responsible for receiving and tracking all child death alerts from the local offices to ensure that notice is timely, accurate and in compliance with DHS policy. Reference the Children’s Protective Services: CAPTA State Grant section for additional information. In accordance with interagency agreements, the OFA must provide death alerts to the Office of Children’s Ombudsman and the Michigan Public Health Institute.

As a result of the consent decree, the OFA is the designated unit within DHS responsible for reporting and reviewing each child fatality that occurs during an active foster care case to Children’s Rights, Inc. and the Public Catalyst Group. The OFA reviewed 24 cases involving children who died in foster care in 2009. Within six months of each fatality, the OFA issues a report of findings and recommendations to the local DHS, private child placing agency, field office administration, BCAL, Child Welfare Training Institute, and DHS policy offices, when applicable. Each report is also submitted to Children’s Rights Inc., the Public Catalyst Group and the DHS Child
Welfare Quality Assurance Unit. A corrective action plan must be submitted to the OFA and the quality assurance unit for data collection, identification of trends, and other continuous quality assurance activities. In 2009, the OFA reviewed 182 corrective action plans submitted from DHS, private child placing agencies and other entities involved.

On behalf of the DHS director or the OFA director, the family advocate specialist participates in statewide advisory boards, task forces and workgroups.

**Goal:** The OFA will continue to respond to complaints from citizens, the legislature and the governor’s office, conduct in-depth case analysis when warranted, and make recommendations for changes to DHS policy and practices.

**Goal:** The OFA will continue to track all child deaths reported to CPS or a child placing agency.

**New Goal:** By 2012, the OFA will revise and update DHS statewide policy concerning child death alert procedures and timeframes.

**Goal:** The OFA will continue to track and report all child fatalities that occur during an active foster care case.

**Update:**
- On a monthly basis, the OFA will report to Children’s Rights, Inc. and Public Catalyst Group each fatality of a child in foster care that occurred that month.
- Within six months of each fatality of a child in foster care, the OFA will complete a comprehensive case analysis and submit recommendations for corrective action to the county office and private child placing agency.
- As they are completed, the OFA will submit corrective action plans to field operations and quality assurance staffs for CQI activities.

**Goal:** The OFA will continue to provide liaison services to the Office of the Children’s Ombudsman. (OCO)

**Update:**
- The OFA will implement quarterly meetings with the OCO to discuss interagency procedures, specific problematic cases and other matters of mutual concern.
- By 2011, the OFA will explore options for enhancing OCO access to electronic case file information to facilitate OCO case reviews.
- By 2012, the OFA will update the DHS/OCO interagency memorandum of understanding and the DHS statewide policy for responding to OCO requests and reports.

**Office of Children’s Ombudsman**
The Office of Children’s Ombudsman (OCO) is an independent state office within the Department of Technology, Management and Budget (DTMB). The Office of Family Advocate (OFA) is the DHS liaison to the OCO. Separate from DTMB, DHS, and other
stakeholders, the OCO investigates complaints concerning children involved in the child welfare system, including those supervised by DHS and private child placing agencies. The OCO reviews case files and conducts interviews with agency staff and collateral sources.

If the OCO identifies safety concerns or other issues needing immediate attention in a case, the OCO issues a Request for Action or Request for Administrative Response to OFA. If the OCO identifies violations of law, DHS policy or procedure, the OCO may issue a Report of Findings and Recommendations to DHS. The OCO may close a case as an administrative resolution when a concern was noted, but resolved by the agency satisfactorily. Typically, OCO reports focus on issues that affected child safety, permanency and well-being. The OCO sends each report to the OFA and the local DHS office or the private child placing agency. The OFA orders all case files that the OCO requests, tracks and monitors all OCO cases, and coordinates with involved DHS and private child placing agencies to respond to OCO reports.

In FY 2009, the OCO:
- Sent 132 completed investigations to DHS.
- Requested responses to 13 Requests for Action or Administrative Response.
- Requested responses to 32 Reports of Findings and Recommendations.
- Affirmed DHS or private child placing agencies in 58 cases.
- Resolved 14 investigations as administrative resolutions.

DHS also works in conjunction with the OCO to improve child welfare policy and practice. The OCO produces an annual report, which includes recommendations for legislative and policy changes in the areas of CPS, foster care, adoption and child welfare system issues. DHS responds to the recommendations and the report is published. The published report is provided to the Governor, DHS director, the Michigan legislature, and is made available to the public. The OCO statistics for FY 2009 regarding closed investigations are:
- Forty-four percent of investigations resulted in affirming agency actions.
- Thirty-five percent of investigations resulted in findings of law or policy violations.
- Twenty-one percent of investigations were resolved by DHS or the private agency, or the OCO determined that no further action was needed.

OCO reports can be found at: http://www.michigan.gov/oco/0,1607,7-133-3195---,00.html.

**Michigan Foster Care Review Boards (FCRB)**
The FCRB is a system of third-party review initially established by Public Act 422 of 1984, and most recently amended in Public Act 170 of 1997. The board's charge is to help ensure safe and timely permanency for children in the state foster care system. The State Court Administrative Office of the Michigan Supreme Court administers the program, which is comprised of citizen volunteers who serve on one of 30 local review boards throughout the state. They also provide training to the local board members.
The FCRB provides independent review of a random case sampling of children in the foster care system to monitor and evaluate the courts’, DHS’ and private child placing agencies’ efforts to address the vital areas of safety, timely permanency, and child and family well-being. They also reviews cases, when requested to do so by parties to a case, where there is a significant or ongoing concern in one of the three areas referenced above. Once cases are selected, they are reviewed every six months until a case achieves permanency. The board provides written findings and recommendations to the local court and supervising agency, as well as to the DHS for their review and consideration.

The FCRB also investigates appeals by foster or relative caregivers when a child is moved from that placement and the foster parent or relative does not believe the move to be in the child’s best interest. The FCRB investigates the appeal and makes recommendations to the supervising agency, local court and the Michigan Children’s Institute Superintendent regarding the appropriateness of the move.

A statewide advisory committee includes leaders from the child welfare community. The committee assures that the FCRB program fulfills its statutory mandate and provides maximum benefit to the foster care system with the resources provided. State statute also requires publication of an annual report to the Michigan legislature and governor. Systemic issues that delay permanency or compromise child and family well-being are highlighted and analyzed in the report, with related recommendations. Copies of the annual reports are located at:

In 2010 and 2011, the DHS Quality Assurance Unit of the Child Welfare Improvement Bureau will be collaborating with the FCRB to develop policy and procedures for utilization of FCRB findings and recommendations in the DHS quality assurance process.

The Federal Compliance Division will also be working with the FCRB to identity indicators the FCRB can track through their review and provide related reports on progress in meeting CFSR program improvement plan objectives.
XIX. DHS Data Management

The Data Management Unit (DMU) continues to act as the centralized unit whose staff coordinate all county, state and federal information requests. The data management unit works directly with the Department of Technology, Management and Budget (DTMB) to provide accurate, timely and validated data to fulfill customer reporting needs. The work of the DMU fulfills the Child Welfare Improvement Task Force change priority 7, Strategic use of data collection, analysis and reporting.

Data Reporting
DMU staff utilize the following tools to assure the timely distribution of reports:
1. A database to track information requests from internal and external customers.
2. The use of InfoView products for data extraction into user-friendly reports.
3. An internal webpage for data sharing with DHS staff.
4. The development of detailed reporting requirements, which define data elements and report qualifiers to provide standardized data reports and data sets.

Through the DHS and State Court Administrative Office data sharing agreement, DMU is sharing DHS data electronically with the courts.

Goal: The DMU will create and test child welfare data reports and compliance reports, which will allow county-level oversight of progress toward the achievement of state and federally mandated outcomes.

Update: Over the last year, the DMU staff have implemented the following types of reports:
1. Child welfare data reports specific to each program area, which evaluate each county against federal CFSR measures, caseworker visitation requirements and state-mandated policy measures.
2. Compliance reports on a variety of key indicators that include drill-down capability to the district, section, unit and worker level. These reports facilitate county-level management reviews for compliance with defined benchmarks and include case specific detail. The intent of the compliance reports is to view overall trends in decision-making that may lead to non-compliance, child safety issues or impede the achievement of permanency for the child.

In June 2010, DMU staff will release reports on monthly caseworker visits with children and parents for foster care. The reports will also track the timely entry of the visitation data into SWSS. There are management and caseworker reports to track the completion of visits during the current month. The data may also be viewed for the past three months.

Over the next year, DMU will also develop data reports for:
- Caseworker visits with CPS families when a CPS case is open for services.
• Policy compliance for medical and dental appointments on a sample of foster care cases.
• Parenting time compliance for foster care cases.

In FY 2012, DMU staff will implement reports on sibling visitation compliance for foster care cases.

**Goal:** Develop an internal web page accessible on the department’s Intranet.

**Update:** The internal web page is a centralized location for directors and county administrators to view and print monthly reports to track and monitor the movement of children through the continuum of care to permanency.

**New Goal:** Develop a secure web page for county administrators to obtain case-level detail information.

The County Directors’ Team Site uses integrated security to allow county directors access to county specific data. DMU staff maintain the site, and it is used to provide DHS executives and county administrators a location to obtain case sensitive data. The site also provides a channel to provide communication to the field specific to data management issues.

**Goal:** Develop a Permanency Tracking System to allow workers, supervisors, managers and county directors to review data reports that provide a status of children in the child welfare system at any point along the continuum of care from initial contact with DHS through permanency.

**Update:** DMU staff are continuing to develop a Permanency Tracking System. DMU staff publish the reports on the Child Welfare Statistical Data web page, in addition to the creation of several corporate documents in the InfoView reporting system. DMU staff have implemented several reports over the last year to track permanency goals and goal achievement; these reports include:

• Youth Made Legally Free.
• Youth exiting Care Ages 17 and Above.
• Active Foster Care Cases for Youths Ages 18 and Above.
• Children with a Goal of APPLA.
• Children with a Goal of APPLA-E
• Goals for Active Cases for Various Lengths of Stay.
• TPR to First Adoptive Placement.

**Goal:** The DMU will create and test a series of alert reports. The intent of alert reports is for caseworkers to be alerted of upcoming deadlines for child safety, permanency and well-being, such as medical and dental appointments.

**Reunification Alerts**
County offices continue to receive the Reunification Alert Report. This report provides a listing of all children within the specific district/county who have been in care between 200 and 330 days with a permanency goal of reunification. This report serves as a reminder to counties that the caseworker should conduct a meeting with the parents and the service providers to determine if progress has been made in achieving the case plan toward the goal of reunification prior to the 12-month period. The report also serves as a reminder for the caseworker to change the permanency goal, if reunification is no longer the appropriate permanency goal. The Reunification Alert Report is being shared with the courts.

Adoption Alerts
DMU staff, along with adoption policy staff, are writing requirements for an Adoption Alert Report for children who are legally free for adoption and have a goal of adoption. The goal is to have these available for DHS, private agency and court staffs by late summer 2010.

Goal: Publish an interactive CFSR Dashboard that will allow users the ability to examine statewide and county-level CFSR measurements and composite scores. In addition, users will be able to examine specific values used for the calculation of the scores.

Update: For quality assurance and monitoring, DMU staff have implemented county, district and worker level reports that are based on the CFSR indicators. These reports display in graphical format the county’s performance over time on the safety and permanency standards and provide case-level data for the cases that did not meet the standards.

A CFSR dashboard (displayed below) provides an overview of how the state and each county are performing in regard to CFSR measurements and composite scores. DMU staff will continue to update and improve the DHS Dashboard.
Change Management

The greatest obstacles for change management implementation are in the areas of communication, training across the decentralized county-based reporting structure, specific deficits in the current database, as well as the integration of disparate statewide data. The development of a technical communication process, adequate training plans, and a focus on CQI will assist counties in development of new management guidelines and data-driven decision making. DHS has begun the engagement process with key leaders and stakeholders and the collection of baseline data will continue to drive the shaping of policy and system development.

Goal: Develop a communication and training strategy for report distribution and use, along with SWSS system changes to effect change in service delivery.

Update: DMU staff continue to work with Field Operations on developing an effective communication strategy with the local DHS office staff. Data reports and the DHS Dashboard were presented at the county directors meeting this last year.

DHS also had a conference call with the National Resource Center for Child Welfare Data and Technology on developing a process for data driven decision making. The quality assurance process and analysts will also assist the local office staff in utilizing data reports in their decision-making. Reference the Evaluation, Research and Technical Assistance section for additional information on technical assistance.
Juvenile Justice Youth
There are currently many disconnected systems used to track juvenile justice youth. A statewide component in SWSS FAJ tracks children funded in a DHS placement. However, a second system, JJOLT is also available statewide for all DHS-supervised youths. There is no consistency in whether DHS workers use JJOLT or SWSS FAJ. The Juvenile Justice Assignment Unit staff use JJOLT to assign DHS- and county-supervised youths to residential placements based on risk and safety considerations. Youths in JJOLT are not included in DHS’ AFCARS submission. The County of Wayne, who has a title IV-E agreement with DHS, uses a system known as Juvenile Assessment Information System (JAIS) to track juvenile justice youths. The County of Wayne submits their AFCARS file to DHS from JAIS, which DTMB appends to the DHS file.

DTMB continues to explore a technical solution to provide access into the data warehouse as the interim system during implementation. The plan is to send files from JAIS and JJOLT to the data warehouse on a nightly basis. DMU staff will create reports to monitor youths who are “dual wards,” meaning the youth is both an abuse/neglect ward and a delinquent ward. Finally, DHS will accurately report all juvenile justice youths in its AFCARS file.

Goal: Accurately track and monitor DHS-supervised and County of Wayne-supervised JJ youths and report on youths who are dual wards.


Update: The County of Wayne continues to send an AFCARS file to DHS. DHS appends this file to its own file to send to the Children’s Bureau. Case data from JAIS or JJOLT is not in the data warehouse yet. DTMB staff continue to review a technical solution; this remains a goal for FY 2011.

AFCARS and NCANDS Reporting
Goal: Submit the FY 2008 Child and Agency files to ACF by July 2009 and after that, submit them annually by the required date.

Update: DHS was able to submit the NCANDS file for FYs 2008 and 2009 from the DHS data warehouse data. DHS will continue to submit the NCANDS data by the required yearly due date.

Goal: Implement the changes to SWSS FAJ in the adoption module to report accurate adoption AFCARS data.

Update: DHS has generated the FY 2010A file from SWSS data that is stored in the DHS data warehouse. The "Henry" system is no longer being used. DHS and DTMB staff are attending joint application design sessions to make some additional changes to
SWSS to track adoption cases that are non-DHS or non-contracted agency adoptions where the adoptive parent has received a non-recurring expenses (NRE) payment, or will receive adoption subsidy. DHS adoption subsidy staff will update SWSS with case information for these non-DHS cases.

For the AFCARS 2010 “A” foster care and adoption file submissions:

1. The total number of foster care records submitted = 21,775, with an error percentage in the following data fields:
   a. Element number 5 – Periodic review date = 3.69 percent.
   b. Element number 22 – Timeliness error = 4.58 percent.
   c. Element number 57 – Timeliness error = 4.50 percent.
   d. Removal reasons, elements 26 to 40 = 5.12 percent.
2. The total number of adoption records submitted = 1,440 with zero error percentage.

**Goal:** Fix the errors in the foster care AFCARS file by the November 2009 submission.

**Update:** For the FY 2009 AFCARS submissions, the CFSR Data Profile includes the following errors:

1. Dropped cases: 43 cases, with an error rate of .4 percent – Michigan is under the 2 percent warning.
2. Missing discharge reasons: 59 cases, at the .6 percent error rate – Michigan is under the 2 percent warning.
3. The Foster Care file has a different count than the Adoption File of (public agency) adoptions (N= adoption count disparity): 140 cases, 4.7 percent fewer in the adoption file.

Now that DTMB is generating the adoption AFCARS file from SWSS data, the FY 2010A file did not have a disparate count of adoptions between the foster care file and the adoption file.

**Goal:** Accurately report child foster care victims in the FY 2009 NCANDS submission.

Michigan was under-reporting the number of children who were abused and/or neglected while in foster care. In the FY 2009 NCANDS file, DHS began to report the child victims who were abuse/neglected by a relative caregiver. DMU staff used data from the Bureau of Child and Adult Licensing and matched the victims to children in the foster care population. Structured query language was developed to cross-check complaints of abuse and neglect to children who were residing in a foster home or a child caring institution at the time of the complaint.

Over the next year, DHS will implement enhancements to the SWSS application that will allow the CPS intake worker to indicate if the abuse occurred in a foster home or child caring institution. Specialized units of CPS staff will investigate incidents of abuse and/or neglect in foster care. (Reference the CAPTA section for additional information on these specialized units.)
XX. SACWIS Compliance

In September 2008, DHS received notification from the Administration for Children and Families (ACF) that they were reclassifying Michigan’s SWSS system as non-SACWIS-(statewide automated child welfare information system) compliant due to numerous critical deficiencies. The current SWSS system:

- Is based on older technology.
- Does not meet the user’s needs.
- Does not produce the required reports, with ancillary systems being necessary to track performance.
- Does not meet all SACWIS functionality requirements.
- Design process lacks project management and support.

Michigan hired an Independent Verification and Validation (IV and V) vendor, Fox Systems, to complete a needs assessment of the SWSS system. The high-level business requirements are completed, and DHS and DTMB staff are working on a request for proposal to seek a vendor for the development of a SACWIS-certified system.

**Goal:** Michigan will have an ACF approved plan by March 2010.

**Goal:** Michigan will be SACWIS compliant by 2012.

**Update:** In order for the State of Michigan to select the best child welfare technology solution to meet the state’s needs, a comparative analysis of the current system and systems available from other states was required. During the planning phase, Fox Systems performed a feasibility and alternatives study for the successful design, development and implementation of an information technology solution to achieve SACWIS compliance.

DHS and DTMB staff are developing a request for proposal for design, development and implementation for an automated solution. DHS is submitting an implementation advanced planning document to ACF, and anticipates approval of the plan by July 2010. The planning document anticipates a pilot implementation of the new SACWIS system by October 2013.

**Goal:** Michigan will implement the new provider payment system by January 2010.

**Update:** DTMB is currently programming a new provider payment system. DTMB contracted with a vendor to develop requirements for the MPS rewrite. The new system will include state and IV-E funded foster care and adoption subsidy payments. The plan is to implement this system over the summer of 2010.

**Goal:** Develop a private agency interface into the SWSS FAJ application to ensure accurate data collection and monitoring.
**Update:** DHS and DTMB staffs continue to explore the option of a web-based interface that will allow private agency foster care providers access to SWSS FAJ. Because of the MPS re-write and testing, the pilot project for this interface has been delayed. This remains a goal for FY 2011. DHS staff have drafted business requirements and await a cost feasibility analysis by DTMB for the technical solution. Functional requirement sessions will begin after MPS implementation. Over the next year, DHS plans that five agencies will access SWSS FAJ during the pilot. This equates to approximately 150 users entering information into SWSS.

**Changes to the SACWIS Systems**

There are nine individuals in the Child Welfare Improvement Bureau identified as business resources for supporting the current SWSS; these individuals are also assisting in the planning of new SACWIS system. SWSS/SACWIS staff execute changes to the existing SWSS system using the system engineering methodology business model approach, which includes a version implementation for each enhancement. These SEM steps include, but are not limited to: joint design sessions, written business and functional user requirements and user acceptance testing.

The majority of new SWSS work over the last year was devoted to requirement deliverable and the strategic planning document for the advanced planning stages of a future SACWIS system. SWSS/SACWIS staff also participated in the development of system business requirements and are now participating in user acceptance testing phase of the MPS re-write. The MPS project has postponed planned SWSS enhancements and strained resources for both DHS and DTMB. In addition to these projects, SWSS/SACWIS staff offer second-tier support to the SWSS helpdesk and field staff, averaging 500 field calls per month.

Additional changes to the SWSS system planned for the next year include:

- **Permanency Planning Conference Project** – The project integrates the permanency planning conference process into SWSS for tracking and monitoring conferences. Private agency providers will enter data into a separate database. The scheduled pilot implementation date for the private agency database in Kent County is scheduled for the summer of 2010. Requirements are completed for modifications to SWSS to collect the data for DHS cases. Once the new payment system is implemented, SWSS/SACWIS staff will test the PPC changes in SWSS. Those foster care providers using the SWSS interface will have the ability to enter permanency planning conference data into SWSS.

- **Centralized CPS intake** – The technical portion of centralized intake is in the planning stages and three proposals are under development for this project. (Reference the CAPTA section for more information on centralized intake.)

- **Child placing network** – DHS is reviewing alternative strategies to implement a statewide version of the current Wayne County child placing agency network.

- **Special investigations of abuse and/or neglect while is foster care** – In January 2010, DHS implemented screen changes to SWSS CPS to allow initial tracking of special investigations of abuse/neglect for children in foster care.
Phase two of the SWSS enhancement includes system edits, alerts and full tracking of these investigations in the case disposition modules. This second change is currently scheduled for a July 2010 release.

The SWSS project plan contains additional service requests that DHS plans to implement within the next 18 months. The MPS project has consumed business and technical resources to address these system enhancements. DHS has changed the deadlines for the following enhancement to an unknown status. These projects include:

- Foster care court report.
- Child Death Registry in SWSS CPS.
- Michigan goal removal phase II.
- Guardianship assistance program.
- Concurrent permanency planning.
- Birth Registry access for CPS workers.

**Data Collection and Reporting**

**Goal:** Integrate the disparate data systems into the data warehouse to ensure consistent and reliable data across the child welfare continuum.

**Update:** Several other program databases are not integrated into the current SWSS database, including adoption subsidy and guardianship assistance, juvenile justice and family preservation/reunification programs. DHS and DTMB plan to integrate data elements from these databases into the child welfare data universe within the data warehouse. Because of the MPS re-write and testing, there has not been much movement on the integration of these existing databases. This remains a goal for FY 2011.

**National Youth in Transition Database (NYTD)**

The DHS is in the process of forming a steering committee to ensure that Michigan will collect NYTD data by October 2010. Michigan plans to report the data by May 2011. Committee members include DHS central office program and field operations representatives, DHS field staff, DTMB staff, MYOI coordinators, and youths who have transitioned from foster care or are 17 or older and remain in care, along with private agency staff who provide foster care and independent living services.

The NYTD will record:

- Independent living services provided to youth eligible for Youth in Transition funding.
- The baseline and follow up outcome data for the identified cohort groups.

The four types of information that DHS will report to NYTD are:

- Services provided to youth.
- Youth characteristics (such as tribal membership, education level, special education status).
- Outcomes (foster care status and outcome reporting status).
- Basic demographics (date of birth, sex and race/ethnicity).
Accomplishments in FY 2010
A team comprised of staff from DTMB, data management and youth services staffs completed the YIT module requirements for SWSS FAJ in August 2009. As a result of the completed requirements, the database was developed and the testing phase began in November 2009. Michigan anticipates implementation of the service reporting portion of the database by July 1, 2010.

Activities Planned for FY 2011
Goal: Collect and report NYTD data to the federal government by the required dates.

Objectives
- Implement the YIT database to record and report Chafee-funded services.
- Seek technical assistance and guidance from the National Child Welfare Resource Center for Youth Development in Oklahoma.
- Develop a survey tool in collaboration with the youth statewide advisory board members.
- Perform preliminary testing of the survey tool with all youth boards.
- Conduct a survey to collect data on the outcomes for the baseline population of 17 year-olds in foster care between October 1, 2010, and March 31, 2011.

Measurements
DHS will complete:
- The YIT database by July 1, 2010.
- The survey tool by August 1, 2010.
- Testing of the survey tool by October 1, 2010.
- The first administration of the survey by May 1, 2011.

NYTD Technical Assistance
During fiscal year 2010, technical assistance was provided by the National Resource Center for Child Welfare Data and Technology, which included linking states to share information on the progress they have made on developing the NYTD. In March 2010, a telephone conference occurred between Wisconsin, Minnesota and Michigan to discuss progress and ideas for NYTD implementation. Michigan received a link to Minnesota’s contract proposal request because of this phone conference. Other discussion items included:
- Incentives for youths completing the surveys.
- SACWIS system application for data collection.
- Population sampling.
- NYTD Plus survey questions.
- Interest in partnering with Foster Club.
- Implementation, training and technical assistance.
- NYTD and Fostering Connections.

Technical Assistance Requests Planned for FY 2011
Goal: Obtain technical assistance to ensure compliance with the NYTD.
Objectives
Michigan will:
- Request a review of the SWSS requirements document to ensure all NYTD elements are included.
- Request guidance in developing methods for communicating regularly with youth, DHS and private agency staffs across the state on NYTD.
XXI. Evaluation, Research and Technical Assistance

Michigan is receiving technical assistance in support of several goals and objectives relating to CFSR goals and the CFSP. Following is a brief description of each of these projects. Additional information can be found in the applicable sections of the plan.

Outcomes: Safety, permanency and well-being.
Activities: Assist in preparation for Michigan’s CFSR and resulting program improvement plan.
National Resource Center (NRC) Lead: NRC for Organizational Improvement/Melody Roe.
Update: DHS has continued to seek technical assistance in writing the CFSR program improvement plan. Michigan will work with the Region V staff and the resource center during the plan’s approval.

Outcomes: Permanency – adoption.
Activities: Assist in improving adoption rates.
NRC Lead: NRC for Family Centered Practice and Permanency Planning.
Updates: Michigan has sought support in developing a plan to increase the number of adoptions for those children who are free for adoption. The resource center also has provided training for the DHS permanency resource managers.

Outcome: Permanency – foster care.
Activities: Provide assistance with recruitment and retention of foster families.
NRC Lead: NRC for the Recruitment and Retention of Foster and Adoptive Parents/Sharri Black.
Update: Michigan drafted a two-year plan to recruit foster families for sibling groups, teens, children with disabilities and children waiting for adoption. Michigan will continue to seek support in the implementation of the plan to address statewide recruitment and retention.

Outcomes: Youth Services.
Activities: Assistance in the development of a model for providing independent living services.
National Resource Center (NRC) Lead: Jim Casey Youth Opportunities Initiative and Casey Family Services.
Update: The Finance Project assisted the department in developing a youth services program delivery model. DHS is implementing this model in the some of the Northern Michigan counties.

Outcomes: Youth Services.
Activities: Assistance in the development of a model for providing independent living services.
National Resource Center (NRC) Lead: The National Resource Center for Youth Services.
**Update:** DHS is seeking assistance in creating policy and practice for the extension of foster care to age 20 and the development of coordinated independent living services. This request also includes the development of training and assistance with the National Youth in Transition database (NYTD).

**Outcome:** NYTD collection.
**Activities:** Michigan is connecting with other states to share information on the progress they have made on developing the NYTD.
**NRC Lead:** National Resource Center for Child Welfare Data and Technology.
**Update:** Reference the National Youth in Transition Database (NYTD) section for additional updates for FY 2011.

**Outcomes:** Youth services.
**Activities:** Assist in development of a NYTD survey tool.
**NRC Lead:** National Child Welfare Resource Center for Youth Development in Oklahoma.
**Update:** The Youth Services Unit staff developed a survey tool in collaboration with the youth statewide advisory board members and the resource center.

**Outcomes:** Quality assurance system.
**Activities:** Assess Michigan’s quality assurance system.
**NRC Lead:** National Resource Center for Organizational Improvement/Peter Watson.
**Update:** Michigan continues to seek assistance on the implementation plan for continuous quality improvement plan.

**Outcome:** Better outcomes through data.
**Activities:** Data-driven decision making.
**NRC Lead:** National Resource Center for Child Welfare Data and Technology.
**Update:** Michigan is seeking assistance on developing a process for data-driven decision making. The DHS quality assurance process and analysts will also assist the local office staff in utilizing data reports in their decision making.

**Outcome:** Improved supervision.
**Activities:** The development and implementation of the clinical supervision model.
**NRC Lead:** National Resource Center for Organizational Improvement.
**Update:** As a part of the CFSR program improvement plan, Michigan will seek assistance in exploring the implementation of a clinical supervision model to help meet the outcomes of the CFSR by influencing local practice. This process will begin with developing a workgroup to address how Michigan will approach the clinical supervision model. In the end, the plan is that supervisors will use the supervision model when they are conducting their monthly meetings with staff. Policy, field operations, private agency and training staffs will be involved in the workgroup.
XXII. Disaster Planning

The Bureau of Child Welfare and the Field Operations Administration staffs reviewed Michigan’s statewide disaster plan (submitted with the Child and Family Services Plan for FY 2010 – 2014) and have determined no changes are necessary at this time. DHS will issue an L-letter in the summer of 2010 reminding local DHS staff of the procedures and requirements of local DHS disaster plans.
XXIII. Juvenile Justice Transfers

In Michigan, six youths in the care of Michigan’s foster care system were adjudicated as delinquents with a juvenile justice services case opened between October 1, 2008 and September 30, 2009. In Michigan, the Bureau of Juvenile Justice (BJJ) is responsible for only a small portion of the total state juvenile justice population. Most youths remain the responsibility of the county courts. Therefore, DHS expects that many youths who have had open abuse/neglect cases enter the juvenile justice system through the counties. The state does not have access to the case management systems used by county juvenile justice programs, so a figure for this population is not available at this time.

Of the total juvenile justice wards in Michigan, the State of Michigan supervises less than five percent. County-supervised youths are treated in the community, in county-operated juvenile facilities or in privately operated juvenile facilities under contract to the counties. These youths tend to be younger than those the state supervises, have committed less severe offenses and generally do not require specialized services. The percentage of youths under county supervision has increased in recent years because of increased emphasis on in-home placements for juvenile delinquents and because Michigan reimburses the counties for 50 percent of their qualifying expenses through the county child care fund. Wayne County has been especially aggressive in reducing the number of juvenile justice youths from that county placed under state supervision.

For the five percent of juvenile justice cases under DHS supervision, some of these youths are committed to the care of the State of Michigan as state wards and others remain wards of the county courts, with DHS providing case management services. The BJJ Juvenile Justice Assignment Unit assigns youths placed in residential programs to placement, but only those youths served in state-operated facilities that are under the direct supervision of BJJ. The local DHS worker monitors youths placed in privately operated facilities. Youths under state supervision tend to be older, have committed more severe offenses and require care that is more specialized. These characteristics are especially notable among youths at state-operated training schools.

In addition to youths in the juvenile justice system, the Michigan Department of Corrections incarcerates a substantial number of youths under the age of 18. These youths have been judicially waived to the adult criminal justice system, which results in these youths not being served by the juvenile system. The number of inmates under the age of 18 has grown in recent years due to legislative changes that allow more juveniles, as well as younger juveniles, to be tried and sentenced as adults. These youths have committed the most serious crimes up to and including homicide.

The data on Juvenile Justice Transfers was obtained from the DHS Data Warehouse. For additional information on DHS’ efforts to track dual wards, reference the DHS Data Management section, Juvenile Justice Youths.
XXIV. Inter-Country Adoptions

In Michigan, the provision of services to facilitate an inter-country adoption fall exclusively within the purview of licensed private adoption agencies. An adoption agency licensed in Michigan to provide inter-country adoption services would have an agreement with the foreign country specifying the responsibilities of the agency in completing adoptions. Children in families at risk of disruption or dissolution are eligible for all of the services and supports as a child born in this state when entering foster care.

There were no internationally adopted children whose adoptions were identified as disrupted or dissolved in FY 2009 in Michigan.

The state licenses private agencies that provide services for international adoptions as child-placing agencies under Michigan’s licensing rules. The Bureau of Children and Adult Licensing within DHS performs annual onsite reviews and complaint investigations, if there are allegations of a rule violation. As part of the annual onsite licensing review, a sample of cases that may include those where the adoptions have not been finalized in the other country, are reviewed for compliance with the supervision rules. The agency also must meet all of the Michigan licensing rules for staff qualifications, ratios, etc. (Reference the Bureau of Child and Adult Licensing section for additional information).

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

Children adopted from other countries are entitled to the full range of child welfare services as all children in Michigan; these services include family preservation and reunification services. Additionally, Wraparound, Families Together/Building Solutions and other locally-administered family preservation and family reunification services are available throughout the state for pre- and post-adoptive families experiencing risk of disruption or dissolution. For additional information on services available, reference the Community-Based Services section.
XXV. Monthly Caseworker Visit Data

Michigan continues to work on improving the rate of children visited by their caseworkers each and every calendar month the children are in foster care. The target for the percentage of children in foster care who were visited during each calendar month to be reached for each of fiscal years 2008 through 2011 are as follows:

FY 2008: 20 percent (Michigan achieved 27 percent)
FY 2009: 40 percent (Michigan achieved 42.6 percent)
FY 2010: 70 percent
FY 2011: 90 percent

Michigan is working to improve monthly caseworker visitation rates. Reducing the caseloads of foster care workers, clarifying policy and the addition of new permanency staff are among the efforts already underway expected to improve the rate of visitation of children in foster care. In addition, DHS is making changes to SWSS data collection to ensure every visit made to children in foster care is counted correctly.

DHS continues to examine the caseworker visitation policy for visits with children and parents. CPS policy was revised in October 2009 to require at least one monthly visit by the CPS worker with the family; visits by service contractors, including Families First of Michigan and Family Reunification Program workers, cannot replace all of the monthly visits. A field instruction (an L-Letter) was also published in February 2010 regarding the timely entry of caseworker visits in SWSS FAJ and CPS. The L-Letter sets time frames for private agency workers to submit the caseworker contacts to DHS, and for DHS workers to input the data into SWSS. Information from the L-Letter will be incorporated into DHS policy manuals and the private provider contracts. DHS is also revising adoption policy to require at least monthly visits with a child when the child is placed in a pre-adoptive placement. Currently, the adoption worker only needs to visit the child on a quarterly basis. CPS program office staff are continuing to examine policy with field operations and the CPS advisory committee to ensure visitation requirements are adequate for child safety and well-being.

Moreover, DHS has created a number of management reports to assist children’s services supervisors to track the performance of their workers. The reports list the number of monthly visits to the children and whether the majority of the visits occurred in the residence of the child. The reports also track the timely entry of the visitation data in SWSS. These reports capture the information by worker, caseload, unit, section, district, and county for the previous month. The information is also available on a year-to-date basis.

DHS also plans to pilot an interface into SWSS for private agency caseworkers to enter caseworker visitation data. DHS expects to complete this pilot as a part of the CFSR program improvement plan. (Reference the Data Management section for additional information).
Goal: Michigan will continue to report the monthly caseworker visit data each fiscal year by December 15.

Caseworker Visit Funding
Michigan’s plan to expend the title IV-B funds dedicated to improving caseworker visits for this 5 year planning process is to provide additional skill training to both DHS and private agency staffs. The state identified a training program developed by the National Resource Center for Family Centered Practice and Permanency Planning entitled “Promoting Placement Stability and Permanency through Caseworker and Child Visits” that can be utilized as a model for the training program. Through training caseworkers and supervisors in both the public and private provider community, DHS anticipates that caseworkers will understand not only the importance of the content of these visits but also the critical nature of assuring that the casework contacts are adequately supported in the documentation they enter into SWSS.

Because caseworker visitation is a key component in achieving improved outcomes for children in the child welfare system, DHS is undertaking a time-limited training effort aimed at improving the rate and quality of caseworker visits to children. To achieve quality monthly caseworker visitation, this training will be offered to approximately 3000 DHS and private agency foster care, CPS, juvenile justice and adoption workers and supervisors. Tribal social services agency staffs are also invited to the training. The one-day training focuses on the importance of caseworker visitation in improving case outcomes in the areas of safety, permanency, and well-being. In order to reach all caseworkers and supervisors, the training will be offered statewide in June, July and August 2010. Multiple sessions in varied locations will be offered so that all caseworkers may be trained without disrupting the routine of the local offices and agencies.

The training will improve the quality of visits by strengthening caseworkers’ assessment and communication skills and their ability to ascertain family strengths in order to negotiate successful case plans. It will also focus on effective engagement with children appropriate to their developmental stages. The training will cover the federal and state requirements, along with DHS policy regarding visitation with children; case record and SWSS documentation of the visits will also be taught. The trainers will introduce two new tools to guide caseworker documentation for foster care, adoption, juvenile justice and CPS services cases; the tools are not designed for use during the CPS investigation process. The two new tools will assist caseworkers in assessing the child’s service needs, and will remind workers of all areas that need regular review in the child’s case record. They identify and address the steps to reach the child’s permanency goal, safety factors, and work toward reducing risk while assuring well-being.

Caseworkers will carry the first tool, the Quick Reference Guide, during their visits with children. This guide will serve to remind them of the areas to review during the visit. The guide includes a reminder to notify the foster parent/relative caregiver of the next court hearing. The Caseworker Visit Tool is an optional form for caseworkers to utilize in
documenting information shared and obtained during their visit. This tool outlines all information in the Quick Reference Guide and allows space for the caseworker to record information from the visit.

Finally, the Federal Compliance Division of DHS, in collaboration with the State Court Administrative Office, is presenting a one-day conference on family engagement on September 23, 2010 called "Fostering Change: A New Vision for Family Engagement." The conference is geared toward judges, court personnel, child welfare administrators, service providers and caseworkers. It emphasizes the importance of collaboration within the child welfare community in assisting families to safely care for their children. The conference builds on the one-day caseworker visit trainings. The conference will include national and state experts on a variety of subjects related to family engagement, as well as a panel of youths, birth parents and resource parents that reflects the diverse needs of Michigan families.
XXVI. Interstate Compact on the Placement of Children

The Interstate Compact on the Placement of Children (ICPC) is a uniform law enacted in all 50 states, the District of Columbia, and the U.S. Virgin Islands. It establishes procedures for the interstate placement of children and assigns responsibility for those involved in placing the child. It also assures the safety, permanency and well-being of each child placed through the Compact.

Michigan’s Interstate Compact Office acts as the liaison between DHS county offices and other states to ensure compliance with all of the general requirements of the compact. The regulations of the compact also ensure effective coordination and cooperation with other states for timely and safe interstate placements. The responsibilities and duties of the compact office remain the same.

Number of Youths Placed Out-of-State

As of May 2010, the data indicates there have been home studies approved that will allow 724 Michigan youths to be placed across state lines. The breakdown of those placements is as follows:

- Relative: 66
- Adoption: 139
- Private Adoptions: 188
- Parent: 87
- Foster care: 30
- Court residential: 126
- CA/N residential: 6
- Relative foster care: 81
- Group Home: 1

May data also indicates that there have been home studies approved that will allow 441 youths from other states to be placed in Michigan. The breakdown of those placements is as follows:

- Relative: 96
- Adoption: 68
- Private Adoptions: 67
- Parent: 66
- Foster Care: 132
- Court Residential: 8
- CA/N Residential: 1
- Relative Foster Care: 3

Interstate Compact for Juveniles (ICJ)

The Interstate Compact for Juveniles (ICJ) regulates the activities surrounding the proper placement, supervision or return of juveniles, delinquents, and status offenders who are on probation or parole and who have absconded, escaped or run away from
supervision and control, and in doing so, have endangered their own safety or the safety of others. The purpose of the juvenile compact office remains the same.

There are currently 108 Michigan youths placed in other states with parents, relatives, and guardians, and 536 youth from other states placed in Michigan through the ICJ process.

**The Safe and Timely Interstate Placement of Foster Children Act**

During FY 2007, Michigan implemented the Safe and Timely Interstate Placement of Foster Children Act of 2006. The purpose of the act is to improve protection of children and to hold states accountable for the safe and timely placement of children across state lines. The act requires that home studies be completed within 60 days after the state receives a request from another state.

Michigan is performing well with the requirements of the Safe and Timely Interstate Placement of Foster Children Act of 2006. The law requires the timely completion of interstate home studies. DHS staff must complete foster (including relative) and adoptive home studies within 60 days of the request from another state. Training and education of prospective foster and adoptive parents are exempt from the timeframe. The foster/adoptive home evaluation can be approved within the 60 days, but actual placements cannot be made until training requirements are met and the ICPC Office grants approval.

Michigan completed the home study request within the 60-day requirement for:
- Eighty-five percent (394 of 463) in FY 2007.
- Seventy-nine percent (385 of 485) in FY 2008.
- Sixty-four percent (320 of 499) in FY 2009

By comparison, Michigan sent 484 requests for home studies to other states, only 116 (24 percent) were completed within the 60-day requirement.

Michigan’s success in completing home studies within the 60-day timeframe can be partially attributed to the development of a tickler system (a reminder), which includes the ICPC staff requesting an update from DHS staff on all home study requests every 20, 40 and 60 days.

Michigan does not currently have a process in place to request an extension to the 60-day timeframe, or a system to track the reasons that Michigan exceeded the 60-day timeframe. However, the reasons most often given for not completing a home study within 60 days usually involve delays with the licensing process, fingerprinting and background check information, and receiving medical information on family members.

The Interstate Compact Office regularly follows up with other states to avoid delays in receiving home studies that Michigan has requested. The office runs a daily report of overdue home studies from other states and follows up after 60 days. They continue to
follow up every thirty days thereafter until they receive the home study. If necessary, the manager will contact the manager in the other state.

Goals and Objectives
Michigan continues to assess its interstate programs, processes and procedures, and works with internal and external stakeholders to identify areas where improvements and enhancements can be made. Some of the specific initiatives include:

- Working with the legislature to revise the current Interstate Compact on the Placement of Children to incorporate the new, nationally enhanced compact.
- Reviewing the amount and content of supporting documentation provided in court orders to enhance verification that the criteria for placing juveniles out of state have been met. Additionally, staff will update current office procedures to ensure court orders are not processed without verification that the criteria has been met.
- Developing and making accessible a training curriculum to court personnel, DHS staff and private providers.
- Reviewing, revising, and updating current interstate policy to ensure clarity and efficient, effective compliance.
- Establishing a state council to serve as an advisory and advocacy body in response to requirements of the Interstate Compact for Juveniles.
- Updating the DHS website to allow easier access to the program and information on the Interstate Compact Unit.