

Michigan Child and Family Services Review (CFSR) Program Improvement Plan (PIP)

The Michigan CFSR PIP includes the following sections:

- I. PIP General Information
- II. PIP Strategy Summary and Technical Assistance (TA) Plan
- III. PIP Agreement Form, with authorizing signatures
- IV. PIP Matrix

I. PIP General Information

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II. Michigan Department of Human Services

The Department of Human Services (DHS) developed the program improvement plan (PIP) based on the CFSR Final Report delivered by the Children's Bureau on March 2, 2010. The report findings were based on:

1. Michigan's performance for fiscal year (FY) 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.

Organization

DHS is the agency recognized by the Department of Health and Human Services' Administration for Children and Families 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 commitments to:

- Ensure that children and youth served by our child welfare systems are safe.
- Promote, improve and sustain a higher quality of life while enhancing their well-being.
- Have permanent and stable family lives.

DHS Children's Services Administration is responsible for planning, directing and coordinating statewide child welfare programs provided by DHS staff directly via local offices statewide. Additionally, DHS partners with numerous private child placing agencies for case management services of foster care and adoption cases. Michigan has 83 counties served by 109 local DHS offices, including nine child welfare specific offices, four in Wayne County and one each in Genesee, Ingham, Kent, Macomb, and Oakland counties.

Maura D. Corrigan, formerly a Michigan Supreme Court Justice, became the director of DHS in January 2011. The governor appointed Director Corrigan to the position based on her long-standing advocacy for children in the child welfare system. Director Corrigan was involved in Michigan's CFSR and has spearheaded Michigan's plan to increase permanency. Since her appointment as DHS director, she has taken steps to revitalize child welfare in Michigan. Director Corrigan directed staff to resolve many long standing problems and issues in the administration of child welfare programs. Under her leadership, DHS has hired 803 CPS and foster care staff. These staff will enable Michigan to provide the focus on safety, permanency and well-being that is necessary to transform our child welfare system.

Director Corrigan also began to renegotiate the Duane B. et al consent decree that was finalized in 2008. Those negotiations are ongoing and should be finalized in July 2011.

Summary of CFSR Findings

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, such as 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 child placing agency cases.
- Case review system.
- Quality assurance system.
- Services array and resource development.

PIP Planning Efforts

DHS staff and stakeholders began meeting in October 2009 to plan PIP goals and strategies. Priority was to align the PIP goals, strategies and action steps with the requirements of the consent decree being renegotiated by Director Corrigan. The action steps have been revised since being drafted in March 2010 in accordance with the direction DHS intends to pursue to improve child welfare programs and service.

Director Corrigan, while still at the Supreme Court, initiated a process in which DHS and the courts collaborated to form Permanency Forums. As a result of the Permanency Forums, DHS has begun to see reduced children’s length of stay, improved safety and well-being and lasting permanency for children in foster care. The efforts of child welfare reform since 2009 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.

- Reducing the worker to caseload ratio.
- Ongoing implementation of a new statewide information system.

DHS staff used the following information in PIP development:

- The CFSR round one findings and the resultant PIP.
- Data and information 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 Child Abuse and Neglect.
- Assistance from the National Resource Center for Organizational Improvement and the Children's Bureau Region V office.

The Michigan PIP has been revised and the goals and action steps which have been changed will be updated in the June 2011 submission of the Annual Progress and Services Report.

Strategies, Goals, Actions Steps and Benchmarks

DHS developed four strategies to address the areas needing improvement. The four strategies include:

1. Reassess and improve safety and risk assessment in child welfare policies and practices throughout the continuum of child welfare services with particular focus on children's protective services.
2. Enhance the state's capacity to provide for children, families and caregivers by identifying needs, providing services, and engaging families in the service planning process from initial contact with a family through the life of a case.
3. Increased permanency efforts and concurrent permanency planning (CPP).
4. Enhance accountability and workforce development.

Strategy I: Reassess and improve safety and risk assessment in child welfare policies and practices throughout the continuum of child welfare services with particular focus on children's protective services.

CFSR Findings

The CFSR identified challenges with child protective services' ongoing cases. Michigan achieved the rating of area needing improvement for the following items:

Outcomes and Items	% Required for Substantial Conformity	% Michigan Achieved 2009
Safety Outcome 1: Children are, first and foremost, protected from abuse and neglect.	95%	61.5%
Item 1. Timeliness of investigations	90%	69%
Item 2. Repeat maltreatment	90%	85%
Safety Outcome 2: Children are safely maintained in their homes when possible and appropriate.	95%	64.6%
Item 3. Services to protect children in home.	90%	69%
Item 4. Risk of harm.	90%	65%

These findings included:

- Face-to-face contacts did not occur in the time required by state policy.
- Caseload issues and staff turnover may have influenced performance.
- Lack of preventive services contributed to maltreatment recurrence.
- Services were not provided to protect children.
- Safety and risk assessments were inadequate or not completed.

The PIP Matrix includes a targeted focus on policy, training and monitoring designed to address and eliminate risk to children while involved in the child welfare system including:

- A review of Category III cases and priority responses, and policies related to the complaint investigation process.
- Examination of response times for investigations and requirements for Category III cases.¹ DHS will review data reports on repeat maltreatment by CPS category and the type of maltreatment to determine if revisions of CPS policy for Category III cases are necessary.
- Examining the DHS priority response policy, an assessment protocol to guide whether to accept a complaint alleging child abuse/neglect and, if accepted, how quickly investigative staff should respond.
- Improve notification of policy changes to front line workers. DHS will begin conference calls with field managers to review new policy to assure policy changes and questions are addressed.

Michigan has not met the CFSR safety national data standards for FY 2008, 2009 and 2010.

¹ Category III disposition – community services needed. The department determines that there is a preponderance of evidence of child abuse or neglect, and the structured decision-making tool (risk assessment) indicates a low or moderate risk of future harm to the child. The department must assist the child’s family in receiving community-based services commensurate with the risk to the child.

National Data Standards Safety	National Standard	Michigan FY 2008	Michigan FY 2009	Michigan FY 2010
Absence of maltreatment recurrence	94.6+	92.9%	93.3%	91.7%
Absence of maltreatment of children in foster care by foster parents or facility staff	99.68+	99.62	99.29%	99.06%

Structured Decision Making

The DHS will assess the appropriate use of structured decision making (SDM) tools by field workers. SDM is used to standardize case worker decisions regarding service delivery in child welfare. In the areas of risk and safety, the assessments guide caseworkers in the following areas:

- Safety Assessment: To identify the immediate safety of children and assist staff to develop safety planning which may include the need to request removal of the children.
 - Risk Assessment: A research-based tool that determines the likelihood of future abuse and/or neglect, guides decisions on the types of service needs a family may have, and the level of continued intervention needed by DHS staff.
- A committee of CPS supervisors, investigators and program staff will review all safety assessment and safety planning policies, tools and training materials to assure accuracy, clarity and relevance.
 - We will create and implement enhanced safety protocol case conferencing to strengthen oversight of decisions that enhance safety.

Safety Planning

Pursuant to Director Corrigan's direction, Michigan is developing a case practice model that modifies our family engagement practice to include family team meetings and Concurrent Permanency Planning. Key components of this new model include:

- Caseworkers must address the safety of the child at each home visit.
- Caseworkers must determine and document safety planning in the case plan through the FTM form to ensure safety.

For more information on the implementation of FTMs, see Strategy II.

Services for At-Risk Families Across the Continuum of Child Welfare Cases

To improve local service delivery, DHS staff are revising and rewriting the program standards for Strong Families/Safe Children (title IV-B, subpart 2) funding to standardize contracting for evidence-based services. Contract templates will be available once the standards are developed.

Maltreatment in Care and Special Investigations (MIC)

Specially trained CPS units have been added statewide, supported by new policies, to investigate child abuse and neglect in foster care and residential settings. These units review children who are residing:

- With an unlicensed relative.
- In licensed foster care.
- In residential treatment settings.

CPS program staff modified policy and implemented the unit in November 2010. Training was provided by CPS program staff and the Bureau of Children and Adult Licensing.

The CPS-MIC investigators and licensing staff coordinate their investigations to assure an integrated response. Improved outcomes of these investigations may include:

- An abuse/neglect substantiation for the licensed provider or residential employee that results in the perpetrator being listed on the child abuse and neglect central registry, regardless of risk level.
- When a licensed foster parent is placed on the central registry, the foster home license for that person is recommended for revocation.
- When the licensing investigation requires a corrective action, the appropriate licensing worker or consultant will develop and monitor the plan. The corrective action plan and the licensing special investigation report are forwarded to the appropriate field operations office for tracking.

In addition, significant work to address maltreatment in care is managed by the Prevention Subcommittee, led by the foster care program manager. The subcommittee is focused on identifying what factors contribute to children being re-victimized in foster care. The goal is to identify what supports must be provided to and available for foster families in order for them to provide exceptional care for children.

An executive-level committee to examine maltreatment in care reviews CPS-MIC investigations through data reports, case reads and quality assurance investigations to develop strategies to prevent maltreatment in foster care. As part of Michigan's PIP, the Quality Assurance Unit will conduct case reads on a sample of MIC cases. An analysis of the case reads will be reported to the Children's Services Administration with findings, causes and recommended changes.

Other Actions Related to Safety Enhancement

Michigan's plan includes activities that impact children's safety that are not addressed in the PIP Matrix but are noted below.

Forensic Interviewing Protocol

The Governor’s Task Force on Child Abuse and Neglect is nearing completion of a revised and enhanced forensic interviewing protocol that includes up-to-date research and legal citations to achieve the most effective investigative outcomes.

Centralized Intake

Michigan is developing a centralized intake process that will standardize the referral process and the assignment of cases for investigation. We anticipate safety will be enhanced by eliminating disparities in local decision-making.

Special Case Reviews-Quality Assurance

Special reviews of high-risk cases are conducted by DHS Quality Assurance Unit and the Office of the Family Advocate.

The Office of Family Advocate conducts the child fatality review of every case where a child dies while in foster care custody of DHS. The quality assurance staff has produced a statewide report on the high-risk maltreatment cases, in addition to three summary reports (each reporting on specific time periods) on the child fatality reviews. DHS will integrate findings and recommendations into relevant quality assurance activities, program improvement and related policies and practices.

Strategy II: Enhance the state’s capacity to provide for children, families and caregivers by identifying needs, providing services, and engaging families in the service planning process from initial contact with a family through the life of a case.

CFSR Findings

The CFSR recognized challenges in identifying the needs of children, families and caregivers, providing services to meet those needs and engaging families. Michigan achieved the rating of area needing improvement for the following items addressed in Strategy II:

Outcomes and Items	% Required for Substantial Conformity	% Michigan Achieved 2009	CPS Cases	Foster Care Cases
Well-Being Outcome 1: Families have enhanced capacity to provide for their children’s needs.	95%	46.20%	12%	67.5%
Item 17. Needs and services of child, parents, and foster	90%	48%	16%	

parents.				67.5%
Item 18. Child and family involvement in case planning.	90%	46%	12%	69%
Item 19. Caseworker visits with child.	90%	66%	44%	80%
Item 20. Caseworker visits with parent(s).	90%	31%	12%	50%
II. Case Review System	No			
Item 29. Notification of Foster and Pre-adoption Parents of Court Hearing.		Area Needing Improvement		

These findings reflected:

- Lack of effort to support parent/child and sibling relationships or involve the child and parents in case planning.
- Inadequate assessment of needs of the child, parents and foster parents.
- Appropriate services were not provided to meet identified needs.
- Inconsistent notification of court hearings to caregivers.

DHS is implementing a case-practice model that includes the continuous assessment of safety and planning strategies achieved through the process of family-driven team meetings. Family team meetings (FTMs) represent a family-centered and team-guided decision making approach to guide decisions concerning a child's safety, placement and permanency. FTMs include parents, relatives, foster parents, youth, child welfare staff and other members the family identifies that support or influence their lives.

During the transition to this new model, Michigan will shift the focus from Permanency Planning Conferences to FTMs. Trained facilitators will carry out the meetings with the Big 14 counties over the next two years. Michigan will review effectiveness through quality assurance case reads. Full implementation across the state is expected by 2014.

Family Engagement: Includes birth parents, legal guardians, relatives, foster parents, adoptive parents and youth.

The new Michigan model will focus all caseworkers on teaming, engagement, assessment and mentoring (MiTEAM) when working with a family from CPS intervention to permanency. To strengthen case practice and ensure safety, permanence and well-being, DHS is enhancing the family engagement process.

In MiTEAM, families, caregivers, certification workers, attorneys and caseworkers will have the ability to request team meetings when they have the most impact.

Caseworker Visitation

Caseworker visitation is critical in achieving improved outcomes. To support improved outcomes, data management staff is developing supervisory reports to monitor monthly caseworker visits with parents and children. The reports will also track the timely entry of the visitation data in SWSS.

To increase the rate and quality of caseworker visits, DHS trained 3,000 DHS and private agency foster care, children's protective services, juvenile justice and adoption workers and supervisors. Tribal social services staff were also invited to the training.

The training was based on the curriculum developed by the National Resource Center for Permanency and Family Connections at the Hunter College School of Social Work (*Promoting Placement Stability through Caseworker/Child Visits*). The one-day training focused on the importance of caseworker visitation to improve case outcomes in the areas of safety, permanency and well-being. It was offered statewide in June, July and August 2010.

The training focused on improving the quality of visits by strengthening caseworkers' assessment and communication skills and their ability to ascertain family strengths to negotiate successful case plans. It focused on:

- Engagement with children appropriate to their developmental stages.
- Visitation policy.
- Documentation of visits.

The trainers introduced two new tools to guide caseworker documentation in service planning and assessing the child's needs. Caseworkers are encouraged to carry the *Quick Reference Guide* tool during their visits with children. The guide identifies topics caseworkers should discuss during a home visit and includes a reminder to notify the foster parent/relative caregiver of the next court hearing. The *Caseworker Visit Tool* helps caseworkers document information shared and obtained during their visit.

DHS is developing training videos, *Caseworker Visits with Children*, for foster care, adoption, juvenile justice and children's protective services caseworkers and supervisors that address policy on caseworker visits with children and how to correctly enter these visits in SWSS FAJ and SWSS CPS to assure inclusion of these visits in federal reporting. This training will be accessible through Child Welfare Training Institute by July 2011.

DHS, in collaboration with the State Court Administrative Office, presented a one-day conference on family engagement in September 2010, "Fostering Change: A New Vision for Family Engagement." The conference for judges, court personnel, child welfare administrators, service providers and caseworkers emphasized the importance of collaboration in assisting families to

safely care for their children. The conference built on the one-day caseworker visit trainings mentioned above.

DHS continues to examine the caseworker visitation policy for visits with children and parents. CPS policy was revised 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. DHS has revised adoption policy to require at least monthly visits with a child when the child is placed in a pre-adoptive placement.

Additional Practice Changes

DHS is implementing a pilot that will require foster care and CPS supervisors to complete at least one field visit with each of their caseworkers per quarter. This will allow supervisors to assess the skills of their caseworkers, provide feedback at critical points, build a strong working relationship with each staff member, and monitor their decision making and family engagement.

DHS has revised foster care policy and will revise CPS policy to require supervisors to hold individual case conferences with each of their caseworkers monthly to review the status and progress of each case on the worker's caseload. Both of these activities will be supported by providing supervisors with consistent tools for their use and will be tracked by field operations to monitor the success. Workers will document these meetings in the social work contacts section of the service plan. Quality assurance staff will track occurrence and quality of the meeting through case readings. Following implementation in pilot counties the process will be assessed for effectiveness and implemented statewide if proven to increase safety, permanency and well-being for children and families.

Medical, Dental and Mental Health Needs

CFSR findings indicated ongoing CPS cases were particularly challenged, lacking needs assessments and service provision. Consequently, caseworkers will use a tool to address the medical, dental, educational and mental health needs of children in preponderance of evidence complaints. CPS caseworkers, prior to the creation of the services agreement, will use the tool to ensure children's needs are adequately addressed. In all open cases, this tool will be used during monthly case consultations between supervisors and caseworkers to ensure that, if any needs have changed, appropriate services have been provided to address this change.

DHS modified the children's protective services Case Record Review Form (DHS 870) and the quality assurance case review process. The Case Record Review Form specifically addresses the educational, physical, mental health and service needs of children for in-home cases.

A key component of strengthening our response to child physical and behavioral needs while in out-of-home placement is the collaboration with the Michigan Department of Community Health (MDCH). In December 2010, all children currently in foster care were transitioned from fee-for-service Medicaid to medical health plans (MHPs). To assure continuity, DHS designated specific workers in local offices as health liaison officers. Children entering foster care remain enrolled in their current MHPs or are assigned to new ones if their placement is out-of-county and not served by their current MHP.

MHPs offer behavioral health services for children with mild to moderate needs, expanding the services available for foster children. Children with behavioral needs identified during their annual Early Periodic Screening, Diagnosis and Treatment (EPSDT) examination will be referred to the behavioral health division of the plan for an assessment. In between EPSDT examinations, foster children can be referred to behavioral health services by a phone call from the foster parent or foster care worker.

Most important, DHS developed a health plan to track compliance with medical, dental and behavioral health appointment requirements and gather information on updated medical passports. This enhanced monitoring assures children's needs will be more adequately addressed.

For children with more intensive needs in foster care, DHS and MDCH piloted the Children's Home and Community-Based Services Waiver for Children with Serious Emotional Disturbance with the foster care population in nine large counties. DHS provided \$1.76 million to MDCH to draw down an additional \$4 million in Medicaid funding to serve 266 children. This funding was included in the FY 2011 budget to continue the pilot.

The MDCH operates the waiver through contracts with the Community Mental Health Services Programs in partnership with other community agencies. Onsite reviews of the pilot sites are conducted bi-annually. The pilot provides intensive, in-home wraparound behavioral health services to children in foster care and support for the families who care for them. With support in a community setting, children are less likely to require residential treatment or psychiatric hospitalization. The services allow children in residential treatment to step down to a community setting with a strong transition plan and ongoing support. DHS expects to expand the waiver to three more populous counties by October 2011 with plans to further expand statewide. The expansion decisions will be made based on the readiness of the communities and availability of resources.

Other Actions Related to Identifying Needs and Providing Services

Michigan's plan also includes additional activities that impact engaging families in the service planning process with emphasis on the absent parent that are not addressed in the PIP. These activities are noted below.

Improve Absent Parent/Father Engagement in the Service Planning Process

To improve the early identification of fathers in child welfare cases, DHS convened a workgroup to develop a process and system requirements for child welfare workers to access the MDCH Central Paternity Registry web-based system providing access to information on paternity establishments in Michigan.

DHS worked with the State Court Administrative Office to gain access to the judicial data warehouse “name search” function for child welfare workers. This database contains location information on people who are involved with the court system or who have a driver’s license. DHS will be given access to this database.

Moreover, a Court Improvement Program subcommittee is looking at non-respondent parents in court cases. The committee is reviewing court rules and legislation to determine whether they need revision to ensure the court addresses the non-respondent parent during proceedings.

Access to the resources and implementation of the MiTEAM model will result in early identification of absent parents, with particular attention to fathers, and relative care providers.

Strategy III: Ongoing implementation of increased permanency efforts and concurrent permanency planning (CPP)

CFSR Findings

The CFSR identified challenges in promoting placement stability, identifying permanency in a timely manner, maintaining the child’s relationships, preserving their connections and developing services to support youth transitioning to adulthood. Michigan achieved the rating of area needing improvement for the following items addressed in Strategy III:

Outcomes and Items	% Required for Substantial Conformity	% Michigan Achieved 2009	CPS Cases	Foster Care Cases
Permanency Outcome 1: Children have permanency and stability in their living situations.	95%	47.50%		
Item 7. Permanency goal for child.	90%	75%		75%
Item 10. Other planned permanent living arrangement.	90%	40%		40%
Systemic Factors and Items	Substantial	Item Rating		

	Conformity			
II. Case Review System	No			
Item 28. TPR		Area Needing Improvement		

These findings included:

- The child’s permanency goal was not appropriate given the case situation and needs of the child.
- The permanency goal was not established in a timely manner.
- Critical time delays occurred in recruitment of an adoptive family.
- Services were inadequate to prepare youth for independent living.
- Concerted efforts were not made to maintain connections and identify tribal membership.
- There was a lack of diligent efforts to locate and assess relatives as potential placement resources.

Increasing the number of children achieving safe and legal permanency is one of the most important goals of Michigan’s child welfare reform efforts and one that DHS cannot accomplish alone. Community involvement and partnership with the courts, universities, private providers, and child welfare advocates is essential. Reducing the number of children awaiting reunification, adoption, guardianship or permanent placement with a fit and willing relative is the focus of our efforts. Michigan has implemented the following action steps to meet this goal:

- Created a data management unit to provide essential statistical information to all 83 counties on children in the foster care system.
- Provide monthly permanency reports to counties to increase the effectiveness of their case management efforts.
- Implement local plans to address areas identified as barriers to permanency for specific children in their care and custody.
- Create specialized permanency positions to focus on children who have been in foster care for long periods of time.

Reducing the number of children awaiting either reunification or adoption is a foundation for Michigan’s child welfare continuum of care. DHS’ strategy involves the following key elements:

- Implementing legislative, policy and practice changes to improve permanency for children in foster care.
- Enhancing accountability and workforce development.
- Using data collection and evaluation methods to assess needs and progress.

As a result of these efforts, for FY 2009 and 2010, DHS is meeting the Child and Family Service Review permanency two and three composites. Michigan also continues to improve on the reunification composite. DHS' performance during FYs 2008, 2009 and 2010 is displayed below:

National Data Standards Permanency	National Standard	Michigan FY 2008	Michigan FY 2009	Michigan FY 2010
Composite 1: Timeliness and permanency of reunification	122.6+	106.8	111.0	113.4
Composite 2: Timeliness of adoptions	106.4+	95.6	108.3	111.0
Composite 3: Permanency for children in foster care for extended time periods	121.7+	118.5	125.5	124.4
Composite 4: Placement stability	101.5+	105.4	106.3	107.8

Concurrent Permanency Planning

To improve well-being and permanency outcomes, Michigan is implementing concurrent permanency planning as a component of case practice. This model will expedite permanency for Michigan's children. Key areas include:

- Family search and engagement through family team meetings.
- Collaboration and engagement between the birth and foster families to develop and implement the reunification plan.
- Frequent parenting time (parent/child visits) and strategies to make them successful.
- Front-loading services toward family reunification.
- Concurrently establishing a back-up permanency plan in the event reunification is not possible.

Michigan began piloting the Concurrent Permanency Planning model in three counties. Lessons learned provided us with key information necessary to integrate concurrent planning and family engagement strategies.

The timeline for transition from permanency planning conferences to family team meetings will coincide with the statewide phased implementation plan for Concurrent Permanency Planning. The Big 14 counties will be the initial implementation of the MiTEAM Model, where they have trained non-case carrying facilitators to assist with training and mentoring. The Big 14 counties will be divided into three implementation phases and full implementation in these counties will be completed by the end of the PIP reporting period.

Maintaining Important Connections

Michigan is reviewing policy and practice to improve placement of sibling groups, enhance visitation with parents, siblings and caregivers and to preserve family

connections and relative placements. We are developing supervisory and management reports to monitor parenting time and timeliness to reunification. DHS has already revised foster care policy to enhance contact standards with parents and siblings.

Changes include:

- Separated siblings must have at least monthly contact and quarterly case reviews to reunite siblings, when possible.
- Two worker-parent visits during the child's first month in care, at least one of which must occur 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 worker has documented reasonable exceptions within the service plan.

DHS is committed to:

- Preserving the child's connections to neighborhood, community, heritage, extended family, faith and friends while in foster care.
- Ensuring Native American children maintain connections to their community and heritage.

Michigan's goal is to place children with relative caregivers, where possible, to preserve family connections, enhance placement stability and support the parent and child's relationship. We have strengthened our relative search policy to help caseworkers provide timely and appropriate notice to family members to involve them in the child's care and placement. Michigan is helping relative caregivers become licensed caregivers. The Bureau of Children and Adult Licensing grants variances for non-safety standards, when possible, to overcome barriers relatives may encounter.

In accordance with the Indian Child Welfare Act of 1978, the Native American Affairs Unit works to help DHS uphold Congress' intent "to protect the best interest of Indian children and to promote the stability and security of Indian tribes and families" by honoring "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 for assistance to Indian tribes in the operation of child and family service programs." To build and maintain lasting connections for Native American children, culturally appropriate caregiver support, and to address issues with our private agency partners, DHS will increase monitoring of Native American cases and improve training. DHS will collaborate with the courts to improve the manner in which the needs of Native American children and families who are involved in our child welfare services are being met.

In March 2011, plans were signed with eight of Michigan's 12 federally recognized tribes. These historic agreements integrate the philosophies and principles of ICWA in all child welfare activities where DHS and the Tribes work together.

DHS will review cases of tribal children through our quality assurance process. The Child Welfare Contract Compliance Unit, the monitoring staff for the private child placing agency providers, will review the cases of all tribal children served by the private providers. This action, coupled with a similar review on the public case management services, will provide DHS and our tribal partners with a better understanding of the strengths and challenges in our service delivery to Native American children.

The CPS program will revise policy to appropriately meet the needs of Native American families. CPS will be required to ask at intake if any of the family members in the complaint have any Native American heritage. This policy will be incorporated into Michigan's centralized intake system.

Permanency Goals

DHS and private agency staff and supervisors must review the permanency planning goal for each case quarterly as a part of the supervisor/worker meetings held prior to the supervisor approving the Updated Service Plan. A determination is made as to the timeliness and appropriateness of the permanency goal for each case. The court must also concur with the permanency planning goal.

Michigan continues to hasten reunification for children in foster care. New reports identifying children in care between 200-330 days with a goal of reunification are provided to caseworkers. The caseworker and supervisor then request a family team meeting to determine whether reunification is the appropriate goal and what barriers exist to achieving that goal. The reunification reports are shared with the local courts to identify and address any county and statewide barriers to achieving timely reunification.

DHS has implemented changes in each of the five permanency goals that include:

- The use of Structured Decision Making tools to ensure each child has an accurate, appropriate and timely permanency goal.
- The permanency goals are highlighted in the case service plan between the worker and family.
- The supervisor reviews the case service plan with the worker to ensure goal timeliness and appropriateness and the court approves the permanency goal on each case.
- The Permanency Goal Review form (DHS 643), completed on an annual basis, was implemented to assure supervisory oversight of cases where the child remains in foster care.

- Modifications were made for cases where a permanent foster family placement or APPLA is the specified goal. Administrative reviews must occur to determine that compelling reasons exist. No youth under age 14 can be assigned a goal of APPLA.

For youth age 16 and older, where case plans do not include a goal of leaving foster care and transitioning into the home of a permanent family, Michigan created an APPLA-E (emancipation) goal status. To be assigned this goal, two components must be present:

- At least one significant connection between a youth and an adult willing to be a permanent resource for the child.
- A signed formal agreement between the youth and the supportive adult must be included in the file.

The supportive adult will assist the youth to move from foster care to self-sufficiency. The APPLA-E goal requires a review by central office to determine that there are compelling reasons why other more permanent goals are not in the child's best interest and that there is at least one appropriate lifelong connection between the youth and a supportive adult. The court must concur that APPLA-E is the most appropriate permanency goal for the youth.

DHS will track trends at the practice level and determine if technical assistance is needed in particular areas of the state. DHS will monitor the annual review of the five permanency goals by utilizing data from quality assurance and case read data. Compliance with the Adoption and Safe Families Act termination of parental rights requirements will also be monitored through case readings. The Foster Care Review Board has agreed to monitor compliance with this requirement.

Improving the Adoption Process

Michigan historically completes between 2,500-3,000 adoptions each year. Foster parents and relatives adopt the majority of children from foster care. Therefore, children are most often adopted by the person with whom they were placed. Defining the delays in the adoption process is critical to improving the outcome of timely permanency. To improve achievement in the area of adoptions, Michigan will:

- By October 2011, all DHS and private agency staffs will conduct adoption case review meetings at defined intervals to address the case-specific delays in adoption.
- Permanency Resource Managers will assist local staff in overcoming identified barriers.
- A best practice information packet will be provided to adoption workers on adoptive parent recruitment strategies.
- Adoption caseworkers must register a child with the Michigan Adoption Resource Exchange for photo listing within 30 days of termination of

parental rights, if there is no identified adoptive family. Registration of the child includes an individual recruitment plan for adoption that is reviewed and approved or returned to the agency by MARE with recommendations for expanding and improving the plan.

- With the support of Director Corrigan, DHS proposed legislation to authorize the MCI Superintendent to delegate authority to consent to adoptions. It is expected that this change will expedite adoptions.

A monthly MARE report provided to DHS contains details on children who are six months and one year past termination of parental rights without an identified adoptive family. The data management unit has developed an Adoption Alert Report that provides the status of all youth for whom parental rights have been terminated. The report is provided to DHS and private agency adoption staff. It provides county composites of average and median time from termination to finalization, and the numbers of children who are free for adoption at three, six, nine or more months since termination. The report heightens awareness to staff. DHS shares the data with the courts as they continue to work collaboratively for improved permanency outcomes.

For cases with a goal of adoption without an identified adoptive family, a case review is required at three months post termination. Additional case reviews are required at six and 12 months if the child still does not have an identified family. Permanency Resource Managers monitor cases in their assigned counties and conduct the six month and 12 month reviews with the local DHS and private agency staff. In Genesee, Macomb, Oakland and Wayne counties, a three year contract began on August 1, 2010 that includes utilizing Adoption Resource Consultants to conduct special case reviews for those cases at the one year mark post-termination of parental rights without an identified adoptive family.

The adoption case review includes the Permanency Resource Manager and/or Adoption Resource Consultant trained in individual recruitment planning. During the adoption case review meeting, recruitment efforts are reviewed and a plan is developed that includes:

- Identified barriers.
- New recruitment efforts.
- Individualized plans for the child.
- Family finding and case review process.
- Resource identification.

Services for Older Youth in Care and Transitioning from Care

The Health, Education and Youth Unit was developed to ensure resources and services are available to support development of self-sufficiency skills in older youth. Beginning at 14 years of age, the youth's treatment plan and service agreement must describe the services provided and goals for future services that will help prepare the youth for transition to adulthood. DHS identified the

following programs and services in the CFSR statewide assessment as available for youth in foster care and youth aging out of foster care:

- Alternative independent living arrangements for youth age 16 and older who have been assessed as adequately prepared for independent living.
- Referrals to Michigan Works agencies that provide employment-related services, mentoring and internship for youth age 14 and older without a goal of reunification.
- Summer employment opportunities through a joint venture with the Department of Licensing and Regulatory Affairs.
- Mentor Michigan and AmeriCorps programs are developing mentoring services for youth in foster care and youth who have aged out of foster care.
- The Michigan Youth Opportunities Initiative provides youth boards, training and financial literacy to youth transitioning out of foster care in 26 sites statewide.
- The Youth In Transition program, Michigan's Chafee-funded program, provides funding and services related to employment and training throughout the state.
- Homeless, Youth and Runaway contracts, which provide outreach, basic care service center programs and transitional/supportive living programs.

According to the statewide assessment and the CFSR final report, involving youth in the development of case plans is an area needing improvement. Newly developed plans for older youth, the Annual Transition Plan and 90-day Discharge Plan, require that the process be youth directed. Michigan has begun to pilot a new youth service delivery model that addresses the full continuum of services for older youth.

The youth service delivery model includes efforts to ensure that the educational and medical needs of older youth are met. DHS hired 15 county-based education planner staff to act as liaisons between the local intermediate school districts and foster care workers in an effort to ensure foster youth receive the appropriate educational services. The planners provide training to foster care workers on educational stability, education policy changes, educational consultation and technical assistance to support foster youth age 14 and older in 32 counties.

Education planners provide specific assistance to foster youth in the areas of special education, academic credit recovery, school record transfer, college preparation, attending family team meetings, annual and 90-day transition meetings, and advocacy and accessing McKinney-Vento services. In addition, planners assist youth and foster care workers in developing educational goals for the youth, planning, advocacy with schools on behalf of foster youth and applying for post-secondary education or vocational opportunities. Education services provided to youth are documented on the Quarterly Youth Specific Assistance

Report and submitted to foster care workers to include in the youth's Updated Service Plan.

DHS uses Education and Training Voucher program funds for post-secondary education, including vocational education, for eligible youth. Furthermore, the Foster Care Transitional Medicaid program is increasing enrollment for eligible youth through systems automation when the foster care case closes at age 18 or older. Through the expansion of this model, a shift in perspective and an increased understanding of the critical nature of permanency for older youth in care will become ingrained in the system.

Assessing Youth for Service Needs

Michigan has two ways to assess older foster youth's needs: Child Assessment of Needs and Strengths which is completed at initial placement and each quarter thereafter and the Annual Transition Plan. Both tools are used as part of the case planning activities with the youth in housing, education, employment, transportation, financial management skills, emotional/mental/physical health, substance abuse, identifying supportive adults, parenting, resources available, and referrals to other agencies for specific services, such as substance abuse. At a minimum the resultant plan will address permanency goals, identify supportive adults, and ensure the youth obtains the skills and services necessary to successfully transition to adulthood.

In addition to the Annual Transition Plan and meeting, a 90-day discharge meeting must be conducted for each youth age 18 and older prior to their exit from foster care. The purpose is two-fold:

- Summarize services the youth has received to address needs and independent living skills identified at age 16 and older.
- Identify remaining needs the youth requires to successfully transition to adulthood and provide services to strengthen the youth's abilities.

Services

DHS will provide youth and young adults transitioning from foster care with independent living services including education and employment support. This will be ensured by revising Chafee funded service contracts (YIT contracts) to purchase education and employment services and support. The contracted services will be reported in SWSS FAJ and reviewed by the Health, Education and Youth Unit every six months.

Added to the contract improvements, DHS has developed an agreement with Michigan Department Licensing and Regulatory Affairs to provide employment opportunities and career preparation. The agreement calls for summer youth employment opportunities for a selected number of youth primarily in more populous counties. In an effort to serve youth across the state, DHS will continue

to partner with the department to refer youth to Workforce Investment Act services.

Measurement

DHS has implemented a data collection and reporting process to track Chafee funds and comply with the National Youth In Transition Database requirements. It also allows caseworkers to report on the independent living services provided to youth.

Continued Collaboration with State Court Administrative Office and the Courts

The CFSR identified court related findings including the child's permanency goal was not appropriate given the case situation and needs of the child, the permanency goal was not established in a timely manner, termination of parental rights was not sought in accordance with the requirements of ASFA, particularly with regard to documenting compelling reasons for not seeking termination of parental rights and the courts provided parents opportunity to continue to work toward reunification after the child had been in foster care for 15 of the most recent 22 months. The following identifies what Michigan and the courts have done since the CFSR and how we will build on that groundwork during the PIP.

DHS will continue the ongoing collaboration with the courts through the Court Improvement Program and its CFSR subcommittee. This collaboration addresses ongoing issues that affect permanency, such as judicial oversight and leadership of DHS casework practice, termination of parental rights/compelling reasons, delays in adoptive placement and guardianship implementation issues. The State Court Administrative Office (SCAO) and DHS Federal Compliance Division staffs will meet with a group of judges and court staffs to formulate a plan for increasing judicial oversight in child welfare cases. The group will explore the possibility of a new court rule requiring judicial review to ensure a termination petition is filed when a child has been in foster care for 15 of the most recent 22 months or compelling reasons be documented.

The Court Improvement Program's subcommittee on quality and depth of hearings has also drafted a report to the larger committee with recommendations for improving child welfare hearings. Moreover, SCAO, Child Welfare Services Division staff developed dependency hearing bench cards for Michigan's juvenile courts. Federal and state laws and regulations place a complex network of requirements on juvenile courts. The bench cards are designed to assist judges to fulfill those requirements and achieve positive outcomes for children and families.

There is a bench card for each of the eight dependency hearings, including:

1. Protective custody hearing.
2. Emergency removal hearing.

3. Preliminary hearing.
4. Adjudication hearing.
5. Dispositional and review hearing.
6. Permanency planning hearing.
7. Termination of parental rights hearing.
8. Post-termination review hearing.

DHS and the State Court Administrative Office 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 PIP strategies and action steps.
- Permanency Forums.
- Data sharing through DHS and the courts data collaboration committee.
- Foster Care Review Board, *The Role of Parent/Child Visitation in Achieving Timely Reunification*.
- Legislative changes to increase permanency.
- Expanding the local teams to include L-GALs and parents' attorneys.

A standardized court report will be developed that addresses child safety and stability in placement; child educational, mental health, physical health needs and services; including sibling visitation; and progress toward timely permanency.

Other Actions Related to Increasing Permanency, Assessing Needs and Providing Services to Meet the Identified Needs

Michigan's plan includes additional activities that impact children's permanency planning, assessing needs and providing services to meet the identified needs that are not addressed in the PIP, but are noted below.

Foster Care Public Health Nurse Program

The Foster Care Public Health Nurse program is being piloted in multiple counties beginning in March 2011. DHS contracted with three public health departments to assign a public health nurse to the local DHS county office. One of the requirements of the pilot calls for the nurse to attend a youth's 90-day discharge meeting and meet with the youth to discuss specific medical and behavioral needs. The nurse and youth will complete a Health Care Review for Transitioning Youth form that identifies any action steps not yet completed that need to be completed before case closure to ensure that the youth can address his/her medical needs. The nurse works closely with the foster care worker to complete the necessary action steps.

Quality Assurance on Rating the Child Assessment of Needs and Strengths

In order to ensure the accuracy of the DHS caseworker's rating on the CANS, Quality Assurance will evaluate these during their second line reviews. The accuracy of the private agency caseworker's rating will be monitored by the DHS Child Welfare Contract Compliance Unit as part of their annual agency reviews.

In addition to accurate assessment, the quality of the transition and discharge meetings and plans must be monitored. The quality of the transition and discharge plans is supported through case reads. The supervisory case read tool will include a question which will document whether the annual transition and discharge meetings are conducted per policy.

Assessing the Needs of Native American Children and Families

Michigan is committed to ensure Native American children maintain connections to their community and heritage. Native American Affairs will implement pre/post tests to assess the effectiveness of the Indian Child Welfare Act training for new caseworkers and new supervisors. The results will be monitored for the effectiveness of the worker training.

Extension of Foster Care to Youth Ages 18-20

DHS has drafted policy and supports legislation to extend foster care to youth ages 18-20 using title IV-E funding. Extending foster care allows a redistribution of Chafee funds to direct services and support. The redistribution of Chafee funds will allow DHS to ensure that county Chafee allocations reflect the need of the youth and determine if the development of contracts for services to prepare youth for adulthood need to be expanded. Direct services include, but are not limited to mentoring, proper nutrition, cooking, budgeting, shopping, landlord/tenant training, home maintenance, and other services. In order to monitor contract compliance, local office administrators will obtain documentation of services provided to youth monthly. Caseworkers will record the services youth received in the Youth in Transition database. The Health, Education and Youth Unit will review the data every six months to ensure youth are provided services and address any deficiencies with the local DHS offices.

Strategy IV: Enhance Accountability and Workforce Development

CFSR Findings

The CFSR identified challenges with Michigan’s statewide information system and quality assurance system. Michigan achieved the rating of area needing improvement for the following items addressed in Strategy IV:

Systemic Factors and Items	Substantial Conformity	Item Ratings
I. Statewide Information System	No	
Item 24. Statewide Information System.		Area Needing Improvement
III. Quality Assurance System	No	
Item 31. Quality Assurance System		ANI

Findings included:

- SWSS information was not updated timely.
- DHS has not fully implemented a centralized comprehensive quality assurance system to monitor outcomes across all programs.

The Quality Assurance Unit's primary objectives for the continuous quality improvement process 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 in the possibility of adverse occurrences.
- The accomplishment of continuous improvement in the programs and processes required to achieve targeted outcomes.

DHS will integrate the findings of the quality assurance process into strategic and operational planning, including the Child and Family Services Review, Program Improvement Plan and the Annual Progress and Services Report.

DHS, in partnership with the community, is responsible for developing and implementing a cohesive, systemic improvement process that involves policy, practice and service delivery. The approach is two-fold:

1. Introducing continuous quality improvement philosophy into the workplace.
2. Using data to make decisions about policy, process, effectiveness of services and program needs.

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 will allow DHS to make informed decisions about policy, process, program effectiveness and deficits. The staff will continue to receive technical assistance from the National Resource Center for Organizational Improvement.

DHS will perform random ongoing CPS supervisory case readings at the local level. The data management and field staffs will determine a sampling methodology to randomly select cases for these reviews. CPS supervisors will conduct two supervisory case readings per worker, per quarter and input this information into a case read database. The quality assurance staff will use the information in the database when they develop 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 to improve casework practice and ensure the integrity of the structured decision making and the family team meetings case practice.

The Child Welfare Contract Compliance Unit conducts reviews each private foster care provider and residential foster care agency DHS contracts for foster

care, adoption and supervised independent living services. As a part of this review process, each provider is rated on defined performance-based contracting standards.

To arrive at these measures, DHS convened two workgroups of private agency and residential provider staffs who met regularly for almost two years. The group members reached a consensus to use CFSR-like measures, which were modified to report on a specific provider's performance during its supervision of the child's case. DHS sent a test report in November 2009 to validate the data. Data on these measures will be reviewed on a quarterly basis. The first report was generated in January 2010.

The Data Management Unit centralizes and coordinates county, state and federal information requests. The staff works directly with the Department of Technology Management and Budget to fulfill customer reporting needs. The plan for these reports is two-fold:

1. Child welfare data reports specific to each program area, which evaluates each county against federal CFSR measures, caseworker visitation requirements and state-mandated policy measures.
2. Compliance reports on key indicators which include the capability to display the data at the district, section, unit and worker levels. These reports will enable county management review of defined benchmarks. 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 children.

Key to accurate data reports is the timely and accurate entry of the case information into SWSS. Because private agencies cannot access SWSS, information on these cases is not always updated in a timely manner. DHS is finalizing the requirements for the Placement Agency Foster Care interface scheduled to begin no later than October 1, 2011. It will allow private agencies the ability to use case management tools, view current case listings, submit social work contact information, submit the Foster Care/Juvenile Justice Action Summary, DHS 069 form, and submit documentation including service plans electronically into a data repository. The interface will not provide access to the title IV-E funding determination, Medicaid or payments modules. DHS is working with Department of Technology Management and Budget staff to define the system requirements and the security profiles for the private agencies.

DHS has released two communications to DHS and private agency staffs on the importance of timely information in SWSS:

1. L-Letter L-10-019-CW, *Timely Entry of Caseworker Visits in SWSS FAJ/SWSS CPS*.

2. L-Letter L-10-034-CW *Required Medical and Dental Exam Entries into SWSS-FAJ*, requires that all initial and yearly medical and dental appointment information be entered into SWSS FAJ dating back to October 1, 2007.

Case Reading and PIP Baseline Data

The Data Management Unit is working with the CFSR unit and Department of Technology Management and Budget to automate the DHS case reading tools to collect data for PIP baseline establishment, PIP quarterly reporting and the quality assurance process. A specific CFSR tool will be used by a core group of reviewers. DHS has obtained approval of the tools from the PIP Management Advisory Group.

DHS will gather baseline data through SWSS and by random case reads. Trained case readers will collect data for those items that cannot be reported using SWSS data. The quality assurance unit, field operations staff, private agency staff and the CFSR staff will complete the case reads. DHS has negotiated with the PIP Management Advisory Group on the number of cases that must be read to prospectively establish Michigan's PIP baseline data. The case sample selection will come from the Big 14 counties with cases from Wayne County (Detroit) included. Wayne cases will be represented in 30 percent to 40 percent of the cases.

Workforce Development

In addition to the focus of training foster care staff, DHS is strengthening our support and training of supervisors who are required to attend training within 90 days of hire or promotion. As part of our PIP we are developing tools which guide the supervisor to ensure the worker and supervisor engage in meaningful case specific discussions. These discussions will increase our adherence to policy and ensure safety, permanency, and well-being through a more targeted supervisor/worker case conference.

II. PIP Strategy Summary and TA Plan

State: Michigan

**Date Submitted:
May 20, 2011**

Primary Strategies	Key Concerns	TA Resources Needed
1. Reassess and improve safety and risk assessment in child welfare policies and practices throughout the continuum of child welfare services with particular focus on children's protective services.	Children are not adequately protected from repeat maltreatment.	
	Children are maltreated in foster care.	
	Inconsistent use of structured decision making (SDM) tools by CPS workers.	
	Workers do not always initiate CPS investigations in a timely manner, particularly face-to-face.	
	Lack of statewide consistency when assigning CPS referrals.	
	Lack of clarity in the types of contacts required for initiation.	
	Weekend/holiday coverage.	
	Restructuring of IV-B funds.	
	Lack of prevention services.	
	Services not targeted to risk/safety issues.	
	Inadequate ongoing safety/risk assessments in child's home, in foster care settings, and at point of case closure.	
2. Enhance the state's capacity to provide for children, families and caregivers by identifying needs, providing services, and engaging families in the service planning process from initial contact with a family through the life of a case.	Lack of consistent engagement of parents and youths in case planning.	
	Lack of early identification of absent parents, particularly fathers.	
	Lack of adequate child assessments in CPS cases and parental assessments in in-home and foster care cases.	
	Workers are not consistently making quality visits with children and parents or making visits at the frequency needed in case dynamics.	
	Need for consistent engagement of foster parents/relative caregivers in case planning.	
	Inadequate parenting time and sibling visitation.	
	Lack of adequate foster homes for special needs, teenagers and sibling groups.	National Resource Center (NRC) for the Recruitment and Retention of Foster and Adoptive Parents (info@adoptuskids.org) for support in developing a plan to address statewide recruitment and retention.
	Inadequate educational assessments and services, particularly with in-home cases.	
	Inadequate physical health assessments, particularly in in-home cases.	

Primary Strategies	Key Concerns	TA Resources Needed
	Lack of dental care for children.	
	Inadequate mental health assessments and services, particularly in in-home cases.	
	Medicaid/HMO enrollment and resulting service issues for foster care youth, particularly for mental health services.	
3. Ongoing implementation of increased permanency efforts and concurrent permanency planning (CPP).	Lack of timely permanency and inadequate permanency planning goals.	NRC for Family-Centered Practice and Permanency Planning to seek TA on training for the permanency resource managers.
	Termination of parental rights petitions not filed or compelling reasons not documented.	
	Lack of adoptive resource families.	NRC for Adoption to seek support in developing a plan to increase the number of adoptions of children who are free for adoption.
	Youths aging out of foster care without adequate support.	Jim Casey Youth Opportunities Initiative and Casey Family Services and Programs for support in developing a plan to improve independent living services and the delivery of those services for youths in foster care.
	Lack of independent living services.	The NRC for Youth Services to provide TA in creating policy and practice for 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.
	Court barriers to permanency and timely goal achievement.	
	Inconsistent court hearing notification and opportunity for foster parents to be heard in hearings.	
	Inadequate visitation between parents and children, particularly with fathers and between siblings.	
	Inadequate efforts to foster parent/child relationships outside of visitation.	
4. Enhance accountability and workforce development.	Quality assurance process not implemented statewide.	NRC for Organizational Improvement (NRCOI) on the implementation of a continuous quality improvement process.
	Lack of updated case information on foster care cases supervised by private child-placing agencies.	
	Lack of adequate supervision, management reports and monitoring at the local level.	Seek assistance from the NRCOI on exploring a data driven supervision model.

III. Agreements

The following Federal and State officials agree to the content and terms of the attached Program Improvement Plan:

Maura D. Corrigan, DHS Director	Date
Children's Bureau	Date

IV. PIP Matrix

State:	Michigan
Date Submitted:	5/20/2011
PIP:	X
Quarterly Report:	
Quarter:	

Part A: Strategy Measurement Plan and Quarterly Status Report

Primary Strategy I:		Reassess and improve safety and risk assessment in child welfare policies and practices throughout the continuum of child welfare services with particular focus on children's protective services.	Applicable CFSR Outcomes or Systemic Factors:		Safety Outcomes 1 and 2 Systemic Factor V. Service Array and Resource Development	
Goal:		Improve safety for children in the child welfare system.	Applicable CFSR Items:		1, 2, 3, 4, 36, and 37	
Action Steps and Benchmarks		Person Responsible	Evidence of Completion	Quarter Due	Quarter Completed	Quarterly Update
1.1	Identify and address issues with safety assessment and safety planning within CPS policy, practice and training to ensure child safety.					
	a. Work with a subcommittee of the statewide CPS Advisory Committee members to complete a review of all safety assessment and safety planning CPS policies, related tools and CWTI training materials to make recommendations for modifications to enhance child safety in all CPS cases.	Children's Protective Services (CPS) program manager	Q1 roster. Q2 progress report. Q3 analysis/recommendations.	Completion Q3		
	a.1 Compile, review and analyze existing information regarding safety assessment and planning practice.	CPS program manager	Analysis of practice.	Q3		
	b. Develop recommendations for executive management review.	CPS program office	Committee recommendations.	Q3		
	c. Executive management approval.	Children's Services Administration (CSA)	Executive decision regarding safety assessment/planning changes.	Q4		

Action Steps and Benchmarks		Person Responsible	Evidence of Completion	Quarter Due	Quarter Completed	Quarterly Update
	d. Develop and implement implementation plan.	Child and Family Services Review Unit (CFSR)	Summary report of progress. Summary of implementation status.	Q5 Q7		
	e. Policy development and training.	Child Welfare Training Institute (CWTI)/CPS program office	Summary report of progress. Summary of implementation status.	Q8		
1.2	Examine the state's procedures for priority response and commencement of CPS investigation.					
	a. Develop data reports on the timeliness of face-to-face and commencement with the victim.	Data Management Unit (DMU)	Data Reports.	Q1		
	b. Distribute data reports to county directors and Field Operations Management staff.	CPS program office/FOA	Data reports and correspondence.	Q2		
	b.1 Each county will self-identify barriers to priority response expectations and include strategies to address these barriers and submit report to Field Operations Administration.	Field Operations Administration (FOA)	Barrier summary.	Q4		
	c. Convene a work group to develop a statewide process to address this issue.	CPS program manager/CSA /field representatives/ CFSR unit	Workgroup analysis.	Q4		
	c.1 Develop recommendations for executive management review.	CPS program office	Committee recommendations.	Q4		
	c. 2 Executive management approval.	CSA	Executive decision regarding face to face and commencement requirements.	Q4		
	d. Develop and implement the implementation plan.	CPS program office/CFSR	Copy of implementation plan. Implementation update.	Q5 Q7		
	e. Policy development and training.	CWTI/CPS program office	Summary Report of progress.	Q8		
1.3	Determine appropriate CPS policy for Category III cases.					
	a. Request, obtain and review current data on Category III cases by repeat maltreatment and by maltreatment type.	CPS program manager	Analysis will examine re-referral rates based on circumstances for Category III cases.	Q2		
	b. Determine efficacy of maintaining Category III cases as open/on-going cases.	CPS program manager	Recommendations including next steps.	Q5		

Action Steps and Benchmarks		Person Responsible	Evidence of Completion	Quarter Due	Quarter Completed	Quarterly Update
	c. Executive management approval and next steps identified.	CSA	Executive decision regarding Category III requirements.	Q6		
	d. Policy changes to reflect decisions to change current practice. If changes are not recommended, policy will be strengthened to improve services for these cases.	CPS program manager	Copy of policy.	Q8		
	e. Practice guidance for new policy.	CPS program manager	Summarize guidance provided.	Q8		
1.4	Ensure increased safety to children in foster care, children being removed from their parents' care and families by providing safety planning during all home visits.					
	a. Modify the narrative of the SDM templates to reflect the requirement of safety planning at each visit with the child.	CPS program office	Revised form.	Q4		
	b. Develop and implement new policy to require case workers address safety in the narrative of the required quarterly report on each case.	Foster care program office and CPS program office	Policy and practice guidance.	Q4		
	c. Update case reading tools to reflect policy changes and new report requirements.	Foster care program office, CPS program office, Child Welfare Contract Compliance Unit (CWCCU) and Quality Assurance Unit (QA)	Copies of reading tools.	Q5		
	d. Utilize the policy certification process to ensure all field staff are trained.	Foster care and CPS program offices, CFSR, FOA	Roll up report of certification.	Q5		
	e. Compliance will be monitored through case reads.	QA	Summary of progress regarding safety planning.	Q6		
1.5	Provide local offices with additional services for at risk families across the continuum of child welfare cases.					

Action Steps and Benchmarks		Person Responsible	Evidence of Completion	Quarter Due	Quarter Completed	Quarterly Update
	a. Revise and rewrite the service models based on the models currently being used in the field for Strong Families/Safe Children (SFSC); funding requiring locally contracted services be evidence-based and contain specific service descriptors.	Child Welfare Bureau	Approved contract standards.	Q2		
	b. Determine appropriate categories for services/contracts to be put in place using SFSC funding.	Child Welfare Bureau/FOA	Approved contract standards.	Q4		
	b.1 Create templates for acceptable contracts and programs that use SFSC funding.	Logistics and Rate Setting	Contract templates.	Q4		
	b.2 Implement improved contracts to increase quality of services for children and families.	Child Welfare Bureau	Copy of contract.	Q4		
	c. Determine whether DHS can expand the Family Reunification Program (FRP) and the Families Together Building Solutions (FTBS) to provide services in areas currently not served.	Child Welfare Bureau/FOA	Summary report which will include the decision, rationale and next steps.	Q3		
	d. Conduct statewide survey of CPS and foster care supervisors to address the accessibility of services and the ability to individualize services for clients.	FOA/CFSR	Copy of survey.	Q4		
	e. Develop recommendations to address gaps in services for Children's Services Administration.	FOA/CFSR/CPS and foster care program offices	Report summarizing recommendations to address deficits.	Q6		
	f. Develop a plan to address service array gaps focusing on accessibility and individualized services.	FOA/CFSR/CSA	Copy of State plan to address deficits identified in needs assessment survey and implementation time frame.	Q8		
1.6	QA will complete a case read on a stratified sample of MIC cases to identify deficiencies and best practices with a focus on safety.					
	a. Identify random sample of MIC cases.	DMU	List of sample of MIC cases.	Q2		

Action Steps and Benchmarks		Person Responsible	Evidence of Completion	Quarter Due	Quarter Completed	Quarterly Update
	b. Conduct a statewide case read and make recommendations based on findings.	QA	Roll up report which will include findings, causes, and recommendations for practice.	Q4		
	c. Executive management approval of recommendations.	CSA	Executive decision regarding implementation of recommendations.	Q5		
	d. Develop and implement the implementation plan.	CSA/CFSR/QA Unit	Copy of implementation plan. Status report on implementation.	Q6 Q7		
	e. Policy development/training as a result of the recommendations.	CPS program office	L-letter or policy bulletin which will reference the QA findings to provide reasoning for changes to the field.	Q8		
Renegotiated Action Steps and Benchmarks						

Primary Strategy II:	Enhance the state's capacity to provide for children, families and caregivers by identifying needs, providing services, and engaging families in the service planning process from initial contact with a family through the life of a case.	Applicable CFSR Outcomes or Systemic Factors:	Permanency 2 Well-Being 1, 2 and 3 Systemic Factor II Case Review System
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Goal:	To engage families, kin, children and foster parents; with particular emphasis on fathers and paternal relatives, at all stages in the life of a case. Engaging families, children/youth and caregivers through increased quality visits and family team meetings will promote participation in case planning which will result in improved assessments and provision of services.	Applicable CFSR Items:	16, 17, 18, 21, 22, 23 and 25
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Action Steps and Benchmarks		Person Responsible	Evidence of Completion	Quarter Due	Quarter Completed	Quarterly Update
2.1	Implementation of a family engagement model in the Big 14 counties throughout the life of the case.					
	a. Establish a work group which will include court, private agencies, CWTI, field operations and program offices to finalize the model and the implementation plan.	CPS and foster care program offices	List of work group members and a copy of the model.	Q1		
	b. Develop an implementation plan.	CPS and foster care program offices	Copy of implementation plan.	Q1		
	c. Provide training to initial cohort of counties including courts (4 counties).	CPS and foster care program offices	Roll up report of training provided and a copy of the curriculum.	Q3		
	d. Conduct case reads in the Big 14 counties as part of the PIP measurement to gauge effectiveness of model.	CFSR	Data roll up report.	Q4 Q6 Q8		

Action Steps and Benchmarks		Person Responsible	Evidence of Completion	Quarter Due	Quarter Completed	Quarterly Update
	e. Ongoing observation and technical assistance to counties to ensure practice change.	CPS and foster care program offices	Roll up report of TA, observations and recommendations for modification of FTMs.	Q3 Q6		
	f. Make any necessary modifications to model based on results from initial implementation and case reads.	CPS and foster care program offices	Progress report.	Q5 Q7		
	g. Second phase roll out (4 counties).	CPS and foster care program offices	Progress report.	Q5		
	h. Third phase roll out (4 counties).	CPS and foster care program offices	Progress report.	Q7		
	i. Final roll out (2 counties).	CPS and foster care program offices	Progress report.	Q8		
2.2	Implement monthly supervisor/worker meetings for all in-home and foster care cases to review the status and progress of each case on the worker's caseload.					
	a. Development and application of a supervisory tool to enhance supervisory meetings and require discussion regarding the proper use of the SDM tools .	CFSR/foster care/CPS program offices	Supervisory tool and copy of memo which will include guidance on use of tool.	Q2		
	a.1 Tool will include guidelines to address children's' mental health, dental and medical needs and visit guidelines for children and birth parents to ensure they are addressed each quarter.	CFSR/foster care and CPS program offices	Copy of tool.	Q2		
	b. Develop and distribute a survey to assess current satisfaction with supervisory meetings in two pilot counties.	CFSR staff	Copy of survey.	Q1		
	c. Identify pilot counties and date of implementation.	FOA	Names of counties, date of implementation, copies of conference call agendas with county directors to explain use of the tool and expectations.	Q1		
	c.1 Implement supervisory tools in pilot counties to improve supervision quality.	FOA/foster care and CPS program offices	Communication with pilot counties to introduce tool and instructions for use.	Q2		
	d. Conduct follow-up survey to assess improvement after tools were implemented and any required changes.	CFSR staff	Survey results.	Q4		
	d.1 Make any changes deemed necessary following pilot.	CFSR/foster care and CPS program offices	Copy of tool if changes are deemed necessary.	Q5		

Action Steps and Benchmarks		Person Responsible	Evidence of Completion	Quarter Due	Quarter Completed	Quarterly Update
	e. Draft CPS and foster care policy to incorporate supervisor/worker meetings to review the status and progress of each case on the worker's caseload.	Child Welfare Bureau	Updated policy.	Begin Q4 Completion Q6		
	e.1 Incorporate policy changes into training.	CWTI	Training curriculum.	Q6		
	f. Implement tool statewide.	Foster care and CPS program offices	Revised supervisory tool and memo explaining implementation and use of tool.	Q7		
2.3	Implement supervisor shadowing to improve safety, assessment and engagement skills for all field workers.					
	a. Pilot an initiative in multiple counties to require front line CPS/foster care supervisors to accompany their assigned workers on a visit or investigation a minimum of one time per quarter for the purpose of assessing the worker's safety assessment and engagement skills.	CPS and foster care program offices/FOA	Communication to the field which will include implementation plan, selection criteria, actions, timeframes and evaluative processes. Provide specific information regarding the number and names of counties for the pilot.	Q4		
	a.1 Assess shadowing pilot to ensure it is value added prior to statewide implementation.	CPS and foster care program offices/FOA	Summary report which will include strengths, barriers and recommendations for statewide implementation.	Q6		
2.4	Implement a 1915 "C" SED pilot waiver for DHS foster children.					
	a. Expand waiver to Berrien, Calhoun, Ingham, Jackson, Kalamazoo, Muskegon, Saginaw, St. Clair and Washtenaw counties.	Health, Education and Youth Unit (HEYU)	Status report identifying if Q4 for expansion is attainable and action steps taken to date.	Q2		
	b. Expand waiver to all remaining counties.	HEYU	List of counties in which waivers are in place and expansion plan, certified by the Health, Education and Youth Manager.	Q4		
2.5	Develop data reports on monthly caseworker visits with parents for foster care and CPS cases.					
	a. Develop and release reports to production and send out release notes to the field.	DMU	Release notes and example of reports.	Q2		

Action Steps and Benchmarks		Person Responsible	Evidence of Completion	Quarter Due	Quarter Completed	Quarterly Update
	b. Track the results of the CFSR PIP case reads in the Big 14 counties to ensure compliance.	CFSR	Quarterly reports.	Q3-Q8		
	e. Provide technical assistance to low performing county offices.	FOA/CFSR	Summary of technical assistance provided.	Q5 Q7		
Primary Strategy III:		Ongoing implementation of increased permanency efforts and concurrent permanency planning (CPP).		Applicable CFSR Outcomes or Systemic Factors:		Permanency One and Two Systemic Factor II. Case Review System
Goal:		Implement strategies to improve permanency, stability and family relationships for children in foster care.		Applicable CFSR Items:		Items 6, 7, 8, 9, 10, 13, 14, 15, 19, 20, 28 and 29
3.1	Implement CPP as a component of the family engagement model in the Big 14 counties throughout the life of the case.					
	a. Establish a work group which will include court, private agencies, CWTI, field operations and program offices to finalize the model and the implementation plan.	CPS and foster care program offices	List of work group members and a copy of the CPP model.	Q1		
	b. Develop an implementation plan.	CPS and foster care program offices	Copy of implementation plan.	Q1		
	c. Provide training to initial cohort of counties including courts (4 counties).	CPS and foster care program offices	Roll up report of training provided and copy of curriculum.	Q3		
	d. Conduct case reads in the Big 14 counties as part of the PIP measurement to gauge effectiveness of model.	CFSR	Data roll up report.	Q4 Q6 Q8		
	e. Ongoing observation and technical assistance to counties to ensure practice change.	CPS and foster care program offices	Roll up report of TA, observation and any recommendations for modification of CPP.	Q3 Q6		
	f. Make any necessary modifications to model based on results from initial implementation.	CPS and foster care program offices	Progress report.	Q5 Q7		
	g. Second phase roll out (4 counties).	CPS and foster care program offices	Progress report.	Q5		
	h. Third phase roll out (4 counties).	CPS and foster care program offices	Progress report.	Q7		

Action Steps and Benchmarks		Person Responsible	Evidence of Completion	Quarter Due	Quarter Completed	Quarterly Update
	i. Final roll out (2 counties).	CPS and foster care program offices	Progress report.	Q8		
3.2	Develop data management reports to assess performance in parenting time and reunification and monitor sibling visitation through case reads.					
	a. Development, implementation and utilization of reports that track compliance with parenting time policy.	Foster care program office/DMU	Copy of reports and summary of how to access and use the reports.	Q3		
	a.1 Release data reports to production and send out release notes to the field.	Foster care program office/FOA	Release notes	Q3		
	b. Automate the <i>Reunification Alert Report</i> .	Foster care program office/DMU	Copy of L-letter and memo to the courts regarding how to access the report, the purpose of it and a copy of the user guide.	Complete		
	c. Provide access to parenting time and reunification data reports to counties to improve outcomes.	DMU	Report summarizing county performance.	Q4		
	d. Data analysis to determine which counties require TA.	Foster care program office/FOA	Summary of data analysis and rationale for TA.	Q5		
	d. If necessary, provide TA to low performing counties.	FOA/QA	Report summarizing the type and frequency of the TA that was provided to the county.	Q7		
	e. Review annual Quality Assurance Reports' results which will track timeliness to reunification and parenting time.	FOA	Annual QA summary report which aggregates the data will be used to determine trends and inform statewide practice.	Q6		
	f. Track compliance with sibling visitation policy through case reads.	CWCCU/QA	Annual QA summary report which aggregates the data will be used to determine trends and inform statewide practice.	Q4		
	g. Review annual Quality Assurance Reports' results which will track compliance with policy requirements.	FOA	Summary of QA/CWCCU reports.	Q6		
3.3	Early identification and notification of Native American children.					
	a. Centralized intake protocol will include inquiry into Native American heritage.	CPS program office	Updated policy.	Q4		

Action Steps and Benchmarks		Person Responsible	Evidence of Completion	Quarter Due	Quarter Completed	Quarterly Update
	b. CWCCU will begin reading the majority of all cases regarding a Native American child at every private agency with the exception of those agencies who specifically provide services to Native American children. At these agencies, a random sample of the cases will be read for policy compliance.	CWCCU	Provide a copy of the section of the tool that will be used to assess identification, connections and other ICWA issues.	Q2		
	b.1 Any agency that does not show improvement in their compliance with ICWA and policy will be required to develop a contract compliance improvement plan.	Native American Affairs (NAA)/CWCCU	Roll up report which will include identification of trends of non-compliance and the plans that are required and received by the DHS.	Q4 Q7		
	c. Review monitoring results and share monitoring results with Tribes.	NAA	Meeting minutes.	Q6		
	d. Research, develop and implement a tool to assist workers to ensure early identification of Native American children and policy compliance.	NAA	Copy of tool.	Q4		
3.4	Review permanency goals for timeliness and appropriateness.					
	a. Quarterly, assure that at the time of the approval of the updated service plan, the permanency goal is timely and appropriate.	Field supervisors	Copy of policy.	Q1		
	b. Annually, conduct a specialized worker and supervisory review of each child's permanency planning goal commencing one year from the date of case acceptance. The focus of the meeting is to determine the appropriateness of the goal and identify action steps if necessary.	Field managers/staff	Copy of policy that requires annual meetings.	Q1		
	c. Track compliance through case reads.	QA/CWCCU	Status update. Data report.	Q4 Q6		

Action Steps and Benchmarks		Person Responsible	Evidence of Completion	Quarter Due	Quarter Completed	Quarterly Update
	d. Counties are required to submit the permanency goal approval to central office for PPFWR, APPLA and APPLA-E and data is tracked to identify trends and barriers to achievement.	Adoption program manager	Summary report of trends, barriers and how the state intends to address.	Q2 Summary Q4 Update Q6 Update		
	e. Based on report, provide TA to county offices and PAFC providers.	Adoption program manager	Report which identifies the type of TA and the description of TA provided.	Q3 Q5 Q7		
3.5	Improve timeliness to adoption for children with a goal of adoption.					
	a. Identify and execute policy change to ensure timely worker assignment and photo listing.	Adoption program manager	Updated policy.	Complete		
	b. Incorporate changes into new worker training curriculum.	CWTI	Curriculum, copy of policy and communication regarding the release of the policy to private agencies.	Q1		
	c. Develop and disseminate a report for DHS, private agencies and court on all children whose goal is adoption; including the length of time since placement into foster care, length of time since TPR and status of an adoptive resource.	DMU	Adoption Alert L-letter.	Complete		
	d. Develop and distribute on a semi-annual basis, a state level analysis of the number of children without an adoptive resource at the beginning of the period and those who had an adoptive resource at the end of the period, number of cases reviewed, outcomes (completed adoptions) and barriers to identifying adoptive resources or achieving adoption resulting in recommended actions to improve timeliness.	Adoption program manager	Data report.	Q4 Q7		
	d.1 Provide report to the Permanency Options Workgroup, which includes DHS staff, judges and other community stakeholders, to discuss and improve efforts to place children in adoptive homes.	Adoption program manager	Meeting minutes.	Q5 Q8		

Action Steps and Benchmarks		Person Responsible	Evidence of Completion	Quarter Due	Quarter Completed	Quarterly Update
	d.2 The Permanency Options Workgroup will develop recommendations to address court related barriers.	Permanency Options Workgroup	Copy of recommendations and implementation plan.	Q6		
	e. Review and revise adoptive parent recruitment strategies at state and local levels based on report and recommendations.	Adoption program manager	"Tool kit" of best practice information.	Q7		
	f. Assess and report on the work of the Permanency Resource Managers (PRM) regarding those children in their assigned county whose goal is adoption and do not have an identified family within six months of TPR.	Permanency division director	Roll up of adoption reviews and ARC data.	Q2 Q4 Q7		
3.6	Increase the stability and permanency for children in foster care.					
	a. Compile a report to assess findings of cohort C special reviews for the foster care program office and CSA which addresses foster care placement stability.	QA staff	Copy of report which will include findings, causes, and recommendations for practice.	Q3		
	b. Provide technical assistance to field staff to prevent unplanned child moves.	CFSR/foster care program office	Communication with field.	Q4		
	c. Provide best practice information to field staff statewide to prevent unplanned child moves.	CFSR/foster care program office	L-letter, materials released.	Q6		
3.7	Implement case practice for foster youths 14 and older that ensures youths are comprehensively and regularly assessed, are active participants in improving services and engaged in the development of their transition plans.					
	a. Develop and implement the Annual Transition Plan and the 90 day Discharge Plan.	HEYU	Copy of the DHS-901, DHS-902, date of implementation and L-letter.	Q2		
	b. Ensure foster youths age 14 and older are engaged and actively involved in developing services designed to support successful transition to adulthood.	QA/CFSR	Case reading results.	Q2 Q4		

Action Steps and Benchmarks		Person Responsible	Evidence of Completion	Quarter Due	Quarter Completed	Quarterly Update
	b.1 Technical assistance offered to low performing county offices.	FOA	TA summary. TA summary. Summary of trends and statewide practice recommendations.	Q4 Q6 Q8		
3.8	Youth transitioning from foster care have a comprehensive array of Independent Living services.					
	a. Assessing availability of employment preparation and services available to youths and young adults transitioning from foster care.	HEYU	National Youth in Transition Database (NYTD) information.	Q2 Q4 Q6		
	b. Addressing the findings of the assessment.	FOA	Trend analysis, 1st analysis will compare Q2 and Q4, 2nd analysis will compare Q4 and Q6.	Q4 Q6		
	c. The Youth Services Unit will review the data every six months to ensure youths are provided services and address any deficiencies.	HEYU	Summary report which will include the findings and how deficiencies will be addressed.	Q5 Q7		
	d. Education services are made available to youths in and transitioning from foster care.	HEYU	See d.1 and d.2 as EOC.	Q2		
	d.1 Hire and train 14 education planners who will act as liaisons between the local intermediate school districts and child welfare workers to ensure foster youths receive the appropriate educational services.	HEYU	List of Education Planners, copy of job description and geographic areas served.	Complete		
	d.2 Provide educational consultation, technical assistance and support to case workers and foster youths age 14 and older in the areas of special education, academic credit recovery, school record transfer, college preparation and advocacy.	HEYU	Summary report of educational planners work.	Q3		
	e. Conduct bi-annual meetings with the Statewide Executive Youth Board to make recommendations for Independent Living (IL) services and the desired outcomes for youths.	HEYU	Team membership roster, meeting minutes, recommendations and next steps.	Q2 Q6		

Action Steps and Benchmarks	Person Responsible	Evidence of Completion	Quarter Due	Quarter Completed	Quarterly Update	
	e.1 Develop and implement policy for IL services as a result of the Youth Board meetings and information gained from internal reviews.	HEYU	Updated policy and if necessary; propagation of policy and worker training.	Q4 Q8		
3.9	Continuity of family relationships and connections preserved.					
	a. In an effort to increase frequency and quality of parenting time in support of the parent-child relationship with the goal of improving frequency and timeliness of reunification, a joint task force will be developed to address barriers to provisions of necessary parenting time.	Courts/DHS/Placement Agency Foster Care (PAFC) agencies	List of task force members, meeting minutes with barriers identified and recommendations. Summary report in Q7.	Q4 Q7		
	a.1 Utilize judicial leadership to facilitate provision of parenting time consistent with the needs of the child and to promote timely reunification through CIP and Michigan Judicial Training.	State Court Administrative Office (SCAO) Child Welfare Division/county judges	Copy of bench cards with a specific section dedicated to parenting time.	Q2		
	a.2 Specific training will be provided for parent attorneys, including conferences, workshops and/or webcasts to improve parent and child attorney's ability to effectively advocate for appropriate level of parent child visitation. These trainings will be made available to judges and referees.	SCAO/CFSR	Training agendas, handouts, dates, and indication of who was invited and who participated.	Q6		
	b. The court will consistently monitor at each hearing child safety and stability in placement, well being issues including sibling visitation, caregiver notification of court hearings and progress toward timely permanency through implementation of a standardized court report, approved and required by all courts.	SCAO/Court Improvement Program (CIP)	Copy of standardized court report and guidance issued regarding implementation .	Q6		

Action Steps and Benchmarks		Person Responsible	Evidence of Completion	Quarter Due	Quarter Completed	Quarterly Update
3.10	Continue DHS ongoing collaboration with the SCAO Child Welfare Services Division to improve safety, permanency and well-being for children in foster care.	DHS/SCAO Child Welfare Division	Summary of CIP/DHS meetings.	Q3 Q6		
	a. Expand and institutionalize the present Permanency Forum as a means of developing and sharing successful practices to improve permanency outcomes statewide.	DHS/SCAO	Permanency Forum agendas. Summary report.	Q2 Q7		
	a.1 A lead jurist from each county will form a team (it is recommended to include a L-Gal and/or parent attorneys).	SCAO/DHS/ Permanency Forum planning committee	Number of permanency teams that have been established and the number that include a LGAL or parent attorney. Status update on the # of county teams in which L-Gals are members.	Q4 Q8		
	a.2 Develop and distribute a survey to the permanency forum teams to address barriers to timely termination of parental rights.	SCAO/DHS/ Permanency Forum planning committee	Copy of survey and roll up of survey results.	Q3		
	a.3 Based on the results of the survey develop recommendations to improve timeliness of termination of parental rights process for approval by CSA and judges.	SCAO/DHS Permanency Forum committee	Copy of recommendations report.	Q5		
	a.4 Present recommendations for practice change to county permanency teams.	SCAO/DHS	Copy of communication with permanency teams.	Q6		
	b. Establish systems of communication affiliated with formal legal organizations, e.g. Michigan Judges Association, Michigan Probate Judges Association, Michigan Bar Association Children's Law Section to inform court officers of changes/updates in DHS policy/protocol.	SCAO/DHS	System established.	Q4		

Action Steps and Benchmarks		Person Responsible	Evidence of Completion	Quarter Due	Quarter Completed	Quarterly Update
	c. Propose that the Michigan Supreme Court approve a court rule that requires "compelling reasons" be noted on the court record and in the court order where a decision has been made to not file for termination of parental rights if the child has been in care 15 of 22 months.	SCAO Permanency Options Workgroup	Court rule with related court order form.	Q7		
	d. SCAO will support local courts with related training and data/research regarding facilitating safe and timely permanency.	SCAO	Training curriculum, list of dates trainings are occurring, agendas and attendees.	Q2		
	e. Increase foster parent notification of court hearings and encouraged by the court to provide their input regarding the child's safety and well being.	DHS/SCAO/CWCCU	Case reading data FCRB and surveys/interviews with foster parents from CWCCU and FCRB.	Q4		
	e.1 If data indicates continued issues with foster parents not being notified of court hearings and/or lack of opportunity to voice concerns/opinions, a collaborative workgroup will be establish to identify barriers and provide recommendations to CSA and the courts.	DHS/SCAO	Copy of roster for workgroup and recommendations. Outcomes and recommendations.	Q6 Q8		
Renegotiated Action Steps and Benchmarks						
Primary Strategy IV:		Enhance accountability and workforce development.		Applicable CFSR Outcomes or Systemic Factors:		Systemic Factor I. Statewide Information System Systemic Factor III. Quality Assurance System
Goal:	Promote consistent and quality practice throughout the state by focusing on continuous quality improvement (CQI) and quality data, along with redefining supervision.			Applicable CFSR Items:		Item 24 and 31
Action Steps and Benchmarks		Person Responsible	Evidence of Completion	Quarter Due	Quarter Completed	Quarterly Update

Action Steps and Benchmarks		Person Responsible	Evidence of Completion	Quarter Due	Quarter Completed	Quarterly Update
4.1	Develop the Quality Assurance process at the state level which will include defined performance goals for quality improvement and incorporate CFSR data standards.					
	a. Develop the DHS QA model.	QA	Copy of QA model and procedure manual including timeline specific process being implemented for PIP measurement.	Q2		
	b. Create tool for QA process for foster care that aligns with CWCCU and develop a QA CPS tool.	QA/CFSR/CWCCU	Copy of the tools.	Q2		
	c. Develop protocol and format for Quality Improvement Plans (QIPs).	QA	Copies of protocol.	Q3		
	d. Issue communication to the field detailing the protocols for the QA process.	QA	Copy of communication to the field including implementation timeframe.	Q3		
	e. Develop QA website to ensure field staff, private agencies and community stakeholders have access to improvement goals, data and procedures.	QA	Link to website; examples (screen shots) of improvement goals, data and procedures.	Q7		
	f. Incorporate county outcomes and data reports into the statewide QA process.	QA	Monthly reports, CQI meeting minutes.	Q7		
4.2	Implement a statewide CPS enhancement plan process based on the requirements of the consent decree.					
	a. CPS first line managers will complete two case reads per worker per quarter. Findings will be rolled up and sent to QA for evaluations.	FOA	CPS QA Quarterly summary reports and/or case read data..	Q1		
	b. QA will complete targeted CPS case reads in the areas where an area of needed improvement has been identified.	QA	Statewide quarterly summary reports.	Q2 Q4 update Q6 update		
	c. Findings will be compiled and reported to CSA, field operations office and CPS program office.	QA	Statewide quarterly summary reports.	Q4 Q7		
4.3	Implement Regional CQI Teams.					

Action Steps and Benchmarks		Person Responsible	Evidence of Completion	Quarter Due	Quarter Completed	Quarterly Update
	a. Develop pilot process and training materials for regional CQI analysts.	QA	Copy of QA procedure manual.	Q2		
	b. Train CQI analyst on the utilization of CQI tools and responsibilities.	QA	Training PowerPoint.	Q2		
	c. Pilot CQI regional meetings in county office where the CQI analyst is stationed.	QA	Summary reports.	Q4		
	d. Develop process to implement and train CQI regional teams statewide.	QA	Policy and procedure protocol.	Q7		
4.4	Improve data input in SWSS.					
	a. Implementation of a statewide interface to SWSS for private agencies to assure accuracy of case information including placement and timely data entry of social work contacts.	SACWIS	Update on progress. Implementation update.	Q1 Q2 Q3		
	b. Evaluation of implementation.	SACWIS	Evaluation.	Q6		
4.5	Seek assistance from the NRC for Child Welfare in Data and Technology on exploring a data driven supervision model.					
	a. Convene a workgroup to identify expectations of supervisors.	CFSR staff	List of workgroup members.	Complete		
	b. Develop data reports for the field to improve practice and meet expectations.	Workgroup	Data reports.	Q4		
	c. Post reports on InfoView to ensure supervisory access.	DMU	Copy of reports.	Q5		
	d. Develop a webinar training to introduce reports and teach supervisors how to access and utilize the reports.	Workgroup/FOA/ CWTI	Project plan.	Q6		
Renegotiated Action Steps and Benchmarks						

State:	Michigan
Date Submitted	5/20/2011
PIP:	X
Quarterly Report:	
Quarter:	

Part B: National Standards Measurement Plan and Quarterly Status Report

Safety Outcome 1: Absence of Recurrence of Maltreatment												
National Standard	94.60%											
Performance as Measured in Final Report/Source Data Period	92.9% for FY 2008											
Performance as Measured at Baseline/Source Data Period												
Negotiated Improvement Goal	93.50%											
Renegotiated Improvement Goal												
Status (Enter the quarter end date and measurement for the reported quarter in cell below)	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12
Note												

Safety Outcome 1: Absence of Maltreatment of Children in Foster Care												
National Standard	99.68%											
Performance as Measured in Final Report/Source Data Period	99.51%											
Performance as Measured at Baseline/Source Data Period												
Negotiated Improvement Goal	99.68%											
Renegotiated Improvement Goal												
Status (Enter the quarter end date and measurement for the reported quarter in cell below)	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12
Note												
Permanency Outcome 1: Timeliness and Permanency of Reunification												
National Standard	122.6											
Performance as Measured in Final Report/Source Data Period	FY 2008 Michigan's composite score was 106.8											
Performance as Measured at Baseline/Source Data Period	FY 2009 Michigan's composite score is 111											
Negotiated Improvement Goal												
Renegotiated Improvement Goal												
Status (Enter the quarter end date and measurement for the reported quarter in cell below)	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12

Note

Permanency Outcome 1: Timeliness of Adoptions												
National Standard	106.4											
Performance as Measured in Final Report/Source Data Period	FY 2008 Michigan's composite score was 95.5											
Performance as Measured at Baseline/Source Data Period	FY 2009 Michigan's composite score is 108.3											
Negotiated Improvement Goal												
Renegotiated Improvement Goal												
Status (Enter the quarter end date and measurement for the reported quarter in cell below)	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12
Note												
Permanency Outcome 1: Achieving Permanency for Children in Foster Care for Long Periods of Time												
National Standard	121.7											
Performance as Measured in Final Report/Source Data Period	FY 2008 Michigan's composite score was 118.5											
Performance as Measured at Baseline/Source Data Period	FY 2009 Michigan's composite score is 125.5											
Negotiated Improvement Goal												
Renegotiated Improvement Goal												
Status (Enter the quarter end date and measurement for the reported quarter in cell below)	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12
Note												

State:	Michigan
Date Submitted	5/20/2011
PIP:	X
Quarterly Report:	
Quarter:	

Part C: Item-Specific and Quantitative Measurement Plan and Quarterly Status Report

Outcome/Systemic Factor:	Safety One	Item: 1	Timeliness of Investigations									
Performance as Measured in Final Report	In sixty-nine percent (69%) of the applicable cases, reviewers determined that the agency had initiated an investigation of a maltreatment report in accordance with required timeframes.											
Performance as Measured at Baseline/Source Data Period												
Negotiated Improvement Goal												
Method of Measuring Improvement	Data from SWSS on the timeliness of commencement of investigations											
Renegotiated Improvement Goal												
Status (Enter the quarter end date and measurement for the reported quarter in cell below)	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12
Note												
Outcome/Systemic Factor:	Safety Two	Item: 3	Services to family to protect child(ren) in the home and prevent removal or re-entry into foster care.									
Performance as Measured in Final Report	In sixty-nine percent (69%) of the cases, reviewers determined that the agency had made concerted efforts to maintain children safely in their own homes.											
Performance as Measured at Baseline/Source Data Period												
Negotiated Improvement Goal												
Method of Measuring Improvement	Quality assurance case reading data											
Renegotiated Improvement Goal												
Status (Enter the quarter end date and measurement for the reported quarter in cell below)	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12
Note												

Outcome/Systemic Factor:	Safety Two	Item: 4	Risk and Safety Management									
Performance as Measured in Final Report	In sixty-five percent (65%) of the applicable cases, reviewers determined that the agency had made diligent efforts to assess and address the risk of harm to the child.											
Performance as Measured at Baseline/Source Data Period												
Negotiated Improvement Goal												
Method of Measuring Improvement	Quality assurance case reading data											
Renegotiated Improvement Goal												
Status (Enter the quarter end date and measurement for the reported quarter in cell below)	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12
Note												
Outcome/Systemic Factor:	Permanency One	Item: 7	Permanency goal for child									
Performance as Measured in Final Report	In seventy-five percent (75%) of the applicable cases were rated as a strength for this item.											
Performance as Measured at Baseline/Source Data Period												
Negotiated Improvement Goal												
Method of Measuring Improvement	Quality assurance case reading data											
Renegotiated Improvement Goal												
Status (Enter the quarter end date and measurement for the reported quarter in cell below)	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12
Note												

Outcome/Systemic Factor:	Permanency One	Item: 10	Other planned permanent living arrangement									
Performance as Measured in Final Report	Forty percent (40%) of the applicable cases were rated as a strength for this item.											
Performance as Measured at Baseline/Source Data Period												
Negotiated Improvement Goal												
Method of Measuring Improvement	Quality assurance case reading data											
Renegotiated Improvement Goal												
Status (Enter the quarter end date and measurement for the reported quarter in cell below)	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12
Note												
Outcome/Systemic Factor:	Well-being One	Item: 17	Needs and services of child, parents, and foster parents									
Performance as Measured in Final Report	Forty-eight percent (48%) of the cases were rated as a strength.											
Performance as Measured at Baseline/Source Data Period												
Negotiated Improvement Goal												
Method of Measuring Improvement												
Renegotiated Improvement Goal												
Status (Enter the quarter end date and measurement for the reported quarter in cell below)	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12
Note												

Outcome/Systemic Factor:	Well-being One	Item: 18	Child and Family involvement in case planning									
Performance as Measured in Final Report	Forty-six percent (46%) of the cases were rated as a strength.											
Performance as Measured at Baseline/Source Data Period												
Negotiated Improvement Goal												
Method of Measuring Improvement												
Renegotiated Improvement Goal												
Status (Enter the quarter end date and measurement for the reported quarter in cell below)	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12
Note												
Outcome/Systemic Factor:	Well-being One	Item: 19	Caseworker visits with child									
Performance as Measured in Final Report	Sixty-six percent (66%) of the cases were rated as a strength.											
Performance as Measured at Baseline/Source Data Period												
Negotiated Improvement Goal												
Method of Measuring Improvement												
Renegotiated Improvement Goal												
Status (Enter the quarter end date and measurement for the reported quarter in cell below)	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12
Note												

Outcome/Systemic Factor:	Well-being One	Item: 20	Caseworker Visits with parent(s)									
Performance as Measured in Final Report	Thirty-one percent (31%) of the cases were rated as a strength.											
Performance as Measured at Baseline/Source Data Period												
Negotiated Improvement Goal												
Method of Measuring Improvement												
Renegotiated Improvement Goal												
Status (Enter the quarter end date and measurement for the reported quarter in cell below)	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12
Note												