



**Michigan's Child and Family Services Review  
Statewide Assessment**

**August 2009**

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# Statewide Assessment Instrument

## Section I – General Information

### Michigan Department of Human Services

#### Period Under Review

Onsite Review Sample Period: 4/1/08 to 11/30/08

Period of AFCARS Data: 2008

Period of NCANDS Data (or other approved source; please specify if alternative data source is used): 2008 – Alternative Data

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## **Introduction**

On January 25, 2000, the Department of Health and Human Services (DHHS) published a final rule in the Federal Register to establish a new approach to monitoring State child welfare programs. Under the rule, which became effective March 25, 2000, states are assessed for substantial conformity with certain federal requirements for child protective, foster care, adoption, family preservation and family support, and independent living services. The Children's Bureau, part of DHHS, administers the review system, known as the Child and Family Services Reviews (CFSRs).

The focus of the CFSR is safety, permanency and child and family well being. The intent of the CFSR is to promote continuous improvement in the outcome areas of safety, permanency and well being.

A federal Children and Family Services Review was conducted in Michigan in 2002. Reviewers used information from multiple sources including a statewide assessment, onsite reviews of a sample of children and families served in Wayne, Saginaw, and Jackson counties, statewide data on the CFSR national data standards, and interviews with state and community representatives. Michigan met six of 14 outcomes, and developed a Program Improvement Plan (PIP). During the PIP period, Michigan achieved the required amount of performance improvement for all goals except one data outcome: "Achievement of Reunification within 12 months of the Child's Latest Removal Date".

The CFSR is a four-phase process including:

- The receipt of Michigan's CFSR Data Profile.
- The completion of the Statewide Assessment.
- The onsite federal review, which will be held the week of in September 21, 2009 (Wayne, Kent and Berrien counties are the review sites).
- The Program Improvement Plan (PIP), which is required of all states found to be out of conformity in any of the areas of review.

The Department of Human Services (DHS) and other child welfare stakeholders, working together, created the Statewide Assessment to evaluate Michigan's performance. Furthermore, the Michigan 5-Year Child and Family Services Plan (CFSP) has been developed in consultation with DHS stakeholders and child welfare partners. The Governor's Task Force on Children's Justice is Michigan's standing and extended stakeholder groups for the CFSR and the CFSP. The CFSR Core Workgroup was also instrumental in the development of the Statewide Assessment.

## **Organization**

DHS is the agency recognized by DHHS, Administration for Children and Families (ACF) as responsible for administering federal child welfare programs under titles IV-B, IV-E and XX of the Social Security Act. The state's child welfare program is state-supervised and administered. The DHS mission includes a commitment to ensure that

children and youth served by our child welfare systems are safe; to promote, improve and sustain a higher quality of life while enhancing their well being; and to have permanent and stable family lives.

The DHS Children's Services Administration (CSA) is responsible for planning, directing and coordinating statewide child welfare programs, including social services provided directly by DHS via statewide local offices and services provided by private child-placing agencies (CPAs). Michigan has 83 counties served by 109 local DHS offices, including six child welfare specific district offices, four in Wayne County, one in Oakland County, and one in Genesee County.

### **Michigan's Child Welfare Mission**

In the 2010 to 2014 Child and Family Services Plan, the State of Michigan is committed to ensuring that economic, health and social services are available and accessible to vulnerable families, children and youth. Services are designed to:

- Strengthen families and help parents create safe, nurturing environments for their children.
- Reduce child maltreatment, abandonment, neglect, preventable illness, delinquency, homelessness, and other risks to a child's development and well being.
- Strengthen economic security, promote strong nurturing parenting and improve access to health care and safe, secure housing.

### **Organizational Structure**

DHS significantly restructured child welfare services during 2008 and 2009. Achieving true child welfare reform requires change at the caseworker level, as well as the ability to monitor outcomes at all levels. DHS central office expanded its functions to provide technical assistance and resources to the local offices, with a focus on quality assurance and data management to facilitate better outcomes for children.

To align local office and central operations, DHS created new child welfare field operations in the five largest counties: Wayne, Oakland, Macomb, Kent and Genesee, also known as the "Urban" counties. These counties represent about 60 percent of the foster care caseload in Michigan. A children's services county director position supervises the public assistance programs with an equivalent level director who supervises all child welfare programs. This organizational change was made to heighten DHS' ability to address the issues that affect the child welfare program operation in large urban counties.

All five child welfare county directors were appointed by November 2008. An Urban Field Operations Director supervises these five county directors. Under this new structure, there is also a Child Welfare Manager in the Field Operations Administration. This position is responsible for ensuring that policies and practices are followed in the other 78 counties and that the needs of these other counties are taken into account when new policy and procedures are established. The Urban Field Operations Director

and the Children's Welfare Manager report to the DHS Deputy Director, Stanley Stewart, who reports to the DHS Director.

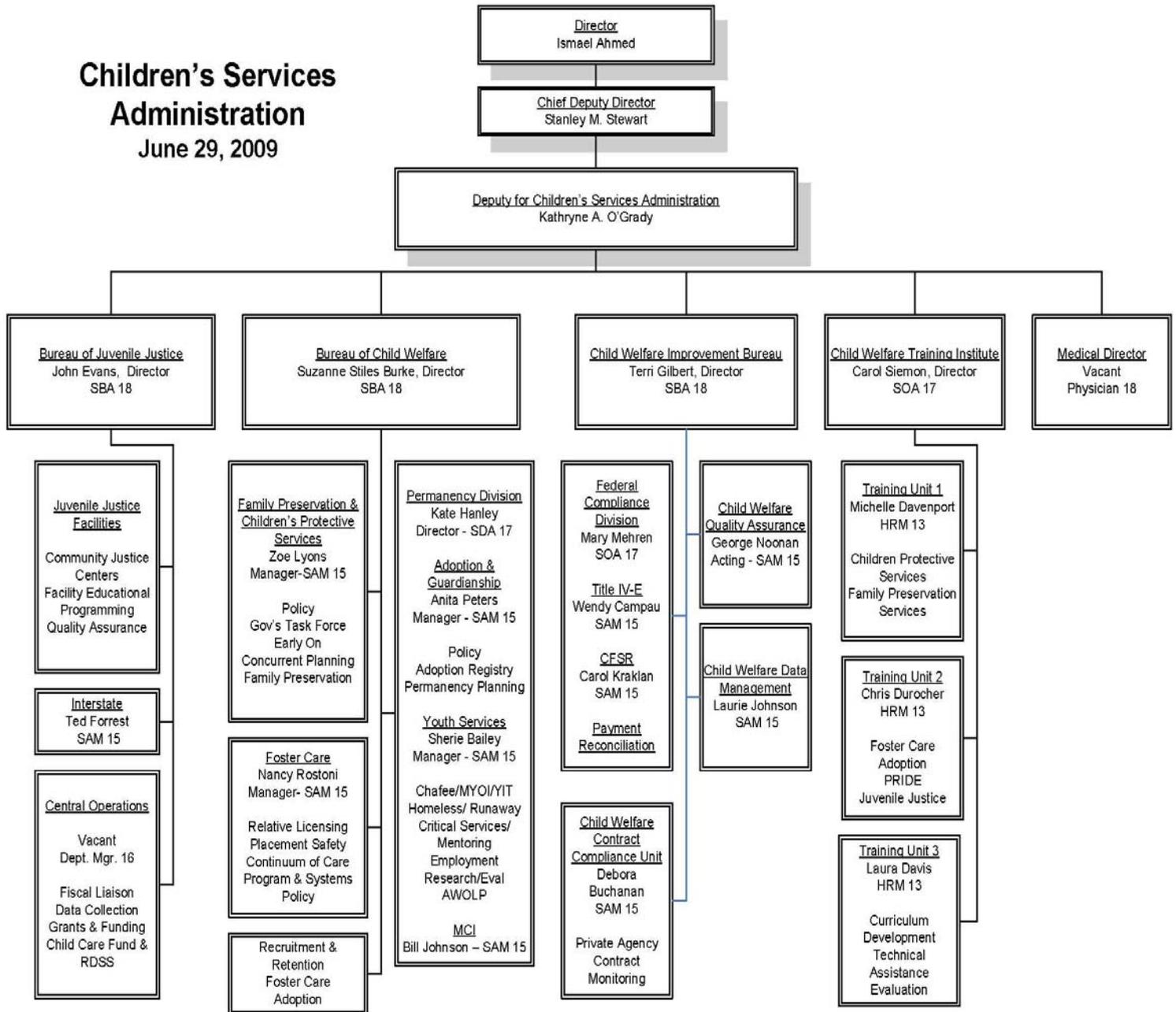
In central office, there are four bureaus within the Children's Services Administration (CSA): Bureau of Juvenile Justice (BJJ), Bureau of Child Welfare, Child Welfare Improvement Bureau (CWIB), and the Child Welfare Training Institute (CWTI). These four bureaus report to the CSA Director who also reports to the DHS Deputy Director. The CWTI was moved from field operations to the CSA and the BJJ is an existing bureau within Children's Services. The CWIB is new and it includes the Federal Compliance Office, the Child Welfare Contract Compliance Unit and the newly created Quality Assurance and Data Management Units. The Bureau of Child Welfare includes Community Based Services and Children's Protective Services (CPS), Foster Care, Youth Services, the Michigan Children's Institute, Adoption and Guardianship, and Permanency policy offices.

Finally, to ensure regular communication, DHS established a Children's Services Cabinet, headed by the CSA Director. The Cabinet is comprised of the bureau directors, the five child welfare urban directors and CSA administration with others invited as needed. The Cabinet meets monthly to ensure uniformity and efficiency in administering all child welfare programs, policies and practices. On a quarterly basis, the Children's Cabinet is expanded to include the largest 14 counties in the state. These counties represent 80 percent of the child welfare population.

The Bureau of Children and Adult Licensing (BCAL) is also located with DHS, but it is not a part of CSA. BCAL conducts onsite evaluations to determine compliance with state law and licensing rules, consults with child welfare organizations to improve the quality of service, and investigates complaints alleging administrative rule or statute violations. BCAL regulates child welfare agencies, foster homes, child development and care providers, juvenile court operated facilities, adult foster care facilities, homes for the aged, and camps for children or adults. In December 2003, an executive order was issued that moved the responsibility for foster home licensing into the DHS. Before that time, BCAL was housed in the Department of Consumer and Industry Services, which became the Department of Labor and Economic Growth.

**DHS CSA Organizational Chart**

**Children's Services Administration**  
June 29, 2009



CSA Org Chart 06-29-09

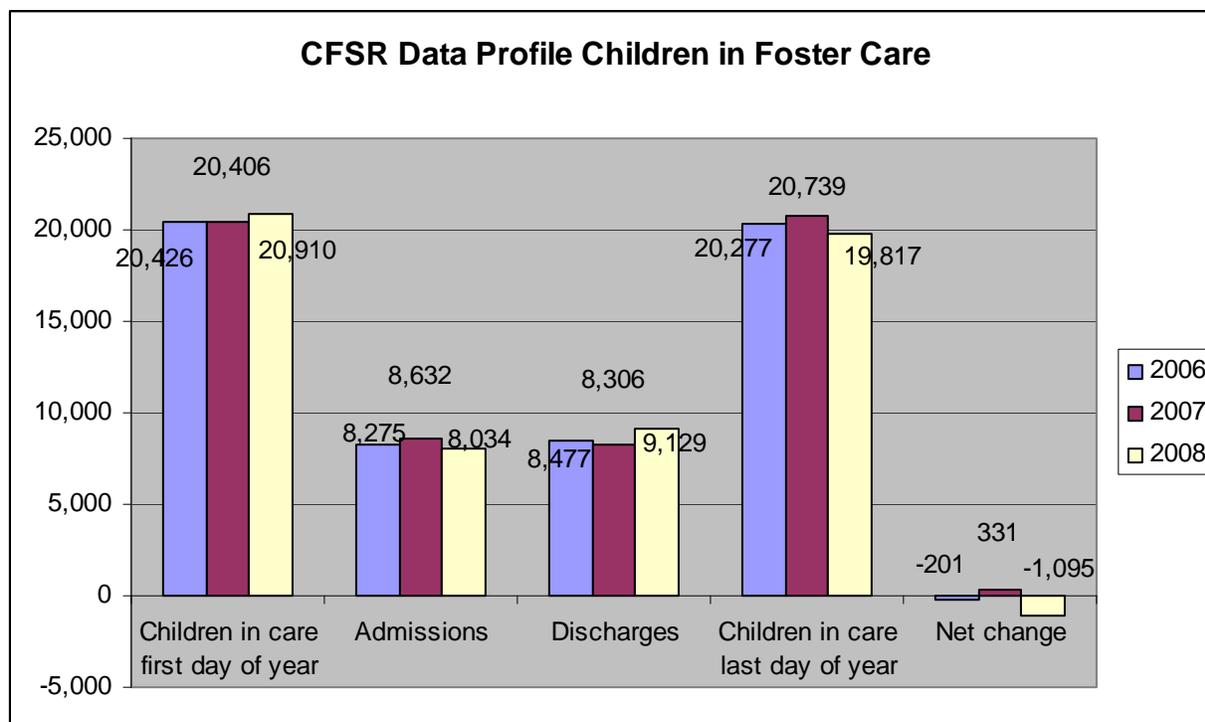
The entire DHS organizational chart is located at:  
[http://www.michigan.gov/documents/DHS-Org-Chart\\_145051\\_7.pdf](http://www.michigan.gov/documents/DHS-Org-Chart_145051_7.pdf)



## Child Welfare Demographics and Caseloads

Michigan operates the seventh largest child welfare system in the country. As of May 2009, DHS was responsible for the care and supervision of approximately 16,941 children. This number includes children who are supervised by private child placing agencies under contract with DHS.

According to the CFSR Data Profile, which includes foster care, DHS-supervised juvenile justice and County of Wayne juvenile justice youths:



In 2006, there were about 2.6 million children in Michigan ages 0-19. The number of youth under the supervision of the DHS represents less than 1 percent (.7 percent) of the total state youth population.

In fiscal year 2008, there were 124,716 CPS complaints made to DHS. Of these, DHS assigned 74,339 for an investigation (60 percent). Substantiated child victims of abuse and neglect numbered 29,227 (23 percent).

According to the CFSR Data Profile, current living arrangements for children in out-of-home care:

- Thirty-six percent of children are placed with relatives.
- Thirty-two percent are placed in foster homes.
- Seven percent are supervised in their own homes under court jurisdiction.

Michigan has increased the percentage of relative placements since the CFSR Round 1 profile by seven percent.

DHS contracts with 56 private child placing agencies that provide case management services for foster care, juvenile justice and residential services to 41 percent of the children. Private agencies provide both foster care and adoption services. Currently, the private agencies are assigned to provide adoption services for 75 percent of the cases under DHS supervision. Nine agencies are contracted to provide supervised independent living (SIL) services. Many of these agencies provide services across multiple program areas.

As of September 30, 2008, roughly 1,089 juvenile justice youth are under DHS supervision; 845 are male and 244 female. Approximately 18 percent are placed in state-operated residential programs, 22 percent are placed with privately-operated residential programs contracted by the state, 54 percent are served in community-based programs, and the remaining six percent are assigned to miscellaneous placements such as jail or detention.

In Michigan:

- Thirty percent of the foster care caseload is in Wayne County.
- Fifty-nine (58.5) percent is in the five largest populated counties (the “Big Five”), including Wayne.
- Seventy-eight percent is in the “Big 14” which also includes Berrien, Calhoun, Ingham, Jackson, Kalamazoo, Muskegon, Saginaw, St. Clair and Washtenaw, in addition to the Big Five.
- Twenty-two percent is in the remainder of the state.

The Urban counties account for over half of all foster children in the system, and over three-quarters of the child welfare caseload is in the “Big 14”.

### **Michigan’s Demographics and Economy**

Michigan is the 10th largest state in the Union (combined land and water area), with 58,110 square miles of land, 1,305 square miles of inland water and 38,575 square miles of Great Lakes water area. It has the longest freshwater shoreline with 3,288 miles of Great Lakes shoreline and four of the five Great Lakes bordering its land. Michigan has two peninsulas, the Upper Peninsula and the lower.

Michigan leads the nation in automobile manufacturing and is the home of the Big Three automakers: General Motors Corporation, Chrysler Group LLC and Ford Motor Company. Michigan also manufactures a wide variety of other products. These include non-electric machinery, furniture and appliances, cereal, baby food, chemicals, pharmaceuticals and lumber. The tourist business is one of Michigan's largest income producers. The Upper Peninsula is economically important for tourism and natural resources. In spite of urban expansion into farm acreage, the state still has about 52,800 farms with a total of 10 million acres.<sup>1</sup>

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<sup>1</sup> [http://www.michigan.gov/hal/0,1607,7-160-15481\\_20826\\_20829-56001--,00.html](http://www.michigan.gov/hal/0,1607,7-160-15481_20826_20829-56001--,00.html)

	<b>Michigan</b>
Population, 2006 estimate	10,095,643
Persons under 5 years old, percent, 2006	6.3%
Persons under 18 years old, percent, 2006	24.5%
White persons, percent, 2006	81.2%
Black persons, percent, 2006	14.3%
American Indian and Alaska Native persons, percent, 2006	0.6%
Asian persons, percent, 2006	2.4%
Native Hawaiian and Other Pacific Islander, percent, 2006	% <sup>2</sup>

Michigan is in a sustained and severe financial crisis. The bankruptcies of Chrysler and General Motors, along with the protracted decline in auto sales for Ford Motor Company have weakened Michigan's economy. The seasonally adjusted unemployment rate for June 2009 hit 15.2 percent compared to the US unemployment rate of 9.5 percent. State funds supporting human services program have been reduced because of lower than estimated tax revenues in the current fiscal year. Projected deficits for the fiscal year 2010 are in excess of \$1.6 billion dollars.

DHS projects between August 2009 and the end of the calendar year, almost 100,000 persons will exhaust unemployment benefits and may apply for Family Independence Program or other benefits. This could also affect the Medicaid caseload, which increases by 20,000 to 30,000 per month. The Michigan Legislature approved the use of federal funds so DHS can hire 200 limited term caseload specialists to help manage this situation. The limited term specialists will be employed for one year.

State employees have received six unpaid mandatory days off – called furlough days – for the remainder of fiscal year 2009. On-call emergency child welfare services will continue during these days. The state's private child placing agencies, which supervise 37 percent of the state's foster care cases, are not required to be furloughed.

## **Recent Child Welfare Reform Efforts**

Ismael Ahmed was appointed DHS director in September 2007. Reforming the child welfare system has been one of his key priorities. Two significant events occurred since Director Ahmed's tenure began that have already had significant impact upon the way DHS provides services to child welfare clients.

- The first was the *Dwayne B. v. Granholm, et. al.* lawsuit, in which under Director Ahmed's leadership, DHS reached an historic Settlement Agreement with Children's Rights, Inc. The agreement builds upon reform efforts already underway and improves safety for children while providing stronger support for those who care for them.

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<sup>2</sup> % = the population is not large enough to round off to one or two decimal points. In Michigan, there are 3757 Native Hawaiian and Other Pacific Islanders, which accounts for 0.04% of the population.

- The second significant initiative, initiated by Director Ahmed, was the Child Welfare Improvement Task Force (CWITF), detailed later in this section. The task force recommendations provide the roadmap for reform efforts in Michigan.

Another significant reform effort includes DHS' examination of the over-representation of African American children and other children of color in the child welfare and juvenile justice systems. In March 2006, DHS released a major report, "Equity: Moving Toward Better Outcomes for All of Michigan's Children".

## **DHS Settlement Agreement**

On July 3, 2008, Director Ahmed, on behalf of DHS, reached an out-of-court agreement with Children's Rights, Inc. Key components of the Settlement Agreement that impact child welfare staff and agencies in both DHS and its private sector partners include:

- Reduced caseload levels.
- Increased timelines and resources to help children achieve permanency including the development of data management reports and county plans.
- Increased capacity and an emphasis on licensure for relative and non-relative providers.
- Establishment of a medical director position who will oversee the policies related to medication and medical services for children under DHS care.
- Increased education and training requirements for children's service specialists and managers.
- The creation of the new DHS Quality Assurance Unit and Data Management Unit (DMU) to evaluate and make recommendations for the improvement of child welfare policies, procedures, and services.
- An improved monitoring unit for purchase of service contracts and the implementation of performance-based contracting (PBC).

Kevin Ryan, the former Commissioner of the Department of Children and Families in New Jersey, was appointed by the federal district court to monitor compliance with the Settlement Agreement. He and his team are assisting and monitoring DHS in meeting or exceeding federal standards for child safety, permanency and well being.

Michigan's first year of reform focused on communicating the vision and outcomes for the achievement of the Settlement Agreement. DHS is developing strategic and tactical plans with input from a variety of stakeholders. Staff is reviewing baseline data and evaluating it for compliance. Improvement efforts are being initiated and the general infrastructure of the child welfare system is being reconfigured and strengthened.

In the second year, DHS expects to see preliminary results of these efforts, including reducing children's length of stay, improving safety and well being, and achieving lasting permanency. DHS will embark on developing new and innovative ways to identify and address gaps in service array to address currently unmet needs. Staff and management will also begin to systematically measure and evaluate services to ensure positive outcomes.

Finally, in subsequent years, DHS will continue to improve the outcome achievements of the child welfare system to positively affect children and families, as well as update its child welfare implementation plan and the Annual Progress and Services Report (APSR) based on program evaluation.

## **Race Equity**

To address racial equity effectively, DHS is committed to making systemic changes that will ensure all children, regardless of their race and/or ethnicity, receive protection from abuse and/or neglect. These changes include maintaining children safely in their homes. However, when children must be removed, they should be placed in an environment that is supportive of their physical, emotional and cultural needs in a holistic manner.

The report resulting from Michigan's examination of race issues is entitled "Equity: Moving Toward Better Outcomes for All Michigan's Children - Report from the Advisory Committee on the Overrepresentation of Children of Color in Child Welfare" (March 2006). The report, authored by the Michigan Advisory Committee on the Overrepresentation of Children of Color in Child Welfare, was a culmination of more than two years of work in which the committee held numerous public hearings and focus groups receiving testimony from hundreds of individuals across the state about the racial disparities within the child welfare system.

The report identified that at every decision point in the child welfare continuum, African American and Native American children and families are represented in numbers that exceed their relative proportion of the population. From the initial intake call, maltreatment substantiation, entry into out-of-home care, and length of stay data, African American and Native American children are over-represented. Though reasons underlying this data are multi-faceted (poverty, substance abuse, racial bias, etc.), the report illustrated that a child's race and ethnicity are strong predictors for their involvement with the child welfare system. For example, though African American children represent slightly less than 18 percent of all children in Michigan, more than half of the children in foster care are African American.

The Center for the Study of Social Policy, released a second report, "Race Equity Review: Findings from a Qualitative Analysis of Racial Disproportionality and Disparity for African American Children and Families in Michigan's Child Welfare System".<sup>3</sup>

One of the recommendations from the equity report focused on the need for Michigan to conduct an external review of its child welfare system. This review was intended to "help identify the strengths of current programs, policies, and procedures in addressing the needs of families of color, as well as to clarify specific changes needed to reduce over-representation". The broad scope of this review, which was provided by the Child Welfare Improvement Task Force (CWITF), provided a unique opportunity to delve deeper into the problem of over-representation, and the lessons learned in Michigan

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<sup>3</sup> [http://www.cssp.org/major\\_initiatives/racialEquity.html](http://www.cssp.org/major_initiatives/racialEquity.html)

can be broadly applied to other states and localities. The recommendations from the *Equity* report are incorporated into the CWITF recommendations.

### **Michigan's Child Welfare Improvement Task Force**

In April of 2008, DHS Director Ismael Ahmed established the Michigan Child Welfare Improvement Task Force (CWITF), charged it to assess the state's policies and programs and recommend outcomes and actions to drive future reforms. While several other committees and task forces have been created to examine parts of the state's child welfare system in the past several years, the CWITF was unique in the breadth of both its scope and its composition. The purpose of the CWITF was to examine all parts of the state supported system, inclusive of policies and programs for youth and families at risk of or experiencing maltreatment, delinquency and teen homelessness. The 85 members of the task force include state and local public officials and leaders from all sectors of the child welfare community, including 16 young adults with direct experience in the system. Their perspectives were complemented by a presentation from birth parents who were recipients of services from the system.

The task force's last meeting was conducted in March 2009, with a final report issued in April 2009. The CWITF change priorities, key actions and proposed outcomes frame a strategic map for systemic reform of Michigan's child welfare system. The Task Force recommends clearly-stated goals to safely reduce the number of Michigan children in foster care, address the needs of seriously emotionally disturbed children in juvenile justice residential care, and address the disproportionately high rate of African American and Native American children in out-of-home care. The CWITF recommendations also acknowledge the reforms included in the Settlement Agreement. Timely implementation of the agreement is essential to the protection of children.

As noted in the task force's final report, global factors in Michigan's current child welfare system include:

#### **Increase in confirmed abuse and neglect investigations**

Child welfare caseloads have increased due to the deteriorating conditions of many children and reduced resources for public and private human services. According to DHS data generated for the task force, the total number of CPS investigations assigned by the department increased between 2000 and 2008 by 7 percent. Assigned investigations went from 69,400 to 74,439 during this time and the total number of confirmed CPS investigations increased by 13 percent, from 15,210 in 2000 to 17,460 in 2008. However, the overall number of children in out-of-home care has decreased.

#### **Insufficient resources for prevention and transitional services**

Upon review of historical data generated by DHS, the task force also found that the Michigan Legislature has consistently appropriated an insufficient level of funding for preventive, early intervention, and transitional services for children, youth and families who come into contact with the child welfare system. While the state is experiencing growth in new child welfare cases and a backlog of existing cases, twelve-month

enrollments in the Families First of Michigan program have declined by 25 percent between 2000 and 2007 based on the flat funding appropriated by the state legislature.

### **Growing numbers of children in the child welfare system**

On average, children spend 15 months under the jurisdiction of Michigan's child welfare system. (Note: according to the CFSR Data Profile, the average length of stay in foster care is 17.1 months.) As a result, Michigan is experiencing a problematically high rate of children and youth in foster care who are awaiting adoption or other permanency services. The average length of stay for children in the child welfare system has steadily decreased between 2004 and 2007. While this trend appears to be moving in the right direction, it only accounts for cases that were closed and does not include cases that remain open in the system. In 2004, DHS investigations resulted in 6,952 new foster care entries. Of these cases, 18 percent were closed within the first 12 months of services, 61 percent were closed between one and three years, and 11 percent were closed between three to five years. Another 10 percent (696) of these cases still remained open as of April 2009. These data indicate that a large number of youth remain in the system after several years and are not attaining permanency outcomes in a timely manner.

The Foster Care Review Board's 2007 Annual Report indicates that the local courts also play a role in the unsatisfactory permanency and reunification outcomes. There are four court-related issues that need attention:

- Absence of consistent judicial leadership.
- Inefficient administrative processes.
- Lack of mandatory jurist training and experience.
- Inconsistent local court/agency collaboration and cooperation.

### **Michigan's building blocks**

Despite these significant challenges, there is much to build on within Michigan's child welfare system. The engagement of citizens and their extensive contribution of time, energy and talent to the task force is a measure of broad community commitment to meeting the needs of the most vulnerable children and families. Michigan has a history of demonstrated leadership and a capacity for system improvement. Some jurisdictions have instituted parent-advocacy programs to assist parents in working with the child welfare system. The Association for Children's Mental Health trains parents to become parent partners to assist birth parents in Wayne County to navigate the Child Welfare System. Model courts expedite permanency decision making and local collaborative improve integration of services across systems. Additionally, there are programs such as the Michigan Youth Opportunity Initiative (MYOI) that support young people who are aging out of the foster care system.

### **DHS' Vision for Change**

The recommendations of the CWITF are intended to improve the outcomes for children and youth and to restructure services for children and their families.

First and foremost, the intention is to create networks of supportive, preventive and early intervention services at the community level, allowing families to resolve problems without disrupting relationships unless absolutely necessary to protect the safety of the child. This will require a shift in funding strategies so that investments are made in less intrusive services. As community-based services are developed, the reliance on out-of-home placement must diminish and be restricted to those children who cannot be safely cared for in their own homes or who need specialized treatment.

The provision of services should be tailored to the individual needs of children, youths and families within the context of community and culture. This will require the ability to make accurate assessments that lead to individualized family service plans driven by needs rather than available resources. The service array must be developed based on identified needs and the most effective models available. Focused effort must be directed at integrating service systems through shared goals, collaborative planning, and community partnerships. Out-of-home placements, when necessary, should be close to family and community and be focused on specific treatment or developmental goals.

Permanency services, including reunification, adoption, and guardianship, should start from the day of placement. This reform strategy will allow children and families to have their needs met in their own communities, minimize disruption to critical relationships, and promote their long-term well being.

Once the plan is implemented, in order to determine progress, numerous measures of change will be tracked over a five-year period and reported to the public annually.

The entire CWITF report is located at:

[http://www.michigan.gov/documents/cwitf/042809FinalReport\\_276565\\_7.pdf](http://www.michigan.gov/documents/cwitf/042809FinalReport_276565_7.pdf)

## **Child Welfare Case Practice Model**

Michigan's caseworker practice model includes the continuation of the Structured Decision Making and Team Decision Making models. These practices assist DHS and private CPA caseworkers in assessing child safety and permanency planning. The Structured Decision Making tools ensure consistent caseworker practice. Team Decision Making assists caseworkers to meet child and family needs and ensure family engagement in the case planning process.

### **Structured Decision Making (SDM)**

The SDM case management model is designed to improve decision making and service delivery in child welfare. It identifies the multiple decision points during a child welfare case and guides workers through each discrete decision point with a structured assessment. Previous practice relied on a worker's clinical judgment alone to address all decision points with a single assessment process. In comparison, the SDM model clarifies the purpose of each decision, focuses on the factors needed to make each decision and allows the agency to monitor compliance with established policies and procedures. The model has the following components:

- First, structured assessments guide workers through discrete decision points:
  - Response priority: assessment protocols to guide the acceptance of CPS complaints or not and, if accepted, how quickly investigative staff should respond to a referral alleging child abuse/neglect.
  - Safety assessment: to identify the immediate threat of harm and potential protecting interventions or, need for removal.
  - Risk assessment: a unique research-based risk assessment, empirically valid for all racial and ethnic groups, that estimates the likelihood of future abuse and/or neglect, guides decisions to provide services and determines the level of intervention regarding contact needed.
  - Strength and Needs Assessments: standardized assessments of family and child strengths and needs which occur quarterly as long as the case remains open, and are designed to guide service planning and to track achievement of service goals.
  - Reassessments: Periodic reassessments of safety, risk and needs to measure progress, adjust service level, amend service plan, and/or review readiness for case closure.
  - Reunification assessment: that guides the decision to reunify the child with his or her family or to change the permanency-planning goal.

The SDM tools are integrated into the statewide information systems (Reference Item 24).

### **Team Decision-Making (TDM)**

In crafting a revised case practice model, Michigan continues to integrate the principles of family engagement through its use of TDM meetings, which are paired with SDM, resulting in a family centered, strength based, needs driven and safety sensitive decision making process. TDM meetings are also the process that Michigan uses to engage families, including youth, in service planning. Beginning in October 2009, Team Decision Making meetings will be called permanency planning conferences.

Currently, of the 83 Michigan counties, 53 are conducting TDM meetings in the following circumstances:

1. Considered removals (prior to placement)
2. Emergency removals
3. Prior to reunification
4. Prior to a change in permanency goal
5. When a child returns from absent without legal permission status

When a foster care worker makes a referral to the adoption unit, policy requires a Team Decision Making meeting or a case conference, including the adoption worker, to discuss adoption-planning options. This conference must include discussion of health or age concerns for potential adoptive parents if the youngest child involved in the adoption is less than 10 years of age and there is more than 50 years age difference between the child and the youngest prospective adoptive parent. The TDM may include input from the Michigan Children's Institute office and the child's attorney.

The following table lists the frequency of TDM meetings held between June 1, 2008 and May 31, 2009.

Quarter	Total TDMs	TDMs held due to considered removal
June – August	4,090	1,269 (31.03%)
September – November	3,912	1,219 (31.16%)
December – February	3,888	1,113 (28.63%)
March – May	4,489	1,337 (29.78%)

Data collected includes the reasons why a TDM was convened. The reasons are detailed in the table below:

Reason	Number of Responses	Frequency of Response
Emergency Removal	11988	19.01%
Safety Assessment	2549	4.04%
Reunification	3779	5.99%
Permanency Planning	4631	7.34%
Considered Removal	21351	33.86%
Change of Placement	18219	28.89%
Follow-up Meeting	549	0.87%

By October 2010, DHS will implement the TDM policy into the statewide policy manuals. By October 2011, DHS and private CPAs will hold TDM meetings in all five circumstances, in all counties of the state.

## **CFSR Statewide Assessment Data Collection**

The Statewide Assessment contains the results of case readings, surveys and focus groups. The results are included within the applicable sections of the document. Below is an overall summary of the case readings and surveys that were completed.

### **Case Reading Data**

Local DHS supervisors conduct three case readings per caseworker, per quarter. Supervisors use the policy approved forms for these case readings. The forms were revised in 2008 to collect additional CFSR and policy compliance data. In preparing for the CFSR Statewide Assessment, CFSR staff collected the case reading data from these supervisory case readings of open CPS, foster care, and adoption cases. Private child placing agencies were asked to participate in the case reading project; five agencies sent in foster care case reading forms. CFSR staff collected the data from November 1, 2008 through February 28, 2009. During this time, DHS staff completed:

- 1,118 CPS case readings,
- 1,221 foster care case readings (includes the local Foster Care Review Board cases)

- 116 adoptions case readings.

The adoption cases had a case open date that ranged from September 27, 1999 to November 13, 2008. The foster care cases had a case open date that ranged from November 30, 1990 to March 18, 2009. Data on the CPS open dates is not available.

#### A Survey of Parents Whose Children are in Out-of-Home Care

DHS published a report titled, "Michigan Department of Human Services Survey of Parents with Children Involved in the Foster Care and Juvenile Justice System". A random sample of 1,377 parents was drawn on May 30, 2008. The sample was identified from active cases open in the Services Worker Support System Foster Care Adoption and Juvenile Justice (SWSS FAJ) with a permanency-planning goal of reunification. Additionally, the sample purposefully included all parents with a child identified on SWSS FAJ as Native American. Staff excluded the following cases from the survey (n=250):

- The parent's whereabouts were unknown.
- The parent was already receiving another survey regarding a sibling.
- Parental rights had been terminated.

The DHS staff mailed surveys to 1,127 parents. The projected response rate was 30% or 370 surveys, which would be statistically significant at the 95% confidence level. The actual response rate was 13.4% (n=151). This is not statistically significant. A self-addressed, stamped envelope was included to ensure anonymity for parents. Two hundred forty-one surveys were returned by the US Postal Service as undeliverable (these included instances where the forwarding address had expired and those where the address was incorrect).

#### A Survey of Parents with an Open CPS Case

During a two week period in March 2009, to prepare for the CFSR unit staff conducted a mail survey of a random sample of 2,000 parents involved with Children's Protective Services (CPS). Of the 2,000 individuals selected for the sample, 277 (13.9 percent) responded. In terms of this sample group, the statewide response was statistically significant at the 90 percent level (with a 4.7 percent error level).

#### A Survey of Foster Parents

The Child and Family Services Review Unit staff conducted a mail survey of licensed foster parents during a two-week period in April 2009. The sample included DHS and private child placing agency foster parents. The survey was mailed to all forty-one foster parents (i.e., census) identified as Native American and to a statewide random sample of 1,809 (non-Native American) foster parents.

Of the Native American population (N=41), fifteen individuals (36.6 percent) responded. Of the 1,809 individuals selected for the sample, 693 (38.3 percent) responded. In terms of the sample group, the statewide response was statistically significant at the 99 percent level (with a 4.6 percent error level). Twelve-point-six percent (12.6) of the

sample group was licensed as a foster parent for a relative placement (versus 35.7 percent of the Native American population group).

<b>Foster Parent Profile</b>	<b>Sample Group</b>	<b>Native American Population</b>
Percentage with length of time as foster parent 3 years or less	45.6	46.7
Percentage having had 0-10 children placed in home since first licensed	69.5	66.7
Percentage licensed as a foster parent for a relative placement	12.6	35.7
Percentage currently licensed by DHS or a private agency	96.2	100.0

A Survey of Adoptive Parents

To prepare for the CF SR Unit staff conducted a mail survey of adoptive parents during a three-week period in May 2009. The survey was mailed to a statewide random sample of 2,110 adoptive parents who were receiving adoption subsidy. Of the 2,110 individuals selected for the sample, 821 (38.9 percent) responded. In terms of this sample group, the statewide response was statistically significant at the 99 percent level (with a 4.4 percent error level).

<b>Adoptive Parent Profile</b>
Average number of children adopted from Michigan foster care system: n=2.22
Percentage having adopted a child with an American Indian Tribe affiliation: 9.0%

<b>Most Recent Adoption Experience</b>	<b>Percentage</b>
Percentage indicating their most recent adoption experience was more than six years ago:	59.4
Percentage indicating their most recent adoption was completed 0-12 months after termination of parental rights:	44.2

Focus group information is included in Item 38 State Engagement in Consultation with Stakeholders.

## **Michigan Child and Family Services Review Data Profile: March 20, 2009**

The federal fiscal years 2007 and 2008, Safety Data Profile is based on an approved alternate source rather than a standard National Child Abuse and Neglect Data Systems (NCANDS) Child File data submission. Therefore, many of the data elements in the safety profile are incomplete. Michigan submitted an alternative data source from the Statewide Automated Child Welfare Information System (SACWIS) system because during the calendar year 2008, Michigan converted to a new children's protective services system and there were data inconsistencies. Michigan submitted a complete explanation of how the calculation was done to the Children's Bureau. Reference the Additional Footnotes section below for additional information.

CHILD SAFETY PROFILE	Fiscal Year 2006ab						Fiscal Year 2007ab (No Child or Agency File submitted)						Fiscal Yr 2008ab (Child & Agency Files not yet submitted)					
	Reports	%	Duplic. Childn. <sup>2</sup>	%	Unique Childn. <sup>2</sup>	%	Reports	%	Duplic. Childn. <sup>2</sup>	%	Unique Childn. <sup>2</sup>	%	Reports	%	Duplic. Childn. <sup>2</sup>	%	Unique Childn. <sup>2</sup>	%
I. Total CA/N Reports Disposed <sup>1</sup>	70,036		186,754		140,871													
II. Disposition of CA/N Reports <sup>3</sup>																		
Substantiated & Indicated	16,104	23	27,148	14.5	25,234	17.9												
Unsubstantiated	53,932	77	146,149	78.3	107,158	76.1												
Other			13,457	7.2	8,479	6.0												
III. Child Victim Cases Opened for Post-Investigation Services <sup>4</sup>			21,912	80.7	20,555	81.5												
IV. Child Victims Entering Care Based on CA/N Report <sup>5</sup>																		
V. Child Fatalities Resulting from Maltreatment <sup>6</sup>						A												
<b>STATEWIDE AGGREGATE DATA USED TO DETERMINE SUBSTANTIAL CONFORMITY</b>																		
VI. Absence of Maltreatment Recurrence <sup>7</sup> [Standard: 94.6% or more; national median = 93.3%, 25 <sup>th</sup> percentile = 91.50%]					10,490 of 11,070	94.8						92.3 B						92.9 B

VII. Absence of Child Abuse and/or Neglect in Foster Care <sup>8</sup> (12 months) [standard 99.68% or more; national median = 99.5, 25 <sup>th</sup> percentile = 99.30]					28,647 of 28,703	99.80						99.6 4 <b>C</b>					99.51 <b>C</b>

**Additional Safety Measures For Information Only (no standards are associated with these):**

	Fiscal Year 2006ab			Fiscal Year 2007ab (No Child or Agency File submitted)			Fiscal Year 2008ab (Child and Agency Files not yet submitted)		
	Hours	Unique Childn. <sup>2</sup>	%	Hours	Unique Childn. <sup>2</sup>	%	Hours	Unique Childn. <sup>2</sup>	%
VIII. Median Time to Investigation in Hours (Child File) <sup>9</sup>	A								
IX. Mean Time to Investigation in Hours (Child File) <sup>10</sup>	A								
X. Mean Time to Investigation in Hours (Agency File) <sup>11</sup>	D								
XI. Children Maltreated by Parents While in Foster Care. <sup>12</sup>		446 of 28,703	1.55						

## NCANDS data completeness information for the CFSR

### Description of Data Tests

**Percent of duplicate victims in the submission** [At least 1% of victims should be associated with multiple reports (same CHID). If not, the State would appear to have frequently entered different IDs for the same victim. This affects maltreatment recurrence]

**Percent of victims with perpetrator reported** [File must have at least 95% to reasonably calculate maltreatment in foster care]\*

**Percent of perpetrators with relationship to victim reported** [File must have at least 95%]\*

**Percent of records with investigation start date reported** [Needed to compute mean and median time to investigation]

**Average time to investigation in the Agency file** [PART measure]

**Percent of records with AFCARS ID reported in the Child File** [Needed to calculate maltreatment in foster care by the parents; also. All Child File records should now have an AFCARS ID to allow ACF to link the NCANDS data with AFCARS. This is now an all-purpose unique child identifier and a child **does not have to be in foster care to have this ID**]

\*States should strive to reach 100% in order to have maximum confidence in the absence of maltreatment in foster care measure.

	Fiscal Year 2006ab	Fiscal Year 2007ab (No Child or Agency File submitted)	Fiscal Year 2008ab (Child and Agency Files not yet submitted)
Percent of duplicate victims in the submission	6.86		
Percent of victims with perpetrator reported	99.81		
Percent of perpetrators with relationship to victim reported	100		
Percent of records with investigation start date reported	Not Reported		
Average time to investigation in the Agency file	Not Reported		
Percent of records with AFCARS ID reported in the Child File	100		

## FOOTNOTES TO DATA ELEMENTS IN CHILD SAFETY PROFILE

Each maltreatment allegation reported to NCANDS is associated with a disposition or finding that is used to derive the counts provided in this safety profile. The safety profile uses three categories. The various terms that are used in NCANDS reporting have been collapsed into these three groups.

Disposition Category	Safety Profile Disposition	NCANDS Maltreatment Level Codes Included
A	Substantiated or Indicated (Maltreatment Victim)	“Substantiated,” “Indicated,” and “Alternative Response Disposition Victim”
B	Unsubstantiated	“Unsubstantiated” and “Unsubstantiated Due to Intentionally False Reporting”
C	Other	“Closed-No Finding,” “Alternative Response Disposition – Not a Victim,” “Other,” “No Alleged Maltreatment,” and “Unknown or Missing”

1. The data element, “Total CA/N Reports Disposed”, is based on the reports received in the State that received a disposition in the reporting period under review. The number shown may include reports received during a previous year that received a disposition in the reporting year. Counts based on “reports”, “duplicated counts of children”, and “unique counts of children” are provided.

2. The duplicated count of children (report-child pairs) counts a child each time that (s)he was reported. The unique count of children counts a child only once during the reporting period, regardless of how many times the child was reported.
3. For the column labeled “Reports”, the data element, “Disposition of CA/N Reports”, is based on upon the highest disposition of any child who was the subject of an investigation in a particular report. For example, if a report investigated two children, and one child is found to be neglected and the other child found not to be maltreated, the report disposition will be substantiated (Group A). The disposition for each child is based on the specific finding related to the maltreatment(s). In other words, of the two children above, one is a victim and is counted under “substantiated” (Group A) and the other is not a victim and is counted under “unsubstantiated” (Group B). In determining the unique counts of children, the highest finding is given priority. If a child is found to be a victim in one report (Group A), but not a victim in a second report (Group B), the unique count of children includes the child only as a victim (Group A). The category of “other” (Group C) includes children whose report may have been “closed without a finding,” children for whom the allegation disposition is “unknown,” and other dispositions that a State is unable to code as substantiated, indicated, alternative response victim, or unsubstantiated.
4. The data element, “Child Cases Opened for Services”, is based on the number of victims (Group A) during the reporting period under review. “Opened for Services” refers to post-investigative services. The duplicated number counts each time a victim’s report is linked to on-going services; the unique number counts a victim only once regardless of the number of times services are linked to reports of substantiated maltreatment.
5. The data element, “Children Entering Care Based on CA/N Report”, is based on the number of victims (Group A) during the reporting period under review. The duplicated number counts each time a victim’s report is linked to a foster care removal date. The unique number counts a victim only once regardless of the number of removals that may be reported.
6. The data element “Child Fatalities” counts the number of children reported to NCANDS as having died as a result of child abuse and/or neglect. Depending upon State practice, this number may count only those children for whom a case record has been opened either prior to or after the death, or may include a number of children whose deaths have been investigated as possibly related to child maltreatment. For example, some States include neglected-related deaths such as those caused by motor vehicle or boating accidents, house fires or access to firearms, under certain circumstances. The percentage is based on a count of unique victims of maltreatment for the reporting period.
7. The data element “Absence of Recurrence of Maltreatment” is defined as follows: Of all children who were victims of substantiated or indicated maltreatment allegation during the first 6 months of the reporting period, what percent were not victims of another substantiated or indicated maltreatment allegation within a 6-month period. This data element is used to determine the State’s substantial conformity with CFSR Safety Outcome #1 (“Children are, first and foremost, protected from abuse and neglect”).

8. The data element “Absence of Child Abuse/or Neglect in Foster Care” is defined as follows: Of all children in foster care during the reporting period, what percent were not victims of substantiated or indicated maltreatment by foster parent or facility staff member. This data element is used to determine the State’s substantial conformity with CFSR Safety Outcome #1 (“Children are, first and foremost, protected from abuse and neglect”). A child is counted as not having been maltreated in foster care if the perpetrator of the maltreatment was not identified as a foster parent or residential facility staff. Counts of children not maltreated in foster care are derived by subtracting NCANDS count of children maltreated by foster care providers from AFCARS count of children placed in foster care. The observation period for this measure is 12 months. The number of children not found to be maltreated in foster care and the percentage of all children in foster care are provided.
9. Median Time to Investigation in hours is computed from the Child File records using the Report Date and the Investigation Start Date (currently reported in the Child File in mmddyyyy format). The result is converted to hours by multiplying by 24.
10. Mean Time to investigation in hours is computed from the Child File records using the Report Date and the Investigation Start Date (currently reported in the Child File in mmddyyyy format). The result is converted to hours by multiplying by 24. Zero days difference (both dates are on the same day) is reported as “under 24 hours”, one day difference (investigation date is the next day after report date) is reported as “at least 24 hours, but less than 48 hours”, two days difference is reported as “at least 48 hours, but less than 72 hours”, etc.
11. Average response time in hours between maltreatment report and investigation is available through State NCANDS Agency or SDC File aggregate data. "Response time" is defined as the time from the receipt of a report to the time of the initial investigation or assessment. Note that many States calculate the initial investigation date as the first date of contact with the alleged victim, when this is appropriate, or with another person who can provide information essential to the disposition of the investigation or assessment.
12. The data element, “Children Maltreated by Parents while in Foster Care” is defined as follows: Of all children placed in foster care during the reporting period, what percent were victims of substantiated or indicated maltreatment by parent. This data element requires matching NCANDS and AFCARS records by AFCARS IDs. Only unique NCANDS children with substantiated or indicated maltreatments and perpetrator relationship “Parent” are selected for this match. NCANDS report date must fall within the removal period found in the matching AFCARS record.
13. The data element, “Recurrence of Maltreatment”, is defined as follows: Of all children associated with a “substantiated” or “indicated” finding of maltreatment during the first six months of the reporting period, what percentage had another “substantiated” or “indicated” finding of maltreatment within a 6-month period. The number of victims during the first six-month period and the number of these victims who were recurrent victims within six months are provided. This data element was used to determine the State’s substantial conformity with Safety Outcome #1 for CFSR Round One.

14. The data element, "Incidence of Child Abuse and/or Neglect in Foster Care," is defined as follows: Of all children who were served in foster care during the reporting period, what percentage were found to be victims of "substantiated" or "indicated" maltreatment. A child is counted as having been maltreated in foster care if the perpetrator of the maltreatment was identified as a foster parent or residential facility staff. Counts of children maltreated in foster care are derived from NCANDS, while counts of children placed in foster care are derived from AFCARS. The observation period for these measures is January-September because this is the reporting period that was jointly addressed by both NCANDS and AFCARS at the time when NCANDS reporting period was a calendar year. The number of children found to be maltreated in foster care and the percentage of all children in foster care are provided. This data element was used to determine the State's substantial conformity with Safety Outcome #2 for CFSR Round One.

### Additional Footnotes

- A. For FFY 2006, MI did not report on Investigation Start date, fatalities, or foster care services in the Child File.
- B. **Absence of Maltreatment Recurrence** for FFY 2007 and 2008 were based on an approved alternate source rather than a standard NCANDS Child File data submission. The data were derived from their SACWIS. A complete explanation of how the calculation was done was submitted in writing by the State. In brief, the calculations were as follows:
- FY 2007** Unique victims who do not have maltreatment recurrence is  $15,006 - 1,156 = 13,850$   
 $\frac{13,850}{15,006} = 92.3\%$
- FY 2008** Unique victims who do not have maltreatment recurrence is  $13,826 - 980 = 12,846$   
 $\frac{12,846}{13,826} = 92.9\%$
- C. **Absence of Child Abuse/Neglect in Foster Care** for FFY 2007 and 2008 were based on an approved alternate source rather than a standard NCANDS Child File data submission. The data were derived from their SACWIS. A complete explanation of the calculation was submitted in writing by the State. In brief, the calculations were as follows:
- FY 2007** Number of children in foster care = 29,040. Number of children in foster care who were maltreated = 104.  
Number of children **not maltreated** in foster care is  $29,040 - 104 = 28,936$ .  
 $\frac{28,936}{29,040} = 99.64\%$
- FY 2008** Number of children in foster care = 28,946. Number of children in foster care who were maltreated = 141.  
Number of children **not maltreated** in foster care is  $28,946 - 141 = 28,805$ .  
 $\frac{28,805}{28,946} = 99.51\%$

D. MI did not submit an Agency File for FFY 2006.

POINT-IN-TIME PERMANENCY PROFILE	Federal FY 2006ab		Federal FY 2007ab		Federal FY 2008ab	
	# of Children	% of Children	# of Children	% of Children	# of Children	% of Children
<b>I. Foster Care Population Flow</b>						
Children in foster care on first day of year <sup>1</sup>	20,426		20,406		20,910	
Admissions during year	8,275		8,632		8,034	
Discharges during year	8,477		8,306		9,129	
Children discharging from FC in fewer than 8 days (These cases are excluded from length of stay calculations in the composite measures)	2	0.0% of the discharges	4	0.0% of the discharges	1	0.0% of the discharges
Children in care on last day of year	20,227		20,739		19,817	
Net change during year	-201		331		-1,095	
<b>II. Placement Types for Children in Care</b>						
Pre-Adoptive Homes	461	2.3	545	2.6	548	2.8
Foster Family Homes (Relative)	6,904	34.1	7,472	36.0	7,249	36.6
Foster Family Homes (Non-Relative)	7,394	36.6	6,907	33.3	6,521	32.9
Group Homes	46	0.2	40	0.2	19	0.1
Institutions	3,103	15.3	3,147	15.2	3,057	15.4
Supervised Independent Living	587	2.9	668	3.2	706	3.6
Runaway	292	1.4	333	1.6	302	1.5
Trial Home Visit	1,440	7.1	1,607	7.7	1,409	7.1
Missing Placement Information	0	0.0	0	0.0	0	0.0
Not Applicable (Placement in subsequent year)	0	0.0	20	0.1	6	0.0
<b>III. Permanency Goals for Children in Care</b>						
Reunification	10,611	52.5	10,973	52.9	10,203	51.5
Live with Other Relatives	987	4.9	982	4.7	878	4.4
Adoption	5,391	26.7	5,151	24.8	5,011	25.3
Long Term Foster Care	1,483	7.3	1,458	7.0	1,532	7.7
Emancipation	1,631	8.1	2,020	9.7	1,999	10.1
Guardianship	124	0.6	155	0.7	194	1.0
Case Plan Goal Not Established	0	0.0	0	0.0	0	0.0
Missing Goal Information	0	0.0	0	0.0	0	0.0

POINT-IN-TIME PERMANENCY PROFILE	Federal FY 2006ab		Federal FY 2007ab		Federal FY 2008ab	
	# of Children	% of Children	# of Children	% of Children	# of Children	% of Children
<b>IV. Number of Placement Settings in Current Episode</b>						
One	7,854	38.8	8,541	41.2	8,087	40.8
Two	5,147	25.4	5,022	24.2	4,939	24.9
Three	2,570	12.7	2,586	12.5	2,528	12.8
Four	1,462	7.2	1,433	6.9	1,302	6.6
Five	874	4.3	844	4.1	820	4.1
Six or more	2,320	11.5	2,313	11.2	2,141	10.8
Missing placement settings	0	0.0	0	0.0	0	0.0
<b>V. Number of Removal Episodes</b>						
One	18,742	92.7	18,915	91.2	18,004	90.9
Two	1,309	6.5	1,518	7.3	1,301	6.6
Three	126	0.6	202	1.0	211	1.1
Four	24	0.1	38	0.2	63	0.3
Five	2	0.0	4	0.0	9	0.0
Six or more	3	0.0	5	0.0	5	0.0
Missing removal episodes	21	0.1	57	0.3	224	1.1
<b>VI. Number of children in care 17 of the most recent 22 months<sup>2</sup></b> (percent based on cases with sufficient information for computation)	3,150	36.5	3,278	38.0	3,188	40.0
<b>VII. Median Length of Stay in Foster Care</b> (of children in care on last day of FY)	16.7		16.4		17.1	
<b>VIII. Length of Time to Achieve Perm. Goal</b>	<b># of Children Discharged</b>	<b>Median Months to Discharge</b>	<b># of Children Discharged</b>	<b>Median Months to Discharge</b>	<b># of Children Discharged</b>	<b>Median Months to Discharge</b>
Reunification	4,664	14.6	4,330	14.7	4,618	14.9
Adoption	2,335	29.0	2,540	28.7	2,618	29.5

Guardianship	341	13.4	306	15.2	333	14.7
Other	1,061	44.4	1,074	45.7	1,427	43.7
Missing Discharge Reason (footnote 3, page 16)	63	36.0	44	42.9	120	31.6
Total discharges (excluding those w/ problematic dates)	8,464	20.0	8,294	20.4	9,116	21.1
Dates are problematic (footnote 4, page 16)	13	N/A	12	N/A	13	N/A

## Statewide Aggregate Data Used in Determining Substantial Conformity: Composites 1 through 4

	Federal FY 2006ab	Federal FY 2007ab	Federal FY 2008ab
<b>IX. Permanency Composite 1: Timeliness and Permanency of Reunification [standard: 122.6 or higher].</b> Scaled Scores for this composite incorporate two components	State Score = 99.3	State Score = 97.3	State Score = 106.8
<b>National Ranking of State Composite Scores (see footnote A on page 12 for details)</b>	40 of 47	40 of 47	34 of 47
<b>Component A: Timeliness of Reunification</b> The timeliness component is composed of three timeliness individual measures.			
<b>Measure C1 - 1: Exits to reunification in less than 12 months:</b> Of all children discharged from foster care to reunification in the year shown, who had been in foster care for 8 days or longer, what percent was reunified in less than 12 months from the date of the latest removal from home? (Includes trial home visit adjustment) [national median = 69.9%, 75 <sup>th</sup> percentile = 75.2%]	42.5%	41.5%	47.7%
<b>Measure C1 - 2: Exits to reunification, median stay:</b> Of all children discharged from foster care (FC) to reunification in the year shown, who had been in FC for 8 days or longer, what was the median length of stay (in months) from the date of the latest removal from home until the date of discharge to reunification? (This includes trial home visit adjustment) [national median = 6.5 months, 25 <sup>th</sup> Percentile = 5.4 months (lower score is preferable in this measure <sup>B</sup> )]	Median = 13.6 months	Median = 13.8 months	Median = 12.5 months
<b>Measure C1 - 3: Entry cohort reunification in &lt; 12 months:</b> Of all children entering foster care (FC) for the first time in the 6 month period just prior to the year shown, and who remained in FC for 8 days or longer, what percent was discharged from FC to reunification in less than 12 months from the date of the latest removal from home? (Includes trial home visit adjustment) [national median = 39.4%, 75 <sup>th</sup> Percentile = 48.4%]	22.8%	19.7%	24.4%
<b>Component B: Permanency of Reunification</b> The permanency component has one measure.			
<b>Measure C1 - 4: Re-entries to foster care in less than 12 months:</b> Of all children discharged from foster care (FC) to reunification in the 12-month period prior to the year shown, what percent re-entered FC in less than 12 months from the date of discharge? [national median = 15.0%, 25 <sup>th</sup> Percentile = 9.9% (lower score is preferable in this measure)]	3.2%	2.9%	3.2%

	Federal FY 2006ab	Federal FY 2007ab	Federal FY 2008ab
<b>X. Permanency Composite 2: Timeliness of Adoptions</b> <b>[standard: 106.4 or higher].</b> Scaled Scores for this composite incorporate three components.	State Score = 96.8	State Score = 95.4	State Score = 95.5
<b>National Ranking of State Composite Scores (see footnote A on page 12 for details)</b>	23 of 47	24 of 47	24 of 47
<b>Component A: Timeliness of Adoptions of Children Discharged From Foster Care.</b> There are two individual measures of this component. See below.			
<b>Measure C2 - 1: Exits to adoption in less than 24 months:</b> Of all children who were discharged from foster care to a finalized adoption in the year shown, what percent was discharged in less than 24 months from the date of the latest removal from home? <b>[national median = 26.8%, 75<sup>th</sup> Percentile = 36.6%]</b>	34.4%	33.9%	30.6%
<b>Measure C2 - 2: Exits to adoption, median length of stay:</b> Of all children who were discharged from foster care (FC) to a finalized adoption in the year shown, what was the median length of stay in FC (in months) from the date of latest removal from home to the date of discharge to adoption? <b>[national median = 32.4 months, 25<sup>th</sup> Percentile = 27.3 months(lower score is preferable in this measure)]</b>	Median = 29.0 months	Median = 28.7 months	Median = 29.5 months
<b>Component B: Progress Toward Adoption for Children in Foster Care for 17 Months or Longer.</b> There are two individual measures. See below.			
<b>Measure C2 - 3: Children in care 17+ months, adopted by the end of the year:</b> Of all children in foster care (FC) on the first day of the year shown who were in FC for 17 continuous months or longer (and who, by the last day of the year shown, were not discharged from FC with a discharge reason of live with relative, reunify, or guardianship), what percent was discharged from FC to a finalized adoption by the last day of the year shown? <b>[national median = 20.2%, 75<sup>th</sup> Percentile = 22.7%]</b>	21.4%	22.6%	23.7%
<b>Measure C2 - 4: Children in care 17+ months achieving legal freedom within 6 months:</b> Of all children in foster care (FC) on the first day of the year shown who were in FC for 17 continuous months or longer, and were not legally free for adoption prior to that day, what percent became legally free for adoption during the first 6 months of the year shown? Legally free means that there was a parental rights termination date reported to AFCARS for both mother and father. This calculation excludes children who, by the end of the first 6 months of the year shown had discharged from FC to "reunification", "live with relative," or "guardianship". <b>[national median = 8.8%, 75<sup>th</sup> Percentile = 10.9%]</b>	14.5%	12.5%	11.8%
<b>Component C: Progress Toward Adoption of Children Who Are Legally Free for Adoption.</b> There is one measure for this component. See below.			
<b>Measure C2 - 5: Legally free children adopted in less than 12 months:</b> Of all children who became legally free for adoption in the 12 month period prior to the year shown (i.e., there was a parental rights termination date reported to AFCARS for both mother and father), what percent was discharged from foster care to a finalized adoption in less than 12 months of becoming legally free? <b>[national median = 45.8%, 75<sup>th</sup> Percentile = 53.7%]</b>	34.9%	32.2%	33.5%

	Federal FY 2006ab	Federal FY 2007ab	Federal FY 2008ab
<b>XI. Permanency Composite 3: Permanency for Children and Youth in Foster Care for Long Periods of Time</b> <b>[standard: 121.7 or higher].</b> Scaled Scores for this composite incorporate two components	State Score = 118.0	State Score = 117.7	State Score = 118.5
<b>National Ranking of State Composite Scores (see footnote A on page 12 for details)</b>	20 of 51	21 of 51	19 of 51
<b>Component A: Achieving permanency for Children in Foster Care for Long Periods of Time.</b> This component has two measures.			
<b>Measure C3 - 1: Exits to permanency prior to 18th birthday for children in care for 24 + months.</b> Of all children in foster care for 24 months or longer on the first day of the year shown, what percent was discharged to a permanent home prior to their 18th birthday and by the end of the fiscal year? A permanent home is defined as having a discharge reason of adoption, guardianship, or reunification (including living with relative). <b>[national median 25.0%, 75<sup>th</sup> Percentile = 29.1%]</b>	25.9%	26.0%	27.6%
<b>Measure C3 - 2: Exits to permanency for children with TPR:</b> Of all children who were discharged from foster care in the year shown, and who were legally free for adoption at the time of discharge (i.e., there was a parental rights termination date reported to AFCARS for both mother and father), what percent was discharged to a permanent home prior to their 18th birthday? A permanent home is defined as having a discharge reason of adoption, guardianship, or reunification (including living with relative) <b>[national median 96.8%, 75<sup>th</sup> Percentile = 98.0%]</b>	96.5%	95.8%	96.4%
<b>Component B: Growing up in foster care.</b> This component has one measure.			
<b>Measure C3 - 3: Children Emancipated Who Were in Foster Care for 3 Years or More.</b> Of all children who, during the year shown, either (1) were discharged from foster care prior to age 18 with a discharge reason of emancipation, or (2) reached their 18 <sup>th</sup> birthday while in foster care, what percent were in foster care for 3 years or longer? <b>[national median 47.8%, 25<sup>th</sup> Percentile = 37.5% (lower score is preferable)]</b>	48.3%	47.2%	48.7%

	Federal FY 2006ab	Federal FY 2007ab	Federal FY 2008ab
<b>XII. Permanency Composite 4: Placement Stability [national standard: 101.5 or higher].</b> Scaled score for this composite incorporates <b>no components</b> but three individual measures (below)	State Score = 103.3	State Score = 105.2	State Score = 105.4
<b>National Ranking of State Composite Scores (see footnote A on page 12 for details)</b>	9 of 51	9 of 51	9 of 51
<b>Measure C4 - 1) Two or fewer placement settings for children in care for less than 12 months.</b> Of all children served in foster care (FC) during the 12 month target period who were in FC for at least 8 days but less than 12 months, what percent had two or fewer placement settings? <b>[national median = 83.3%, 75<sup>th</sup> Percentile = 86.0%]</b>	85.8%	86.6%	85.8%
<b>Measure C4 - 2) Two or fewer placement settings for children in care for 12 to 24 months.</b> Of all children served in foster care (FC) during the 12 month target period who were in FC for at least 12 months but less than 24 months, what percent had two or fewer placement settings? <b>[national median = 59.9%, 75<sup>th</sup> Percentile = 65.4%]</b>	70.6%	71.9%	72.6%
<b>Measure C4 - 3) Two or fewer placement settings for children in care for 24+ months.</b> Of all children served in foster care (FC) during the 12 month target period who were in FC for at least 24 months, what percent had two or fewer placement settings? <b>[national median = 33.9%, 75<sup>th</sup> Percentile = 41.8%]</b>	41.9%	43.6%	45.4%

Special Footnotes for Composite Measures:

- A. These National Rankings show your State's performance on the Composites compared to the performance of all the other States that were included in the 2004 data. The 2004 data were used for establishing the rankings because that is the year used in calculating the National Standards. The order of ranking goes from 1 to 47 or 51, depending on the measure. For example, "1 of 47" would indicate this State performed higher than all the States in 2004.
- B. In most cases, a high score is preferable on the individual measures. In these cases, you will see the 75<sup>th</sup> percentile listed to indicate that this would be considered a good score. However, in a few instances, a low score is good (shows desirable performance), such as re-entry to foster care. In these cases, the 25<sup>th</sup> percentile is displayed because that is the target direction for which States will want to strive. Of course, in actual calculation of the total composite scores, these "lower are preferable" scores on the individual measures are reversed so that they can be combined with all the individual scores that are scored in a positive direction, where higher scores are preferable.

<b>PERMANENCY PROFILE FIRST-TIME ENTRY COHORT GROUP</b>	<b>Federal FY 2006ab</b>		<b>Federal FY 2007ab</b>		<b>Federal FY 2008ab</b>	
	<b># of Children</b>	<b>% of Children</b>	<b># of Children</b>	<b>% of Children</b>	<b># of Children</b>	<b>% of Children</b>
<b>I. Number of children entering care for the first time in cohort group</b> (% = 1 <sup>st</sup> time entry of all entering within first 6 months)	4,030	92.7	4,095	90.6	3,728	93.5
<b>II. Most Recent Placement Types</b>						
Pre-Adoptive Homes	49	1.2	50	1.2	51	1.4
Foster Family Homes (Relative)	1,629	40.4	1,761	43.0	1,456	39.1
Foster Family Homes (Non-Relative)	1,321	32.8	1,340	32.7	1,179	31.6
Group Homes	10	0.2	8	0.2	1	0.0
Institutions	469	11.6	347	8.5	357	9.6
Supervised Independent Living	40	1.0	39	1.0	21	0.6
Runaway	39	1.0	39	1.0	26	0.7
Trial Home Visit	473	11.7	510	12.5	637	17.1
Missing Placement Information	0	0.0	0	0.0	0	0.0
Not Applicable (Placement in subsequent yr)	0	0.0	1	0.0	0	0.0
<b>III. Most Recent Permanency Goal</b>						
Reunification	3,211	79.7	3,247	79.3	2,789	74.8
Live with Other Relatives	79	2.0	62	1.5	65	1.7
Adoption	373	9.3	383	9.4	415	11.1
Long-Term Foster Care	204	5.1	255	6.2	284	7.6
Emancipation	105	2.6	95	2.3	105	2.8
Guardianship	58	1.4	53	1.3	70	1.9
Case Plan Goal Not Established	0	0.0	0	0.0	0	0.0
Missing Goal Information	0	0.0	0	0.0	0	0.0
<b>IV. Number of Placement Settings in Current Episode</b>						
One	2,048	50.8	2,272	55.5	2,023	54.3
Two	1,266	31.4	1,127	27.5	1,077	28.9
Three	420	10.4	429	10.5	376	10.1
Four	170	4.2	144	3.5	153	4.1
Five	70	1.7	74	1.8	56	1.5
Six or more	56	1.4	49	1.2	43	1.2
Missing placement settings	0	0.0	0	0.0	0	0.0

PERMANENCY PROFILE FIRST-TIME ENTRY COHORT GROUP (continued)	Federal FY 2006ab		Federal FY 2007ab		Federal FY 2008ab	
	# of Children	% of Children	# of Children	% of Children	# of Children	% of Children
<b>V. Reason for Discharge</b>						
Reunification/Relative Placement	533	84.6	470	86.2	458	82.7
Adoption	29	4.6	24	4.4	28	5.1
Guardianship	39	6.2	31	5.7	45	8.1
Other	28	4.4	19	3.5	22	4.0
Unknown (missing discharge reason or N/A)	1	0.2	1	0.2	1	0.2
	<b>Number of Months</b>		<b>Number of Months</b>		<b>Number of Months</b>	
<b>V. Median Length of Stay in Foster Care</b>	21.0		not yet determinable		not yet determinable	

AFCARS Data Completeness and Quality Information (2% or more is a warning sign):						
	Federal FY 2006ab		Federal FY 2007ab		Federal FY 2008ab	
	N	As a % of Exits Reported	N	As a % of Exits Reported	N	As a % of Exits Reported
File contains children who appear to have been in care less than 24 hours	6	0.1 %	3	0.0 %	8	0.1 %
File contains children who appear to have exited before they entered	6	0.0 %	4	0.0 %	4	0.0 %
Missing dates of latest removal	1	0.0 %	5	0.1 %	0	0.0 %
File contains "Dropped Cases" between report periods with no indication as to discharge	664	7.8 %	187	2.3 %	67	0.7 %
Missing discharge reasons	63	0.7 %	44	0.5 %	120	1.3 %
	N	As a % of adoption exits	N	As a % of adoption exits	N	As a % of adoption exits
File submitted lacks data on Termination of Parental Rights for finalized adoptions	2	0.1 %	11	0.4 %	2	0.1 %
Foster Care file has different count than Adoption File of (public agency) adoptions (N= adoption count disparity).	254	9.8% fewer in the foster care file.	81	3.1% fewer in the foster care file.	99	3.6% fewer in the foster care file.
	N	Percent of cases in file	N	Percent of cases in file	N	Percent of cases in file
File submitted lacks count of number of placement settings in episode for each child	0	0.0 %	0	0.0 %	0	0.0 %

\*The adoption data comparison was made using the discharge reason of "adoption" from the AFCARS foster care file and an *unofficial* count of adoptions finalized during the period of interest that were "placed by public agency", reported in the AFCARS Adoption files. This *unofficial* count of adoptions is only used for CFSR data quality purposes because adoption counts used for other purposes (e.g. Adoption Incentives awards, Outcomes Report) only cover the federal fiscal year, and include a broader definition of adoption and a different de-duplication methodology.

## FOOTNOTES TO DATA ELEMENTS IN THE PERMANENCY PROFILE

<sup>1</sup>The FY 06, FY 07, and FY 08 counts of children in care at the start of the year exclude 52, 82, and 51 children, respectively. They were excluded to avoid counting them twice. That is, although they were actually in care on the first day, they also qualify as new entries because they left and re-entered again at some point during the same reporting period. To avoid counting them as both "in care on the first day" and "entries", the Children's Bureau selects only the most recent record. That means they get counted as "entries," not "in care on the first day."

<sup>2</sup>We designated the indicator, 17 of the most recent 22 months, rather than the statutory time frame for initiating termination of parental rights proceedings at 15 of the most 22 months, since the AFCARS system cannot determine the date the child is considered to have entered foster care as defined in the regulation. We used the outside date for determining the date the child is considered to have entered foster care, which is 60 days from the actual removal date.

<sup>3</sup>This count only includes case records missing a discharge reason, but which have calculable lengths of stay. Records missing a discharge reason and with non-calculable lengths of stay are included in the cell "Dates are Problematic".

<sup>4</sup>The dates of removal and exit needed to calculate length of stay are problematic. Such problems include: 1) missing data, 2) faulty data (chronologically impossible), 3) a child was in care less than 1 day (length of stay = 0) so the child should not have been reported in foster care file, or 4) child's length of stay would equal 21 years or more. These cases are marked N/A = Not Applicable because no length of stay can legitimately be calculated.

<sup>5</sup>This First-Time Entry Cohort median length of stay was 21.0 in FY 06. This includes 6 children who entered and exited on the same day (who had a zero length of stay). If these children were excluded from the calculation, the median length of stay would still be 21.0.

<sup>6</sup>This First-Time Entry Cohort median length of stay was Not Yet Determinable in FY 07. This includes 3 children who entered and exited on the same day (who had a zero length of stay). If these children were excluded, the median length of stay would still be Not Yet Determinable. The designation, Not Yet Determinable occurs when a true length of stay for the cohort cannot be calculated because fewer than 50% of the children have exited.

<sup>7</sup>This First-Time Entry Cohort median length of stay is Not Yet Determinable for FY 08. This includes 8 children who entered and exited on the same day (they had a zero length of stay). If these children were excluded, the median length of stay would still be Not Yet Determinable. The designation, Not Yet Determinable occurs when a true length of stay for the cohort cannot be calculated because fewer than 50% of the children have exited.

## **A. Safety**

### **Safety Outcome 1: Children are First and Foremost Protected from Abuse and Neglect**

#### **Item 1: Timeliness of Initiating Investigations of Reports of Child Maltreatment**

How effective is the agency in responding to incoming reports of child maltreatment in a timely manner?

##### **Policy**

Upon receipt of a complaint, DHS uses the CPS Minimal Priority Response Criteria to guide decision making to ensure the appropriate response is determined at assignment. The criteria determine two types of response times, the commencement of the investigation and face-to-face contact with each alleged child victim (CFP 712-4). Commencement is contact with someone other than the reporting person to assess the safety of the alleged child victim and must occur within 24 hours of receipt of a complaint and depending on the allegations, face-to-face contact can occur from one to 72 hours after a complaint is received. Per policy, CFP 712-4, the types of complaints are as follows: neglect, sexual abuse, mental injury/maltreatment, and physical abuse for a determination of the priority response.

When the information received from the reporting person during complaint intake is not sufficient to reach a decision regarding whether or not to assign the complaint for field investigation, CPS is to conduct a preliminary investigation. This preliminary investigation is typically completed by phone and must begin immediately. Within 24 hours of receipt of the complaint, a decision must be made to accept, transfer or reject the complaint (CFP 712-5).

The Child Protection Law requires CPS workers to either commence an investigation or refer the case to the appropriate authority within 24 hours of receipt of the complaint (CFP 711-2). Only the CPS worker may commence an investigation. However, law enforcement can count as the required face-to-face contact in the following circumstances, noted in policy CFP 713-3:

- When law enforcement has had a face-to-face contact with the child victim after the CPS complaint has been received and the face-to-face contact occurs within the appropriate priority response time frame required for CPS.
- When law enforcement makes a complaint to CPS subsequent to having a face-to-face contact with the child victim and this contact has occurred within the past 24 hours.

In the event a complaint is received regarding a licensed foster home or facility, the complaint is treated the same way. There is no difference in response level for a foster home or facility as response level is based on the specific allegations of abuse or neglect. However, as part of the CPS investigation, the licensing worker for the foster

family is contacted and a coordinated investigation is to occur. The licensing worker conducts an investigation to determine whether a licensing violation occurred. Typically, the CPS worker and the licensing worker communicate and share case information (CFP 716-6).

CPS is available 7 days a week 24 hours a day and policy indicates that CPS is the clearinghouse for complaints of abuse or neglect. Each county local office administration ensures that their contact phone number is widely available and at least one person is on call at all times in order to receive, evaluate and act upon complaints if received (CFP 711-2). Wayne County is unique in that they have a 24-hour a unit of staff who are employed 24-hours a day and therefore respond to complaints after hours and on the weekends. There is a toll-free "800" number where the person who staffs the line gives the caller the number for the local county office, it is not a "centralized intake" phone number for the State of Michigan. The public is also able to file a CPS complaint on the DHS public Web site and these complaints are then forwarded to the appropriate administration. The Urban County complaints (Wayne, Oakland, Macomb, Kent and Genesee) are forwarded to the Urban Field Operations administration where they are logged and forwarded to the appropriate county. All other complaints are sent to the Outstate Field Operations administration where they are logged and referred to the appropriate county. Staff from the Field Operations follows up with the counties to ensure the complaints were received and acted upon.

During the course of an assigned investigation, CPS must obtain information regarding the child's extended family and possible resources. The CPS worker must complete the field investigation and reach a disposition within 30 calendar days of the receipt of the complaint (CFP 711-2). This includes completion of the safety assessment; risk assessment; family and child assessments of needs and strengths; Investigation Report (DHS-154); services agreement, as needed; and case disposition on SWSS CPS.

In the event a CPS worker is unable to complete an investigation within the 30-day period, a request for an extension must be made of their supervisor prior to the end of the 30-day period. Prior to an extension being requested the CPS worker must have completed a Safety Assessment and face-to-face contact with the child. The extension request must include a proposed date when the worker will complete the investigation. The worker must resubmit the request (with the same requirements for a Safety Assessment and face-to-face contact) to the supervisor every 30 days until the case is completed (CFP 713-9).

### **Practice**

The Child Protection Law (MCL 722.628) compels DHS to commence the investigation of a complaint no later than 24 hours after the receipt of a complaint; although the seriousness of the alleged harm or threatened harm to the children may dictate and immediate response. See below for the response criteria information.

Priority Response I: Immediate / 24 hours – Immediate commencement of the investigation and 24 hours face-to-face contact with each alleged child victim:

- Sexual abuse complaints when the alleged perpetrator has access to the alleged child victim.
- Physical abuse complaints, when the child:
  - Has bruises, contusions, burns, other injuries, and/or medical care is required.
  - Is under six years old or has a disability and the alleged perpetrator will have access to the alleged child victim within the next 48 hours.
  - Is afraid to go home.
- Neglect complaints, when the child is:
  - In imminent danger of harm.
  - Under six years old and/or limited by a disability and the person responsible for the child's health and welfare is not willing or not capable of meeting the child's basic needs.
- Mental injury and child maltreatment when:
  - There are chronic (ongoing history or pattern of incidents), extreme and/or bizarre incidents that cause or may cause a risk of mental injury to a child.
  - The alleged child victim presents an observable condition and the person responsible for the child's health and welfare presents as emotionally unstable.

In alleged sexual abuse and physical abuse cases, a supervisor may override immediate response criteria and institute 24 hour response criteria if the alleged child victim is not in school, day care, etc. when the complaint is received and an interview at home would hamper the investigation or endanger the child or in order to conduct a joint investigation with law enforcement. The supervisor must document the rationale for the override in the View/Update Override Comment box in the Supervisor Action tab of the Intake Module in SWSS CPS (712-4).

Priority Response II 24/24: The CPS worker must commence the investigation within 24 hours. Face-to-face contact with each alleged child victim must be conducted within 24 hours:

- Sexual abuse complaints when the alleged perpetrator does not have access to the alleged child victim.
- Physical abuse complaints when the alleged perpetrator will not have access in the next 48 hours to the alleged child victim who is under six years old or limited by a disability.

Priority Response III – 24/72 hour: In cases where there is no immediate risk of harm, the CPS worker commences the investigation within 24 hours. A face-to-face contact must take place with each alleged child victim within 72 hours:

- Physical abuse complaints when the alleged child victim is six years old or older and not limited by a disability and not afraid to go home.
- Neglect complaints when the alleged child victim is not in imminent danger of harm and the person responsible for the child's health and welfare is willing and capable of meeting the child's basic needs.
- Mental injury and child maltreatment complaints when:

- The alleged child victim does not present an observable condition.
- The person responsible for the health and welfare of the child presents as emotionally stable.

**Round One of the CFSR**

In Round 1 of the CFSR, reviewers assigned item 1 an overall rating of area needing improvement based on the finding that in 25 percent of the applicable cases, although investigations were initiated in a timely manner, CPS did not establish face-to-face contact with the child victims, caretaker or perpetrators in accordance with agency policy.

Michigan developed a PIP that included the following:

- Management oversight of worker performance to extend to the priority response criteria with CPS complaint investigations. This goal was completed based on information provided by the state during annual review in June 2005.
- The updated peer review form replaced the CPS supervisory case reading form in October 2003. This was completed in January 2004.
- The implementation of the CPS Exception Documentation form (DHS-140) to include guidelines on face-to-face contact. The guidelines include the need for prior supervisory approval to deviate from expected time constraints; completed in June 2005, based on annual review.
- The DHS intranet home page will include an alert called: Child and Family Service Review News, which carried weekly reminders of issues that needed attention of field staff. DHS will modify the alerts based on the findings of data and the CFS internal reviews. The alerts notified the workers and supervisors of areas needing attention; this was completed in June 2005. (Note: these are no longer available on the DHS intranet.)

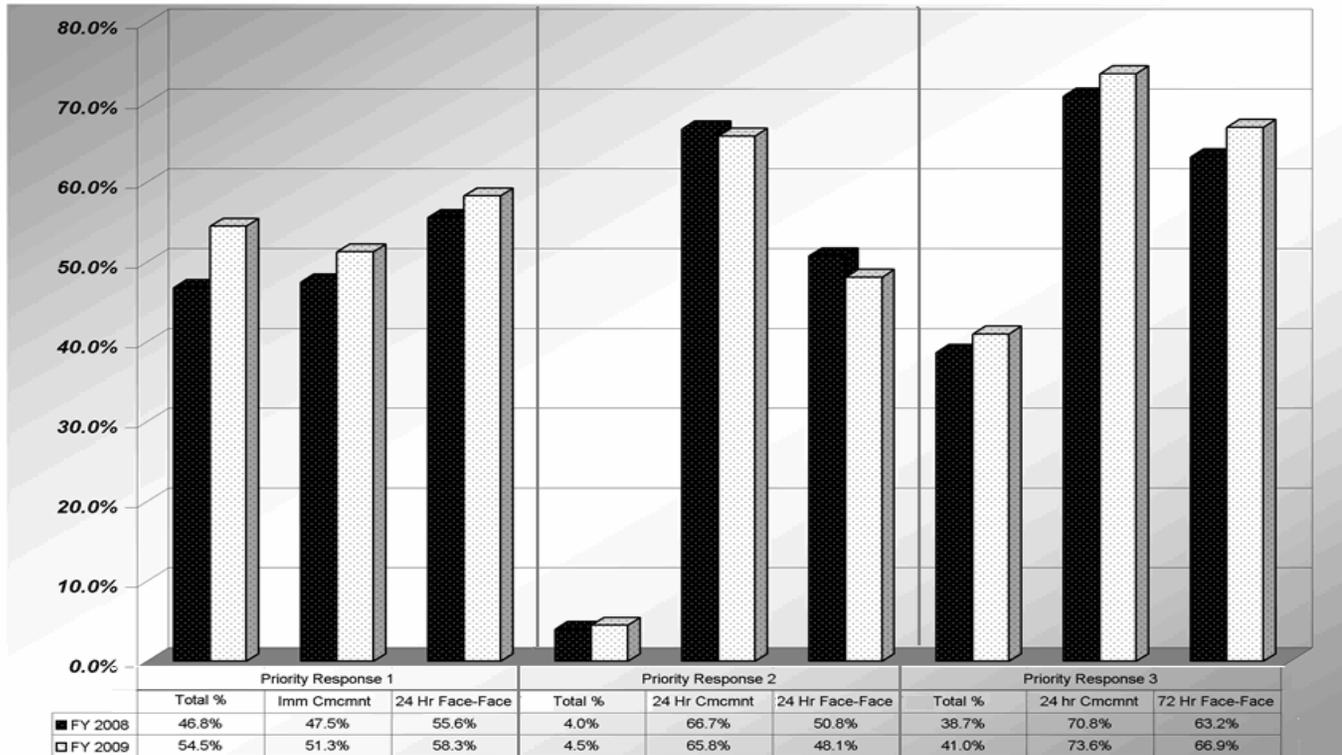
While Michigan implemented all of the PIP strategies, it does not appear that they had the desired effect on caseworker practice over the last few years.

**Measures of Effectiveness**

	2006	2007	2008	2009*
Number of CPS complaints received	126,690	123,149	124,716	69,257
Percent of CPS complaints accepted for investigation	55%	55%	60%	60%
Percent of CPS investigations resulting in substantiation of abuse or neglect	25%	26%	23%	27%

\*2009 figures are year-to-date as of 4/30/09.

## CPS Priority Response and Timeliness of CPS Investigations Data from SWSS CPS



Note: Ten percent of the CPS cases from FY 2008 have not assigned Priority Response in SWSS CPS due to conversion.  
Note: FY 2009 Data through June 30, 2009.

Targeted case reads of CPS cases indicate:

- 18 percent had the preliminary investigation completed within 24 hours of the complaint. As noted in the policy section of this item, preliminary investigations occur when the intake worker needs more information on the case to make a decision on whether or not to assign the complaint.
- 89 percent of the cases were commenced within 24 hours.

During focus groups, DHS staff and supervisors identified several barriers to timely initiation of CPS investigations. Failure to enter initial contacts in SWSS CPS timely and/or correctly is one of the most commonly identified reasons for not meeting this threshold. The data, in SWSS, is collected “point in time” and it may be skewed when workers wait until the end of the investigation to input their contacts. By not entering contacts as they occur, it appears that the worker is not making timely contacts in the investigation.

Both internal and external stakeholders identified personnel issues such as staff turnover, vacancies and untrained staff (at both supervisor and caseworker levels) as possible reasons for contacts not being made in a timely manner.

Also identified was the requirement that CPS make contact within 24 hours. Focus groups recognize the importance of timely contacts, but found it difficult during weekends and holidays to ensure that all contacts are completed for complaints already assigned for investigation. DHS is committed to the fact that immediate contact is paramount to ensure safety of children and to preserve families. DHS continues to work to develop methods to monitor initial contacts made by workers.

#### **Factors affecting performance on safety data profile elements.**

DHS issues cellular phones to all CPS staff. The use of Nextel cellular phones has helped to ensure timely response to complaints and commencement of investigations. The availability of cellular phones allows supervisors to contact workers immediately in emergent situations, resulting in improvement in the timeliness of investigations.

#### **Factors affecting the rate of substantiated vs. unsubstantiated reports**

A number of factors were identified as possible factors affecting the rate of substantiated versus unsubstantiated reports. CPS cases are considered to be “substantiated” when the CPS worker determines there is a preponderance of evidence of abuse and/or neglect. Some factors are within the control of DHS while others, including the poor economy, lack of community services and state budgetary constraints, fall outside of the direct control of DHS. Factors include:

- An increase in public awareness of child abuse and neglect issues due to high profile child abuse cases may have led to an increase in reporting and more assigned complaints.
- Changes to the Child Protection Law in 2006 regarding the handling cases involving methamphetamine exposure to children, which require law enforcement to report these cases to CPS.

- Several changes to the Child Protection Law over the years that added to the list of mandated reporters, including members of the clergy and Friend of the Court staff.
- Increase in required training for CPS workers and supervisors may have led to more thorough investigations and therefore to an increase of substantiated cases.
- Policy changes for mandatory investigations for higher-risk families may have increased the rate of substantiation. This new policy (CFP 712-5) requires the assignment of a complaint, or additional supervisory scrutiny prior to rejection of the complaint, when DHS receives a third complaint for a family that includes a child under the age of three years old.

### **Collaboration**

The Governor's Task Force on Children's Justice (GTFCJ, or "Task Force") and one of its subcommittees, the Citizen Review Panel on Children's Protective Services, Foster Care and Adoption is a key collaborator in the area of child abuse and neglect. The panel has played an active role in improving the state system. Some of their accomplishments include:

- Reviews of CPS policy with special focus on services, training and investigation. These trainings help workers to meet mandated training hours.
- The development of protocols for use by workers in investigations.
- The development of protocols that rely upon a multi-discipline response to abuse and neglect.

Reference Item 38, State Engagement in Consolation with Stakeholders for additional information.

DHS collaborates with Child Advocacy Centers (CAC) and currently Michigan has 23 fully operational children's advocacy centers. These centers help to coordinate the CPS investigation and possible intervention services by bringing professionals together to work as a team. Professional team members include, but are not limited to, CPS workers, forensic interviewers, investigators, medical professionals, prosecuting attorney's and therapeutic staff in order to create a more child-focused approach.

The CAC professionals utilize the Forensic Interview Protocol during their joint investigations of serious physical abuse and sexual abuse cases. In many cases, this approach can decrease the number of times that a child is interviewed and allows the involved professionals to work collaboratively to achieve the best results for the child and their family.

### **Strengths**

Training has been a strength for Michigan. Training for workers in the field includes: the Forensic Interview Protocol as well as Advanced Investigation and Interviewing training. This training includes a section on how to confront parents who are suspected of being untruthful. All CPS workers are required to attend Forensic Interviewing training and foster care workers are encouraged to attend. Sixty-two DHS, CPS and foster care staff attended the forensic interview training from June – December 2008. Other strengths are the increased educational requirements for supervisors to have an MSW degree

and a more comprehensive training program, which will lead to improved oversight of caseworkers. Reference Item 32, for further information on new supervisor requirements.

CPS workers are trained in and have access to several protocols or protocol type documents that provide them with tools for use in CPS investigations. The protocols use a collaborative approach, and were developed to address specific issues that have emerged in Michigan. These protocols include:

- *A Model Child Abuse Protocol: A Coordinated Investigative Team Approach* – addresses the handling of child abuse cases in Michigan. The protocol educates CPS workers on how to work with law enforcement and prosecuting attorneys in order to adopt and implement standard investigation and interview protocols. It was designed to be adapted at the local level, applying guidelines to develop community based interagency child abuse investigation protocols.
- *Forensic Interviewing Protocol* – Forensic Interviewing is a model where children are approached at their age level utilizing neutral words to discern actual events. It is intended for use in conjunction with the Model Child Abuse Protocol and is trained to law enforcement and child welfare disciplines. The Michigan Child Protection Law requires its use when interviewing children during CPS investigations.
- *Munchausen Syndrome by Proxy (MSBP): A Collaborative Approach to Investigation, Assessment and Treatment* – encompasses the identification of MSBP and establishes guidelines for each discipline potentially involved in a MSBP case investigation. The professionals involved in a MSBP case may include the court, law enforcement, medical staff, CPS workers, attorneys and psychologists.
- *Child Injury and Death Coordinated and Comprehensive Investigation Resource Protocol* – provides information to ensure coordinated investigation in child maltreatment cases, including child maltreatment cases that result in a child death. Additionally, the protocol addresses ways to minimize additional trauma to child victims during the investigative intervention.
- *Methamphetamine Protocol* – ensures that the health and safety of children found in or near methamphetamine laboratories are addressed consistently and appropriately. The environmental contamination and hazardous life styles of a methamphetamine lab setting create numerous risk factors for children, and may result in abuse, neglect and/or health endangerment.

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

For information on required staff training, see Items 32 and 33 for initial and ongoing staff training.

## **Challenges**

Caseloads have been at a high level during the past several years, which has lead to CPS workers struggling to commence investigations timely and/or make face-to-face

contact. While law enforcement can assist in meeting the requirement for face-to-face contact; many law enforcement agencies are losing staff as well.

With caseloads being at challenging levels, this may cause increases in caseworker turnover and may affect workers not meeting the required timeframes. DHS has a workforce with limited job experience. Additionally, there are additional oversight requirements for supervisors, specifically related to ensuring appropriate decision making and services provision. Complaint may be assigned late by supervisor, allowing little to no time for the worker to make their required timeframes.

Another challenge has been confusion on the part of CPS workers related to what constitutes an acceptable contact for “commencement”. For example the person contacted by the CPS worker must be able to provide information about the child’s safety; not just simple information about the child such as “The child is in school that day”. However, some CPS workers believe that they have commenced the investigation by making such a contact, only to have the supervisor determine later that the contact did not fulfill the requirement. In addition, multiple complaint policy requires that when CPS receives the third or more complaint on a family that involves a child under three years old, several additional steps are required by the supervisor and second line management prior to the complaint being rejected. These additional steps may have led to difficulty in meeting required timeframes, but also attempt to ensure for children with higher need.

Lastly, Families/children cannot always be located within the timeframes.

### **Promising approaches**

DHS is reducing the number of cases per worker for CPS investigation caseworkers (Reference Item 30 Standards for Ensuring Quality services for additional information on caseload reductions).

As part of the Settlement Agreement, DHS will implement a statewide centralized intake by October 2011. This system will ensure consistency in the assignment of CPS complaints and create greater oversight and a more effective assignment protocol.

## **Item 2: Repeat Maltreatment**

How effective is the agency in reducing the recurrence of maltreatment of children?

### **Policy**

DHS has several policies and practices that focus on efforts to reduce the recurrence of child maltreatment. CPS policy focuses on the recognition that when a CPS complaint is received on a family with a previous history of reports for child abuse and/or neglect, the CPS worker must review the case history and determines trends related to child abuse and neglect to ensure proper service provision (CFP 713-10). Policy addresses the importance of completing a safety assessment, on all cases (except for those with a disposition as Category V) as soon as possible in the investigative process (CFP 713-1). Policy guides the process for completion of assessments and continually examining

risk and safety factors throughout the investigation to ensure the safety of the child (CFP 713-11).

In the event a new CPS complaint is received and the family has an open case or a pending investigation, the new complaint will be evaluated and assigned (usually to the current CPS worker) using the same standards as any other complaints. Policy (CFP 712-8) directs the CPS intake worker and supervisor to take the following steps in order to determine case assignment.

If the new complaint contains different allegations from those in the already assigned or investigated complaints, but the new complaint does not meet the criteria for assignment, the complaint must be rejected. Though rejected, a copy of the new complaint must be forwarded to the current CPS worker on the pending investigation or open case. The worker is to review the information in the new complaint and take any necessary to follow-up on the allegations. For example, while a CPS complaint regarding a child having head lice would not likely be assigned for investigation, it would be appropriate for the current CPS worker to discuss the issue with the parent during their contact as part of the pending investigation or open case.

If the new complaint contains different allegations from those in the already assigned or investigated complaints, and the new allegations meet the criteria for assignment, the new complaint must be assigned for investigation. The same investigative procedures and requirements exist for the investigation of the new allegations; including, but not limited to, commencement of investigation, complete interviews with all required individuals within the required time frames, completion of a safety and risk assessment.

### **Practice**

The DHS Birth Match process has been cited as a national best practice for assuring child safety. The Birth Match process is designed to match information regarding a parent of a newborn child to information about that parent whose parental rights have been terminated because of neglect or abuse. This process is designed to allow DHS to identify cases as soon as possible after a child is born and take action to ensure child safety. The Birth Match occurs when a parent has had a previous termination of parental rights and/or because of a history of severe physical abuse of a previous child. This match occurs based on childbirth records of the hospital through DCH that is cross-referenced with the DHS listing of parents whose parental rights have been terminated because of abuse and/or neglect or who severely abused another child previously. Policy requires that an investigation occur to ensure child safety in these cases. To date in FY 2009, there have been 658 birth matches reported, 267 became Category 1 CPS cases.

In situations involving allegations of abuse/neglect based solely on historical factors, e.g., a new birth match or a known perpetrator who has moved in with new child(ren), a thorough assessment must determine if evidence exists that the alleged perpetrator has taken appropriate steps (participated and benefited from services) to rectify conditions that led to the previous abusive and/or neglectful behavior toward children. When it is

determined that the perpetrator has not rectified the conditions that led to previous abuse or neglect, the CPS worker must take action to ensure the safety of the child(ren). Appropriate CPS action may be to file a petition with the court requesting removal of the child(ren), removal of the perpetrator from the home and/or the court ordering of appropriate services for the family. This action is taken to reduce recurrence of abuse or neglect.

When the new complaint contains allegations, which are essentially the same instance of child abuse and/or neglect and are:

- Already investigated, the complaint must be rejected under rejection reason “Already Investigated” (CFP 712-7, Rejected Complaints).
- Currently being investigated, add the second reporting person on the initial complaint. (See the Multiple Reporting Persons section.)

If the complaint contains allegations other than those already assigned or investigated, and the new complaint does not meet the criteria for assignment, the complaint must be rejected. Though rejected, a copy of the new complaint must be forwarded to the CPS worker assigned the pending investigation or open case for their information and any necessary follow-up regarding the allegations. When the new complaint contains allegations which are not essentially the same instance of child abuse and/or neglect already investigated or assigned for investigation, and which meet the criteria for assignment, the new complaint must be assigned for investigation. The same investigation procedures and requirements exist for the new investigation, including, but not limited to, commencement of investigation, complete interviews with all required individuals within the required time frames, completion of a safety and a risk.

### **Practice**

The DHS Birth Match Process has been cited as a national best practice for assuring child safety. The Birth Match process is designed to match childbirths to parents whose parental rights have been terminated because of neglect or abuse. This process is designed to ensure child safety and allows DHS to identify cases, which, by law, require a child welfare petition because of previous termination of parental rights or because of a history of severe physical abuse. This matches childbirths as recorded by hospitals to a DHS listing of parents whose parental rights have been terminated because of abuse and/or neglect. Risk of abuse to a new child is higher when a prior termination has occurred. Policy requires that an investigation occur to ensure child safety. To date in fiscal year 2009, there have been 658 birth matches reported, 267 became Category 1 CPS cases and 28 cases, out of the 267, were directly attributable to the Birth Match process.

In the majority of cases investigated, CPS workers complete a safety assessment to determine the current risk or imminent danger to a child during the investigation and at other important points during the life of the case. CPS workers must also complete a risk assessment for the family, which determines the risk of future harm to the child.

Service provision and intervention includes the use of structured decision making tools to help determine the level of intervention needed and which, if any, services the CPS worker will provide to the family. The use of these assessments provides a valid and reliable way of uniformly working with families when the CPS worker finds a preponderance of evidence of child abuse and/or neglect exists. These tools are also used to measure case progress.

The availability of law enforcement interviews of alleged perpetrators does not relieve CPS workers from conducting needed interviews with these or other persons for the purpose of completing investigations, ongoing assessment and/or service planning.

In situations involving allegations of abuse/neglect based solely on historical factors, e.g., a new birth match or a known perpetrator, a thorough assessment must include whether or not evidence exists that the alleged perpetrator has taken appropriate steps (participated and benefited from services) to rectify conditions that led to the previous abusive and/or neglectful behavior toward children.

The standard of promptness for completing an investigation is 30 days from the DHS' receipt of the complaint. This includes completion of the safety assessment; risk assessment; family and child assessments of needs and strengths; Investigation Report (DHS-154); services agreement, as needed; and case disposition on SWSS CPS.

### **Round One of the CFSR**

In Round 1 of the CFSR, reviewers rated this item as a strength based on the following findings:

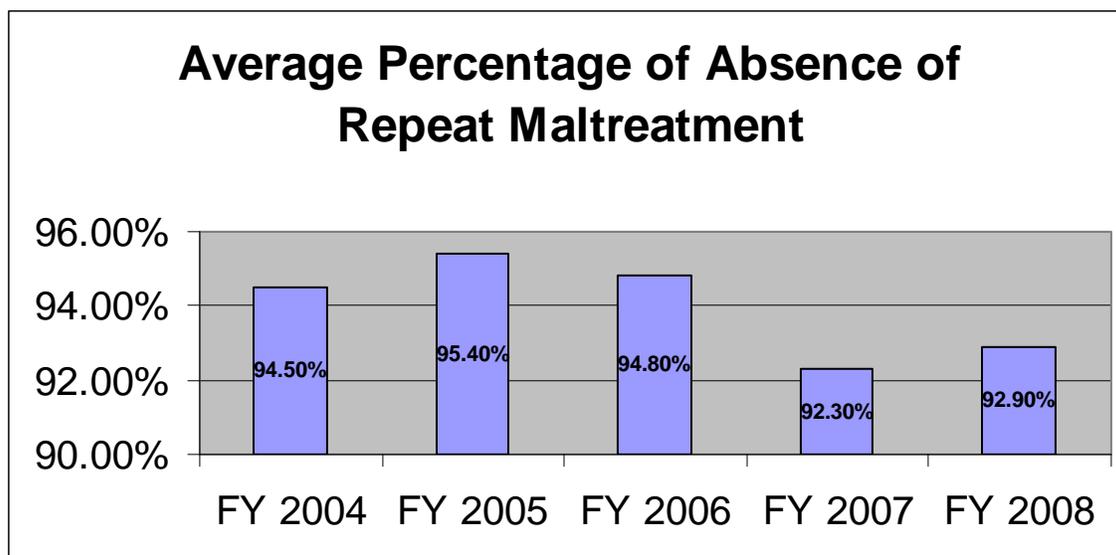
- There was no maltreatment recurrence in 96 percent of the cases reviewed.
- The CFSR Data Profile indicated that the incidence of repeat maltreatment in calendar year 2000 was 3.3 percent, which met the national standard of 6.1 percent.

### **Measures of effectiveness**

In focus group sessions conducted with staff, foster parents, court representatives and Court Appointed Special Advocates (CASA), there was noted recognition of the ongoing struggle with larger CPS caseloads, retention of CPS workers, and the recruitment of applicants interested in working for DHS. Court representatives, CASAs and other stakeholders indicated that due to the volume of work and the large caseloads, some staff assigned to the CPS program did not appear to be a good fit for the position which has multi-layered requirements.

### **Factors affecting performance on safety data profile elements**

Below is a graph displaying Michigan's performance on the CFSR statewide absence of repeat maltreatment percentages since fiscal year 2004:



Michigan is not currently meeting the national standard. The national standard for Absence of Maltreatment Recurrence is 94.6 percent and Michigan’s current rate for Absence of Maltreatment Recurrence, based on the Michigan CFSR Data Profile for fiscal year 2008 is 92.9 percent, 1.7 percent below the national standard. At the time of the 2002 Review, Michigan met the standard for Absence of Maltreatment Recurrence, which was 6.1 percent; Michigan was at 3.3 percent.

Although it is difficult to determine the exact cause of this increase, factors may be linked to the state’s poor economy as an underlying cause. According to the 2007 estimates from the Kaiser Family Foundation, the poverty rate in Michigan for children 18 and younger in the state is 21 percent, one of the highest rates in the country.

During targeted CPS case readings, for CPS complaints assigned for investigation, DHS found that thirty-two percent of the time there has been more than one complaint of abuse or neglect in the last 12 months prior to the receipt of the current complaint.

**Casework practice and resource issues**

CPS workers must provide ongoing protective services for cases with a preponderance of evidence of child abuse and/or neglect (CA/N) for as long as the family needs assistance and the child needs protection. CPS workers must keep cases open that score as intensive or high-risk on the risk assessment or risk reassessment. Once the risk level improves to low or moderate, the worker may close the case. Often times, closed cases continue receiving services, provided by the community, on a longer term basis.

**System used for tracking and analyzing repeat maltreatment**

SWSS CPS tracks the recurrence of maltreatment statewide.

### **Patterns**

In fiscal year 2008, DHS recorded 21,085 perpetrators of child abuse and neglect in Michigan. The majority of those perpetrators are parents, 74.6 percent, or other relatives, 9.8 percent. Statistics show that the youngest children are the largest percentage of victims with 35 percent being three or younger and 53 percent being six or younger. This pattern supports that those children at highest risk of abuse or neglect are most often victimized by the adults with the best access to them. They are also less likely to have contact with persons outside of their family than school age children are and therefore CPS is less likely to receive complaints regarding how they are being treated.

### **Strengths**

The ability of CPS investigators to evaluate risk and safety factors has increased since the first round of the CFSR. This is due to the risk and safety assessment tools being incorporated in to the SWSS program. All substantiated investigations require that services be provided to the family that will meet their needs and ameliorate risk.

The principals of the Team Decision Making (TDM) model undergird Michigan's commitment to in-home supportive services designed to keep children at risk of removal safely in the care of their families. Families are integral to assuring child safety and using TDM meetings as a way to create safety plans results in fewer removals with children remaining safely in their communities. This effort is supported through the Settlement Agreement and the DHS' efforts to redirect funding toward more effective family preservation services in the community.

### **Challenges**

Challenges for diminishing repeat maltreatment are at least partially linked to Michigan poor economy. Stress levels for families often increase during times of financial difficulty. Added stressors may lead to a parent's inability to control impulses and/or provide effectively for their children. Increases in substance abuse and domestic violence may be a result of higher unemployment levels. Budgetary cutbacks have also reduced the availability of some flexible funds that were historically used to increase or target services to families most in need.

Over the last several years, caseloads have been at a challenging levels; this may cause increases in caseworker turnover. Additionally, CPS has a workforce with limited job experience that requires additional oversight by supervisors specifically related to ensuring appropriate decision making and services provision.

During FY 07, the State restructured our IV-B2 funds and the focus of funding was re-directed to our highest risk families. These families included DHS abuse/neglect and families with children in out of home placement with reunification goal, and DHS post adoption families at risk of disruption. Up to that point, eligibility had been broader and could include non-DHS families at risk of abuse and neglect.

### **Promising approaches**

Accurate assessments of safety and risk factors are critical in addressing repeat maltreatment. CPS staff is required to assess risk and safety factors and record services provided through the assessments of needs and strengths within SWSS CPS. Recent improvements in the ability of DHS to extract data from SWSS allows better monitoring of services provided to families with risk factors. DHS also will continue to provide in-service training to CPS workers and supervisors to strengthen their skills in assessing and providing services that are appropriate. Furthermore, the decrease in worker caseloads should assist workers in monitoring their cases more closely.

For quality assurance and monitoring, the Michigan Department of Information Technology staff programmed reports for the county, district and worker level reports that are based on the CFSR indicators. Workers and managers are able to track repeat maltreatment at the case and worker level to determine whether there are patterns in the types of maltreatment.

## **Safety Outcome 2: Children are Safely Maintained in their Homes Whenever Possible and Appropriate**

### **Item 3: Service to Family to Protect Child(ren) in the Home and Prevent Removal or Re-entry into Foster Care**

How effective is the agency in providing services, when appropriate, to prevent removal of children from their home?

#### **Policy**

Services to preserve families and protect children encompass a comprehensive continuum designed to address the life needs of the child and the family (CFP 714-2). These services include addressing concrete needs such as housing, transportation, cash assistance, rental deposit, food, and direct therapeutic intervention both for the family and individual family members. The array of services to preserve families and protect children is either direct services by DHS workers, purchased services that are provided by local community partners or purchased services through state contracts. Michigan's system includes 80 county-based multi-purpose collaborative bodies (MPCB) that include all 83 Michigan counties. Each community collaborative, in partnership with the county based DHS staff, assess local resources, needs and available services. Reference Item 35 Service Array for additional information on MPCBs.

#### **Practice**

It is DHS' practice to offer a wide range of services to families in order to protect children in their homes and prevent their removal or re-entry into foster care. The CPS and foster care worker determine the provision of services based on risk and safety factors and the needs of the child and family (Reference Item 17, Needs and Services of Child, Parents and Foster Parents for additional information).

Many services for families are provided through contracts in the local counties where the families reside. These services may include, but are not limited to, family preservation models, placement and prevention services, time-limited family reunification programs, family support services, substance abuse evaluations/screenings, parenting classes, domestic violence and anger management.

One of the most successful family preservation programs in Michigan is the Families First program. Families First is an intensive, in-home evidence based model program for at-risk families. Another effective program is the Family Reunification program. It directly supports DHS and private CPA foster care staff through a network of private service providers contracted to deliver the model. Reference Item 35 Service Array for additional information on these programs.

**Round One of the CFSR**

In Round 1 of the CFSR, reviewers rated this item as a strength because in 90 percent of the cases, reviewers determined that DHS made diligent efforts to provide services to prevent children’s placement in foster care.

**Measures of effectiveness**

According to Michigan’s data profile, DHS’ performance in the area of re-entry is lower than the 25<sup>th</sup> percentile, which for this measure is preferable. Of all children discharged from foster care to reunification in the 12-month period prior to the fiscal year 2008, 3.2 percent re-entered foster care in less than 12 months from the date of discharge. The 25<sup>th</sup> percentile for this measure is 9.9 percent (Reference Item 5, Foster Care Re-Entries for additional information).

According to SWSS FAJ data for all active foster care cases as of June 1, 2009, the reasons for entry into foster care include:

<b>Removal Reason</b>	<b>Percentage</b>
Neglect	35.33%
Drug Abuse of Parent	13.72%
Inadequate Housing	9.9%
Physical Abuse	9.4%
Caretaker's inability to cope due to illness or other reasons	6.9%
Alcohol Abuse of Parent	6.1%
Abandonment	5.3%
Incarceration of Parent(s)	4%
Sexual Abuse	3.5%
Childs Behavior Problem	2.8%
Drug Abuse of Child	0.7%
Childs Disability	0.7%
Death of Parent(s)	0.6%
Relinquishment	0.5%
Alcohol Abuse of Child	0.3%

When combining the reasons of drug abuse of a parent and alcohol abuse of a parent the percentage of parents affected by substance abuse is 19.8 percent. Workers can select more than one reason for a child entering foster care, but it is evident that neglect and substance abuse are the primary reasons children are removed from the home. In a focus group of DHS and private CPA staff, substance abuse in-patient treatment was one of the most often cited areas where services are lacking another area was mental health services. In general, the need for more services was noted by caseworkers who also reported a need for services in which the parent is evaluated on their progress and not just provided with a certificate of completion. The system impact on a lack of adequate services is that children remain in out-of-home care or reenter the foster care system once returned home.

DHS remains committed to providing services to the families who are most in need and is currently engaging other state departments and private service providers to assist in the development of blended funding models of services that will keep the capacity at current levels, or increase the capacity for services in some communities.

Michigan's practice has been to maintain children in their homes whenever safe and appropriate. Strengthening families in their communities has been our way of achieving that goal. If children cannot be safely maintained in their own home, the goal of DHS remains a placement in the least restrictive and most family-like setting for the child. Therefore, DHS will continue to support the placement of children in relative homes and continue to pursue licensing for these relatives.

### **Strengths**

While service provision is a struggle, DHS continues to provide a wide range of services available to families to prevent the removal of children from their homes. Families First is a very effective tool in limiting the numbers of children in out-of-home placement. Families first continue to be a promising approach that has 20 years of data to support the outcomes of the model and is available in all 83 counties. The Family Reunification Program (FRP) provides effective post-reunification services to families and is available in 26 counties across Michigan. In fiscal year 2008 Families First, served 3,030 families and FRP served 703 families.

DHS is committed to meeting the caseload ratios as required by the Settlement Agreement. This will likely provide workers with increased opportunities to meet the needs of families and prevent re-entry into foster care. Caseworkers will also have the ability to provide appropriate services to maintain children safely in their own home.

The Child Welfare Improvement Task Force and the Settlement Agreement provide a framework for DHS to meet the needs of the families in Michigan. The increase in caseworkers, reduction in case loads and the corresponding quality assurance with increased data reporting will ensure that DHS is able to provide services to children and families. DHS has also increased the required number of hours for ongoing training for workers and supervisors.

## **Challenges**

The state's economic situation will play a part in DHS' ability to provide services to children and families. Lack of family involvement in service planning, particularly the input from fathers, is also a barrier to effective service delivery.

Locating appropriate relatives and social support for families and parent can be a challenge. While statewide programs like Families First are positive, they are also short term and locating appropriate follow up services at the local level remains difficult, particularly in these trying economic times.

## **Promising Approaches**

The Team Decision Making (TDM) process also is a way to increase family involvement and is being widely used in Michigan. TDM meetings incorporate relatives, friends and support people in the decision making process. DHS works to prevent removals and re-entries in to foster care by incorporating these individuals in the decision-making process in that, other safety plans and family resources are discussed and considered. This type of collaboration is also occurring in courts throughout the state.

## **Item 4: Risk Assessment and Safety Management**

How effective is the agency in reducing the risk of harm to children, including those in foster care and those who receive services in their own homes?

### **Policy Description**

CPS and foster care caseworkers complete the structured decision making safety and risk assessments, which Michigan designed to:

- Identify factors in the home that affect the child's immediate safety.
- Guide the caseworker in determining appropriate services and whether it is safe to leave the child in the home.

The risk assessment determines the level of risk of future harm to the children in the family. The risk assessment is more comprehensive than the safety assessment and is better able to evaluate future risk based upon past concerns. The safety assessment evaluates more "point in time" issues or imminent danger and looks at the interventions currently necessary to protect the child.

A risk assessment (CFP 713-11) is required on all assigned CPS investigations with the following exceptions:

- The case is determined to be a Category V (unable to locate), no evidence of child abuse and/or neglect (CA/N) is found, or the court declines to issue an order requiring family cooperation during the investigation.
- Supervisory approval is obtained to complete an abbreviated investigation on the complaint.
- There is a preponderance of evidence of CA/N and the perpetrator is one of the following:
  - A nonparent adult who resides outside the child's home. (If there is also a perpetrator who resides in the child's home, a risk assessment must be done

- (e.g., mom is the primary caretaker and found to be a perpetrator of failure to protect and mom's boyfriend, who is a nonparent adult who resides outside the child's home, is a perpetrator of sexual abuse).
- A licensed foster parent (If a licensed foster parent is also a perpetrator of CA/N on their biological/adoptive children, a risk assessment must be completed and services provided, as required/necessary).

CPS workers complete a risk assessment within 30 days of receipt of the child abuse and neglect allegation, and prior to case disposition. The worker may complete a risk assessment at any time during the ongoing investigation to assist in determining the likelihood of future abuse. The factors on the risk assessment tool serve as the initial baseline level of risk for an open case. The risk level also determines the service level that guides the minimum caseworker contact standards made with the family. This practice ensures that staff time and attention are concentrated on those families with the highest levels of risk and needs (CFP 714-1).

The purpose of the safety assessment, for CPS cases, (CFP 713-1) is to:

- Assess the present or imminent danger to all children in the family.
- Ensure that major aspects of danger are considered in every investigation to ensure child safety.
- Determine whether to initiate or maintain a protective intervention(s) when danger or a threat of danger is identified.
- Address reasonable efforts issues with families and the court.

When a CPS case is opened for services, an Updated Services Plan (USP) is completed to evaluate the family's progress in ameliorating the concerns that brought them to CPS attention. The USP consists of the risk reassessment, reassessments of the family assessment of needs and strengths (FANS-CPS) and the child assessment of needs and strengths (CANS-CPS), safety reassessment, and service agreement.

The first USP must be completed within 90 days after the date of the complaint. Additional USPs are due every 90 days thereafter or more frequently, if necessary.

A risk and safety reassessment and reassessments of the FANS-CPS and CANS-CPS must be completed at times other than the 90-day USP intervals if:

- There is a new complaint of abuse/neglect in which a preponderance of evidence is found to exist.
- There are other significant changes in case status.

CPS workers gather information to complete the safety assessment during the investigation interviews and throughout the time a case is open (CFP 711-1; 713-1; 713-11). Caseworkers, both CPS and foster care, can use information documented in the safety assessment to show reasonable efforts. Caseworkers can also use the assessments to assist in completing the court report and at important case decision points. Caseworkers use the assessments to determine the child's risk and safety at placement changes.

Foster care workers complete the safety assessment on all cases currently open for services with a permanency planning goal of, return home or maintain own home placement or the where the parental rights have not been terminated. When one or more children of a family are placed in foster care and other children remain at home and a need for further services exists, foster care staff must provide services and case planning to the:

- Child(ren) in foster care.
- Parents.
- Foster parents/relative/unrelated caregivers
- Children who remain in the home with the parent, as needed, regardless of court wardship (CFF 722-1).

In foster care cases, the foster care worker completes a reunification assessment that guides the decision to reunify the child with his or her family or to change the permanency-planning goal (CFF 722-9). The worker then completes a safety assessment when both parenting time and barrier reduction are rated as substantial or partial (CFF 722-9B) in the reunification assessment. The safety assessment must show that the child (ren) is either safe or safe with services in order for the foster care worker to recommend a return home (CFF 722-7).

The safety assessment must also be completed anytime circumstances have changed in the case and there is a threat of imminent danger to the child (ren). When children are placed in the parental home, a safety assessment is completed with each USP until case closure, regardless of progress in barrier reduction or the family's participation in services during the report period (722-9B).

### **Practice**

Foster care workers make unannounced home visits to licensed foster parents and relative caregivers every quarter. Workers note the unscheduled visits in the social work contacts section of the service plan. The purpose of an unscheduled visit is to ensure that the conditions presented during scheduled family caseworker visits are also present at other times when the family is not expecting a worker to be present.

Another safety practice is an automated process performed monthly that matches licensed and unlicensed caregiver names to child abuse and neglect Central Registry and criminal history records. (Reference Item 43, Requirements for Criminal Background Checks).

Prior to placing a child in any home, caseworkers consider multiple factors within a foster/relative caregiver home when making placement decisions, including:

- Number and ages of children already in the home.
- Special needs of children residing in the home.
- Number and ages of the caregiver(s).
- Support systems of the caregiver(s).
- Parenting difficulties since last placement.

- Significant changes or stressors since last placement.
- CPS and/or foster home licensing complaints.

Prior to the child's return home, parent criminal background checks are conducted on all adult household members and non-parent adults for all cases.

Reference Item 19 and Item 20 for information on contact standards.

### **Round One of the CFSR**

In Round 1 of the CFSR for Michigan in 2002, reviewers rated Item 4 an area needing improvement because in 16 percent of the applicable cases, reviewers determined that DHS had not made sufficient efforts to reduce risk of harm to children.

Michigan's PIP included the following action items:

- DHS revised the services manual policy to require that caseworkers give priority to the top three needs and strengths identified in the family assessment of all service plans; completed in June 2005.
- DHS implemented changes to CANS/SWSS in February 2005 to ensure that caseworkers identify and address the top three needs in service plans; completed in June 2005.
- DHS reinforced policy and contact standards to ensure that appropriate services are delivered and that families are participating in those services, completed in June 2005, based on the annual review.
- The DHS consulted with National Council on Crime and Delinquency (NCCD) to revalidate the risk assessment in order to improve supervisory oversight of the services planning process; completed in June 2005.
- Supervisors are required to reinforce policy and contact standards with staff to ensure that families are receiving appropriate services and that they are actively participating in those services; completed in June of 2005 based on information from the annual review.
- DHS explored the development of a pilot project with the Wayne County 24-hour operations unit to complete background checks in emergency placements for out state counties; this item was withdrawn from the PIP.
- DHS released a CPS and foster care interim policy bulletin in May 2004 to require that caseworkers complete background checks (Central Registry and LEIN checks) on all adults in a relative's home prior to or at the time of placement. Completed with policy in May 2004 and released to the field in June 2004.
- DHS developed in-service training by September 2004 for foster care supervisors on accurate completion of the Safety Assessment. This item was completed on February 15, 2006, where the module and trainings were reviewed during the on-site visit.

On December 1, 2007, DHS updated the foster care policy manual to require the caseworker to use the Family Assessment of Needs and Strengths to identify and prioritize family needs and strengths that the caseworker must address in the Parent-

Agency Treatment Plan and Services Agreement. The foster care worker identifies the top three need items, which contributed most to the child's maltreatment and/or removal. These are the primary barriers, which must be resolved for the child(ren) to be returned.

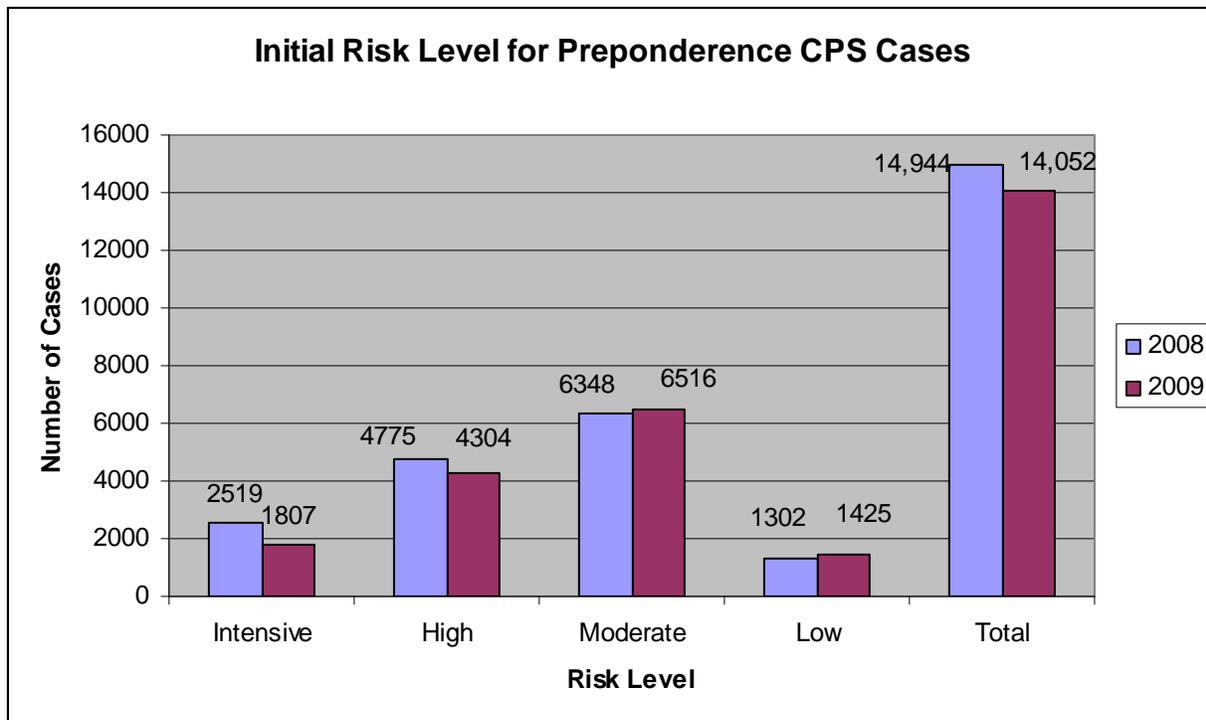
Reference Item 43 for information regarding criminal background checks.

**Measures of effectiveness**

Michigan is not meeting the national standard for absence of child abuse and/or neglect in foster care, which is 99.68 percent.

	<b>FY 2006</b>	<b>FY 2007</b>	<b>FY 2008</b>
Absence of Maltreatment in Foster Care	99.8%	99.64%	99.51%

DHS believes it is under reporting the number of victims in the area of absence of child abuse and/or neglect in foster care. BCAL utilizes a data management system developed when that bureau was housed under a different state department. BCAL investigates child abuse and neglect complaints in child caring institutions where the alleged perpetrator is a staff of that residential agency. When BCAL staff enters perpetrator information into the CPS Central Registry system, s/he does not enter a perpetrator relationship to the child victim. Therefore, DHS does not have a way to track whether the victim is “in foster care”. BCAL currently transmits nightly files from their system to the data warehouse. DMU and DIT staffs plan to use the BCAL file to match the victims to children in the foster care population to report these victims in the fiscal year 2009 NCANDS child file.

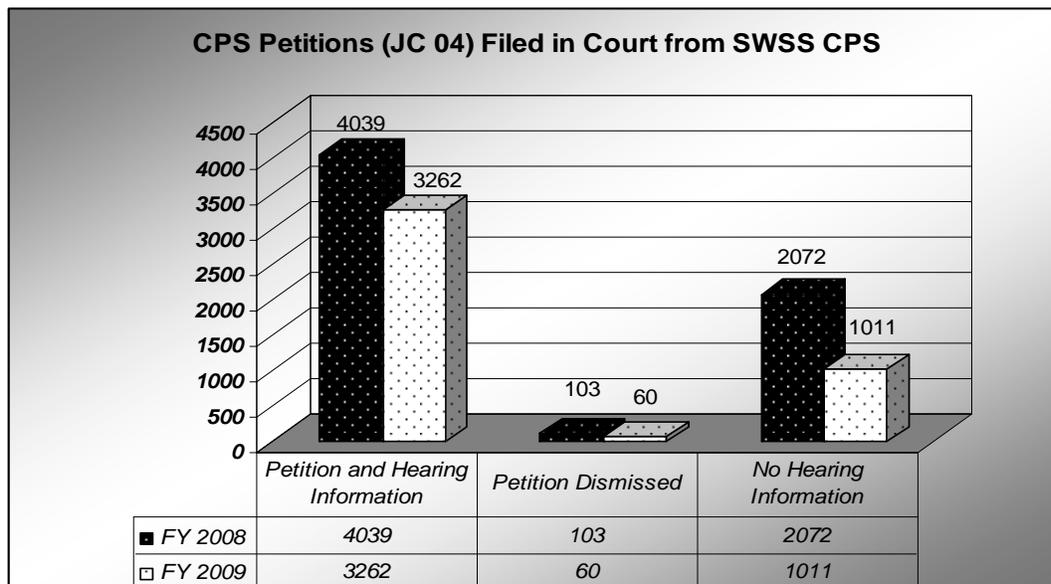


Note: Due to the conversion of the SWSS CPS during the calendar year 2008, ten percent of the cases are missing the initial risk level in fiscal year 2007. Only 40 cases are missing the initial risk level in fiscal year 2008.

In CPS targeted case readings, DHS found that:

- In 96.6 percent of the investigations verified the safety and well being of all children in the investigation, including children who resided in another location.
- 89.1 percent of the cases had a safety assessment accurately completed.
- 82.9 percent of the decisions on the safety assessments were supported and documented by evidence in the case file.
- 50.8 percent of the safety plans addressed all of the relevant safety factors.
- 94.9 percent of the cases had a completed risk assessment that was supported by the facts in the case.

In 2008 and 2009, workers filed a petition with the court requesting the court to take an action on a CPS case:



Note: No hearing information means that the caseworker did not enter the information in to SWSS, but the court may have still acted on the petition.

A survey of foster parents indicates:

Child Safety and Well Being	Sample Group	Native American Population
Percentage indicating either “yes” or “sometimes” that DHS responds properly to complaints of abuse and neglect.	91.4	100.0
Percentage indicating either “yes” or “sometimes” that the foster care worker considers the child(ren)’s safety when planning for the child’s return home.	93.4	87.5

In September 2004, the Children’s Research Center, a division of the National Council on Crime and Delinquency published a validation report of the Risk Assessment that recommended some revisions. DHS adopted the proposed revisions that improved CPS workers’ determination of a family’s risk of future maltreatment by more effectively targeting service interventions to high-risk families. DHS staff incorporated the revised assessment into SWSS CPS.

In focus group sessions with DHS and private CPA staff, they reported that they liked the approach but that it took several visits and meetings with the family to collect the necessary information. There were concerns about ensuring all the services that the family required are included and available. Several staff stated that the assessments contain some confrontational questions and parents get angry when trying to complete

the assessments. Workers shared that families are frustrated with the amount of information they gather during the meetings. Issues raised include:

- The length of time to complete the assessments.
- Additional visits with family to gather all of the information.

### **Children in foster care maltreated by a foster parent**

In fiscal year 2006 446 of 28,703 children in foster care, or 1.55 percent, were maltreated by their foster parent. When children in foster care are maltreated, a CPS complaint is filed and a normal CPS investigation ensues. Because DHS is not yet able to produce the NCANDS child file, this data has not been available since 1996. DHS will be submitting an NCANDS child file to the Children's Bureau this summer (reference Item 24, Statewide Information System for additional information).

### **Incidence of child fatalities due to maltreatment**

The Citizens Review Panel (CRP) on Child Fatalities met eight times in 2008 and reviewed 149 child deaths that occurred in fiscal years 2006 and 2007. Of the 149 cases reviewed, 64 (43 percent) were found to be child maltreatment deaths, 21 child abuse and 43 neglect. Therefore, of the 64 cases found to be child maltreatment almost 67 percent was neglect.

The CRP and the foster care fatality reviews completed by the DHS Office of the Family Advocate have resulted in recommendations for changes in DHS policy and procedure. The initiatives outlined below are all in various stages of development.

- **SWSS CPS Child Death Alert and Report.** This new software enhancement format collects child death information in a timely manner and notifies key DHS personnel. The information collected at intake and at disposition of an investigation is stored into a secure database accessed by the Data Management Unit. This new process promotes consistency and accuracy of data collection.
- **SWSS FAJ Child Death Alert and Report.** The initial steps of programming have started on software to create a notification system that will also allow DHS to collect accurate child death information for children under the care and supervision of DHS for foster care, juvenile justice or adoption services in a similar manner to the SWSS CPS format. The information collected prior to case closure will be stored in a secure database accessed by the Data Management Unit.
- **Infant Safe Sleep.** To promote infant safe sleep, DHS and community sponsors have initiated multiple education efforts. DHS sponsored an infant safe sleep campaign for the prevention of child deaths as data identified that half of the child deaths in Michigan in 2001 were preventable. Identified risk factors in child deaths included the lack of smoke detectors, poor prenatal care, drug or alcohol use during pregnancy, unsafe sleep environments, poor supervision and inappropriate selection of babysitters. Significant portions of the at-risk families have contact with the local DHS offices for Medicaid and other services provided by DHS. In addition, safe sleep practices is a required training topic for foster

parents and knowledge of safe sleep practices must be addressed in all initial foster home licensing studies.

Based on these findings, the DHS will continue the prevention campaign to educate staff and customers on creating a safe environment for children. The local DHS offices have brochures, lobby videos and other resources readily available for clients. The identified education programs are home safety, shaken baby syndrome and creating safe-sleep environments for children.

### **Strengths**

DHS has implemented many changes to ensure that risk and safety for children are managed. The use of Structured Decision Making is a strength. The worker completes criminal history checks in CPS and foster care cases along with CPS Central Registry checks.

DHS has focused on effectively evaluating safety and risk factors for the families DHS serves. The Family Assessment of Needs and Strengths/Child Assessment of Needs and Strengths have been incorporated in to SWSS in order to evaluate needs and to guide the workers in the use of appropriate services for families.

### **Challenges**

DHS was unable to implement the Wayne County Pilot project discussed in the PIP action items, due to security concerns. Staff, not in Wayne County, is able to request warrant checks from local police when doing an emergency after-hours placement. Staff conducts central registry checks and complete criminal background checks the next working day.

One of the challenges for the DHS is the need for caseworkers and supervisors to have a clear understanding of policy and issues of risk and safety within families. DHS has taken steps to increase this understanding through trainings, accessibility to systems and notifications of changes in Child Protection Law and policy.

High caseloads and worker turnover result in a workforce with limited experience. Additional supervisory oversight is necessary to ensure appropriate decision making and service provision.

### **Promising approaches**

In October 2008, Michigan began the implementation of a statewide Quality Assurance Program. The Quality Assurance unit conducts special reviews for higher risk cases. Higher risk cases include children who:

- Have been the subject of an allegation of abuse or neglect in a residential care setting or a foster/relative home, whether the home is licensed or unlicensed and who remain in the placement setting.
- Have been the subject of three or more reports alleging abuse or neglect in a foster/relative home and they remain in the same placement setting.

- Have been in three or more placements over the life-span of their case, excluding return home.
- Are in residential care for one year or longer.
- Are in an unrelated caregiver placement.

Reference Item 31, Quality Assurance for additional information on the special reviews.

DHS has focused on effectively evaluating safety and risk factors for the families DHS serves. The Family Assessment of Needs and Strengths/Child Assessment of Needs and Strengths have been incorporated into SWSS in order to evaluate needs and to guide the workers in the use of appropriate services for families.

Michigan is implementing Team Decision Making (TDM) meetings statewide.

## **B. Permanency**

### **Permanency Outcome 1: Children Have Permanency and Stability in their Living Situations**

#### **Item 5: Foster Care Re-entries**

How effective is the agency in preventing multiple entries of children into foster care?

#### **Policy**

Michigan policies addressing foster care re-entries include procedures that discuss permanency planning. Caseworkers complete comprehensive structured decision making (SDM) Family Assessments of Needs and Strengths (FANS) to determine the needs and strengths of the family (CFF 722-8A). Workers also complete a reunification assessment that guides the casework decision to reunify the child with his or her family or to modify the permanency planning goal based on updated family information (CFF 722-9). The reunification assessment evaluates the reduction in the barriers to reunification and the family's progress with services (722-9A). If the barrier reduction is partial or substantial, the worker will complete a safety assessment prior to reunification (CFF 722-9B). During the time the child is at home, the worker continues to assess the family's situation and the child's safety.

Once a child is reunified with a parent, policy mandates that for the first month, the caseworker has weekly in-person contacts with the parent(s) and child(ren) in the family's home. Caseworkers may extend this period of contacts to ninety days, if necessary. In subsequent months, in-person visits must be conducted at least twice a month in the family's home.

Caseworkers utilize SDM tools to guide them in making informed decisions regarding safety as well as to identify needs and strengths of the child and family. Based on information gathered from the assessment tools, caseworkers tailor reunification

services to meet the family's needs and provide supportive services to maintain the child in the parental home. Two of the main services programs that caseworkers use post reunification are Family Reunification and Families First of Michigan programs to facilitate and maintain the child (ren) safely in the home. The caseworker must have one contact per month with the family reunification or Families First worker, either face-to-face or by telephone.

### Round One of the CFSR

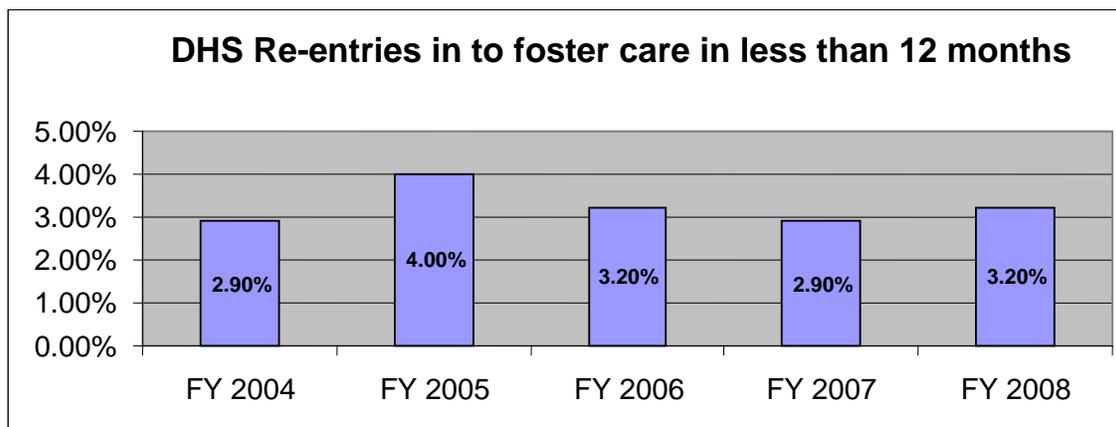
In the first round of the CFSR, reviewers assigned Item 5 an overall rating of a strength based on the following:

- In 86 percent of applicable cases, no re-entries into foster care occurred.
- The data reported in the State Data Profile indicate that the rate of re-entry into foster care within 12 months was 5.0 percent, which met the national standard of 8.6 percent.

Michigan did not include this item in the PIP.

### Measures of effectiveness

The following chart depicts Michigan's performance on CFSR Data Profile Composite 1: Timeliness and Permanency of Reunification; Measure 4 Re-entries into foster care in less than twelve months:



Michigan is performing well in this area. The percentage of children who re-enter foster care is lower than the 25<sup>th</sup> percentile of 9.9 percent. Of all children discharged from foster care to reunification in the 12-month period prior to fiscal year 2008, 3.2 percent re-entered foster care in less than 12 months from the date of discharge. While Michigan takes longer to reunify children with their parents than the national standard, once children are returned home, they are less likely to return to foster care (reference Item 8, Reunification, Guardianship or Permanent Placement with Relatives for more information on Michigan's performance on the other Composite 1 measures). Ninety-point-nine percent of the children in foster care have only had one removal episode.

### **Factors affecting performance**

In 1992, Michigan created and piloted the Family Reunification Program for families with children in out-of-home care. Michigan intended the program to reduce the number of children in out-of-home care and to reduce the cost to the agency. An evaluation of the program showed that the families who participated in treatment programs were more likely to remain reunified than those in the control group. In addition, treatment was more cost-effective in the end.

In follow-up interviews with families who participated in the program, families rated the following program features as helpful: the use of two-worker teams; the services offered in the family home; the 24-hour service availability; the use of a problem-solving focus in service delivery; the instruction in discipline techniques; and concrete services (e.g., transportation).

Today, the Family Reunification Program is available in 26 counties throughout Michigan; these 26 counties serve approximately eighty-five percent of the child welfare population in the state. This program is highly regarded by DHS and court staffs. During focus groups, it was discovered that the success of these programs might cause a delay in reunification, as courts and workers will delay reunification until there is an opening for Family Reunification Program services.

Michigan also provides other time-limited reunification services and family support services to families (Reference Item 35, Service Array for additional information).

### **Strengths**

Michigan is performing well in this area. The use of the Structured Decision Making (SDM) reunification and safety assessments help workers determine whether children can safely return home. The use of family reunification services also helps Michigan to keep children at home.

### **Challenges**

Parental substance abuse among families involved in the child welfare system coupled with a lack of available substance abuse services, remains a barrier to reunification. Nineteen point eight percent of children are removed because of a parent's drug and/or alcohol abuse. (Reference Item 3, Services to Family to Protect Child(ren) in the home and Prevent Removal or Re-entry into Foster Care for additional information on removal reasons).

### **Promising approaches**

In order to increase worker accountability and ensure workers are providing adequate services to families, Michigan is implementing caseloads standards for both DHS and child placing agency (CPA) foster care worker caseloads (Reference Item 30, Standards Ensuring Quality Services for additional information). Foster care policy will be revised to increase supervisory oversight of Structured Decision Making assessments and service plans through monthly consultation with the caseworker prior

to each plan being approved. It is thought that these measures will decrease re-entries as families will be receiving needed services the first time their case is opened.

Michigan is implementing Team Decision Making meetings statewide. Reference Item 18, Child and Family Involvement in Case Planning for additional information on TDM.

Michigan is collaborating with the State Court Administrative Office to host an expanded Permanency Planning Forum in October 2009. The teams will review these cases, identify barriers and develop local practice to provide more timely and frequent reunification for children in foster care. The teams will present their plans at the event in October and return in March 2010 to report on their progress.

Substance Abuse/Child Welfare Protocol for Assessment, Family Engagement, Retention and Recovery is in the finalization process. The protocol will serve as a tool to improve practice within the substance abuse treatment system, the child welfare system and the family court system.

Finally, DHS is implementing performance-based contracting with private CPAs. One of the measurement standards is the private CPA's performance on re-entries to foster care. This will enable private agencies to address areas of possible improvement. Reference Item 30, Standards Ensuring Quality Services.

## **Item 6: Stability of Foster Care Placement**

How effective is the agency in providing placement stability for children in foster care (that is, minimizing placement changes for children in foster care)?

### **Policy**

DHS strives to minimize the number of placement changes that a child experiences while in foster care. When a child is under the supervision of DHS, DHS ensures that the out-of-home placement is in the best interest of the child, is the least restrictive possible placement and is matched to the child's physical and therapeutic needs. Caseworkers base the decision on an individual assessment of the child's needs but they must first consider relatives for placement (CFF 722-3). Michigan has implemented a number of reforms to prevent unnecessary placement changes for children in foster care. These are:

- Within ninety days after the initial placement, the foster care worker must make a placement decision and document the reason for the decision. The decision and the rationale for the decision are required for every case and must be documented using the DHS-31, Foster Care Placement Decision Notice. A copy of the DHS-31 must be filed in the child's case file and a copy must be sent to the following:
  - Child's lawyer-guardian *ad litem* (LGAL).
  - Guardian.
  - Guardian *ad litem*.
  - Mother and father of the child.
  - Mother's and father's attorneys.

- Relative(s) who expressed an interest in having the child placed with them.
- Child, if the child is old enough to have expressed an opinion.
- Prosecutor/Attorney General.
- Child Placing Agency Licensing Rules require notification of the intent to move a child from a home at least 14 days prior to a move. Supervisory approval is required for all replacements (R 400.12405).
- Pursuant to Public Act 163 of 1997, foster parents may appeal the movement of a ward from their home. If the local foster care review board, which hears the appeal, agrees that a move is not in the child (ren)'s best interests, the court must hold a hearing or, if an MCI ward, the MCI Superintendent must review the case. At the time the foster care worker notifies the caregiver of the intended move, the caregiver is informed that they have 3 days to appeal the move to the Foster Care Review Board if they disagree.

The caregiver does not have the ability to appeal the move in the following circumstances:

- The foster parent/kinship caregiver requests that the ward be moved.
  - The court with jurisdiction orders the ward to be returned home.
  - The change in placement is less than 30 days after the child's initial removal from his or her home.
  - The change in placement is less than 90 days after the initial placement and the new placement is with a relative.
- 
- Child Placing Agency Licensing Rules require the chief administrator of the agency to develop and implement a written plan that addresses unplanned moves of children in foster care. The plan must contain an assessment of all disrupted and unplanned removals of children from foster home, independent living, kinship, and adoptive homes. The plan contains the measures the agency will take to correct the causes for the disruptions and unplanned moves are included in the written plan.
  - Finally, placement of children less than 10 years of age in residential or other institutional settings of any kind requires a written approval for placement from the state-level program office. Caseworkers must provide or refer the child for supportive services prior to placing a child in residential care. If services were not provided, documentation explaining the reasons is required. Inpatient psychiatric hospitalization requires this approval in addition to a certification of need from Community Mental Health (CFF 722-3).

Once the child has been moved to a new placement:

- Public Act 201 of 2008 amended Michigan law to require the DHS or private CPA staff to notify the court and the child's lawyer guardian *ad litem* when a foster child changes placement. Providing notice of the change in placement alerts the court and the child's lawyer guardian *ad litem* to potential problems, especially if a child frequently changes placements. The notice must include the following information:
  - The reason for the placement change.

- The number of times the child has changed placements.
- Whether or not the child will be required to change schools due to the placement change.
- Whether or not the change will separate or reunite siblings, or affect sibling visitation.
- The foster home licensing rules require documentation within a child's case record each time a caseworker moves a child from a foster/kinship caregiver home. When it is necessary to replace a child, caseworkers must consider returning the child to the parent or placing the child within the kinship network (R 400.12405).

### **Practice**

Once a decision has been made to remove a child from the home, numerous factors are evaluated to ensure a selected placement for a child is safe and in his/her best interest. Factors considered prior to making a placement in a foster home include:

- Number and ages of children already in the home.
- Special needs of children residing in the home.
- Number and ages of the caregiver(s).
- Support systems of the caregiver(s).
- Parenting difficulties since the last placement in the home.
- Significant changes or stressors since the last placement.
- Evaluating prior CPS and/or foster home licensing complaints.
- Evaluation of Child Assessment of Needs and Strengths completed by the CPS worker prior transferring the case to foster care.

For juvenile justice youths, DHS makes child safety and security its top priority and recognizes the value of keeping the youth in the home where feasible. The Classification Report and Security Level Recommendation Matrix included in the initial and updated service plans, determines the level of security for the youth's placement. Juvenile justice youths in need of residential treatment are referred to the Juvenile Justice Assignment Unit (JJAU) for residential placement in public or contracted private agency facilities.

Between 2000 and 2007, DHS previously used the Family-to-Family model in identifying placements for children. Family to Family was a partnership between DHS and the community in which both parties commit to reducing disruption in the lives of at risk children by strengthening resources for serving children within their homes or foster homes within their communities. DHS no longer uses Family to Family; instead it relies on Team Decision Making meetings (or permanency planning conferences) to discuss placement issues for children and identify potential relative placements. The practice of children within the best placement and in close proximity to their home remains one of the principles of Team Decision Making meetings.

Relative care is a key to substantially reducing the negative effects of removal from parents and family while in temporary foster care. A child's relative network is the preferred out-of-home placement for both temporary and permanent circumstances.

The selection of the relative/unrelated caregiver or foster care provider is discussed at a TDM meeting where possible and appropriate, and includes a thorough assessment of the family's potential to provide for the child with consideration given to the input of the parent (Reference Item 15, Relative Placement and Item 43, Requirements for Criminal Background Checks for additional information).

### **Round One of the CFSR**

In Round One of the CFSR, reviewers rated this item as an area needing improvement based on the CFSR Data Profile. The percentage of children in fiscal year 2000 having two or more placements within a 12-month period did not meet the national standard. In 89 percent of the applicable cases, reviewers determined that DHS had made diligent efforts to ensure children's placement stability, but because the two indicators were assessed through different measures, Michigan did not meet the standard or criteria either.

Michigan's PIP included the following action steps:

- The Foster Care Review Board modified its case reading form to require documentation of the reasons why some children experience two or more placements in the first 12 months of foster care; completed in May 2006.
- Decrease in change of placements and/or multiple moves was a performance improvement target for managers in their annual performance plans, based on Local Office Management Report that reflect the percent of children in foster care who experienced two or more placement changes; completed in February of 2006.
- DHS instituted policy revision, training and contract changes to solicit information about relative resources for placement; completed based on information provided at February 2006 Administrative for Children and Families site visit.
- Public and private child placing agencies revised their current foster home recruitment strategies and increased the number of available foster homes; completed based on information provided at the February 2006 site visit.
- Policy was added to require that CPS caseworkers complete the Child Assessment of Needs and Strengths (CANS) prior to the transfer of the case to foster care. Policy was revised in June 2004; local supervisors completed staff training by June 2005.
- When non-emergency foster care change of placement situations arose in Family to Family sites, policy was changed to require a Team Decision Making meeting; completed based on the February 2006 site visit.
- DHS initiated a proposal to create a system of specialized foster homes to care for multiple needs children, completed based on a report provided with the sixth quarter report.
- DHS collaborated with mental health providers to identify barriers to services and propose solutions to improve foster care stability, completed based on the Mental Health Commission Report provided February 15, 2006.
- DHS increased the number of accurate Determination of Care (DOC) assessments via supervisory case reads, completed between May 2003 and

October 2003. The state experienced a 45 percent increase in appropriate DOC determinations.

**Measures of effectiveness**

From the CFSR Data Profile, for fiscal year 2008, DHS' performance on the Permanency Composite Four: Placement Stability was 105.4. The national standard is 101.5 or higher. Michigan's performance on the composite surpassed the national standard; however, Michigan fell slightly below the 75<sup>th</sup> percentile on the measure C4-1. Performance on the individual measures was:

	FY 2006	FY 2007	FY 2008
C4-1: Two or fewer placement settings for children in care less than 12 months. 75 <sup>th</sup> Percentile = 86.0%.	85.8%	86.6%	85.8%
C4-2: Two or fewer placement settings for children in care for 12 to 24 months. 75 <sup>th</sup> Percentile = 65.4%.	70.6%	71.9%	72.6%
C4-3: Two or fewer placement settings for children in care for 24+ months. 74 <sup>th</sup> Percentile = 41.8%.	41.9%	43.6%	45.4%

Targeted case readings for foster care cases showed:

- Ninety-three percent of cases documented the caregiver's willingness and ability to care for the child.
- Ninety-four percent of cases identified the placement was in the child's best interest.
- Ninety-six percent of the cases documented that the child was in the least restrictive setting.
- Sixty-seven percent of children did not have any change of placements.
- Fifty-two percent had services provide to the current care provider to prevent another replacement for the child.

In 2008, the Foster Care Review Board received 121 calls from caregivers appealing the move of a child from their home. Of those calls, for the children who were temporary court wards:

- 82 resulted in appeal hearings.
- Of the 82 appeal hearings, the boards supported foster parents 34 times (41%) and agencies 48 times (59%).
- Of the 34 court ward reviews where boards supported the foster parents, the courts upheld the board's decision ten times, supported the agency three times, and three had unknown results.

In the 14 subsequent reviews by the MCI Superintendent for MCI wards, he upheld the board's decision 11 times and supported the agency three times. Two cases were not subsequently reviewed by either the court or MCI Superintendent because the agency

agreed to leave the child(ren) in the placement and one was due to the foster parents withdrawing their appeal.

A survey of foster parents found:

	<b>Sample Group</b>	<b>Native American Population</b>
Percentage that have NOT requested removal of child from their house	40.7	53.3
Of those requesting removal, top three Sample Group reasons for the request		
1. Child’s severe behavioral problems	57.7	
2. Child’s mental health issues	19.0	
3. Other*	18.5	
Of those requesting removal, top three Native American Population		
1. Child’s sexual behavior		57.1
2. Child’s severe behavioral problems		57.1
3. Birth parent threat to family safety		42.9
Of those having had children removed from their home, percentage indicating they are always or sometimes properly notified when children are removed from their home	87.5	80.0

\*Reason for requesting removal of child – explanations for “other” covered such general topic areas as: child issues (violent; bad influence on family; child wouldn’t obey rules and asked to be removed; child in gang; child made false allegations against foster parent; child needs two parent home; child ran away; child stealing; etc.), birth family issues (difficult birth family; birth family too controlling; birth family visits too disrupting to child; etc.), and administrative issues (licensing issues; exceeded agreed upon length of stay; money paid out of pocket not refunded; reunification period too extended; temporary placements, too many children for us to handle; too many requirements in court proceedings, etc.).

In focus groups, DHS and private CPA field staff reported that they often find a temporary home willing to take the child(ren) for the night and struggle with finding an initial appropriate placement. Stakeholders such as court appointed special advocates, court representatives, foster parents and foster youth shared the same or similar concerns.

**Factors affecting performance**

Some larger counties in Michigan place children in temporary shelter placements during non-business hours. Michigan is implementing limitations on the use of emergency or temporary facilities and residential care placements. Policy revisions will require that a

child must not remain in emergency/temporary facilities for more than 30 days and cannot be placed in a facility more than once in a 12-month period.

CFSR Unit staff sends the state and county level CFSR permanency measures every 6 months to all DHS local offices. This allows local county offices an ability to track their performance and determine progress while also identifying areas of concern.

The county level CFSR data has been shared with the State Court Administrative Office; SCAO disseminated the information to the respective county courts. Joint DHS and court training has been held around the state to present the data, along with information on the CFSR process.

### **Strengths**

Michigan is meeting the national standard for Composite 4, Placement Stability. It has instituted many changes since the Round 1 CFSR PIP to prevent unnecessary moves of children in foster care. Michigan's reliance on relative care also helps to prevent changes of placement for children.

### **Challenges**

Placement stability challenges include:

- Delays in early identification of relatives.
- The use of short-term shelter care.
- Recruitment and retention of foster parents who are able to meet specific needs of children in care.

### **Promising approaches**

In compliance with the Settlement Agreement:

- DHS is implementing TDM meetings statewide; a TDM will be held prior to a placement change or by the next working day after an emergency change of placement.
- DHS is implementing limitations on the length of stay in a residential program. Caseworkers may not place children in residential care more than six months without approval from the county child welfare director or Field Operations manager. Caseworkers may not place children in a residential setting more than 12 months without approval from the director of Children Services Administration. The need for residential placement is re-assessed every 90 days until discharge. This will ensure that the residential program and caseworker are preparing the child for placement in their own home or with another caregiver.
- DHS is implementing targeted recruitment and retention efforts for special populations such as adolescents, sibling groups and children with disabilities (Reference Item 44, Diligent Recruitment of Foster and Adoptive Homes).
- DHS is implementing Treatment Foster Care services to expand the continuum of care to offer community based care for children and youth with serious to severe emotional and behavioral disturbances.

Relative caregivers are referred to private agencies to complete the process of foster care licensing. This enables relative providers to receive monetary compensation for providing foster care. In the event a home requires improvements to meet licensing standards, funds are available through the Family Incentive Grant (Public Act 131 of 2008) to assist families in making the necessary repairs.

To integrate juvenile justice youths back into the community, the Michigan Strategy for Juvenile Justice Reintegration has been developed using the basic principles set forth in the Federal Serious and Violent Reentry Initiative (SVORI). The Bureau of Juvenile Justice staff project that this strategy could be available for all youth leaving BJJ facilities. Furthermore, DHS plans to expand the program for youth in private facilities and/or youth supervised by courts, dependent upon available resources.

### **Item 7: Permanency Goal for Child**

How effective is the agency in determining the appropriate permanency goals for children on a timely basis when they enter foster care?

#### **Policy**

For foster care and juvenile justice cases, there must be a federally approved permanency-planning goal for each child documented within the service plan. The primary goal for the children we serve in the foster care system is permanency – a safe, stable home in which to live and grow and a life-long relationship with a nurturing caregiver. The supervising agency, for children in foster care, must seek to achieve the permanency planning goal for the child (ren) within 12 months after removal. However, if the parent has been working toward reunification and supervising agency expects that reunification can occur within a defined period, reunification efforts may be extended beyond the 12 months. Policy can be found in CFF 722-10 and 722-7 for foster care, CFA 100 for adoption and JJ 2 220 for juvenile justice cases.

If a determination has been made that termination of parental rights is not in the best interest of the child, permanent guardianship should be the goal. In a case where the child cannot return home due to a parent's physical or mental health issues but there is a significant parental bond, it may be in the child's best interest not to terminate parental rights. Guardianship with assistance has been established in Michigan and provides financial support for the guardian of the child.

After termination of parental rights, adoption is the preferred goal with permanent guardianship as an alternate goal if it is in the best interest of the child. Adoption and guardianship offer the child legal permanence, a sense of security and family attachment and allow the adoptive parent or guardian to make decisions on the child's behalf (CFA 100).

Foster care policy, CFF 722-7, states that for children who cannot be reunified, adopted or placed with a guardian, the goal must reflect a permanent placement with a nurturing adult with whom there is a strong attachment and sense of belonging. In cases where children are not placed with an adult who is committed to their care and welfare, every

effort must be made to secure a network of supportive people who will assist and be responsive to the youth's needs (Reference Item 10, Other Planned Permanent Living Arrangement for additional information).

In most cases, the goal of the service plan is reunification. Policy outlines expectations of family involvement in case planning and clear understanding of all the conditions, which must be met prior to the child's return home. As part of each service plan, when the goal is reunification, the worker must indicate the recommendation for placement and the permanency-planning goal based on the Reunification Assessment Planning Decision Guidelines (CFF 722-9).

When a youth is placed in a residential detention facility, the juvenile justice specialist (JJS) develops after-care goals for the youth's return to the community. When the initial service plan and subsequent updated (or supplemental) service plan are developed, the permanency planning goal and date for meeting the goal are discussed in meetings with treatment staff (JJ2 230).

### **Practice**

Permanency planning services start from the day of placement. This allows children and families to have their needs met in their own communities, minimize disruption to critical relationships and promote their long-term well being. Michigan views the participation of parents and members of the extended family/relative network as essential to achieving permanency. Maintaining family connections is crucial for children in foster care.

When children enter foster care, caseworkers meet with families to develop the Initial Service Plan (ISP). The ISP contains the initial permanency planning goal, and the worker must submit it to the court within 30 days of placement. Caseworkers utilize SDM tools to identify the needs and strengths of a family and the services needed to rectify the condition that brought a child into care. Throughout a case, the caseworker regularly reviews the goals and meets with parents, children, foster care providers and service providers to evaluate progress.

If the caseworker concludes that after considering reunification, adoption, guardianship or permanent placement with a fit and willing relative, that the most appropriate permanency plan for a child is placement in another planned permanent living arrangement, documentation of the compelling reasons for this decision must be contained in the updated service plan.

Per the Settlement Agreement, DHS and private CPA staffs are in the process of reviewing the permanency planning goal for each case as part of the next regularly scheduled permanency plan review, court hearing, or Team Decision Making meeting (TDM). If no court hearing is scheduled, the worker and the supervisor must conduct a permanency planning review to establish and document the appropriate permanency goal. All reviews must be conducted by September 30, 2009. The worker must document the review on the Permanency Goal Review Form when reviewing the cases.

Michigan is engaged in a major effort to reduce the number of children who have been awaiting reunification or adoption for over one year. This initiative addresses CFSR outcomes as well as the Settlement Agreement. The children awaiting permanency are defined as:

- Temporary court wards (TCWs) – children with a goal of reunification who have been in care for more than a year.
- Permanent state wards (Termination of Parental Rights or TPR) – children who have been “legally free” for adoption for more than one year.

DHS recognizes that we have a large number of children who are cared for in Michigan’s foster care system without an identified permanent home. Reducing the number of children awaiting reunification or adoption serves as a foundation for Michigan’s child welfare reform efforts. This strategy involves the following key elements:

- Utilizing data collection and evaluation methods to assess needs and progress. DHS is providing data to the local office, private CPA agencies and the State Court Administrative Office staffs.
- Implementing legislative, policy and practice changes.
- Collaborating with private providers, courts, universities, and child welfare advocates.

As of July 7, 2009, 45.5 percent (2,301 cases) of the TCW cohort were closed statewide. Of these closed cases, 80 percent of the children exited by reunification, 5 percent were placed with a relative or guardian and 1 percent were adopted. Of the 2301 TCW cases that have closed since September 30, 2008, 1,505, or 65 percent, are urban cases. Initially, each county began to make rapid progress in identifying cases that remained open due to administrative issues that could easily be resolved to allow the case to close. DHS allocated significant overtime hours to address the critical needs of the children in this group to achieve permanency. As of July 7, 2009, 30 percent (1,278 cases) of the TPR cases were closed statewide. The TPR cases continue to present a challenge for casework staff. The counties have identified multiple barriers such as mental health issues and lack of appropriate permanent homes that must be overcome to achieve permanency for each child. Of these closed cases, 70 percent of the children exited to permanency through adoption, 16 percent aged out, and four percent were placed with a parent, relative or guardian. Of the 1,278 TPR cases that have closed, 699, or 55 percent, are urban cases.

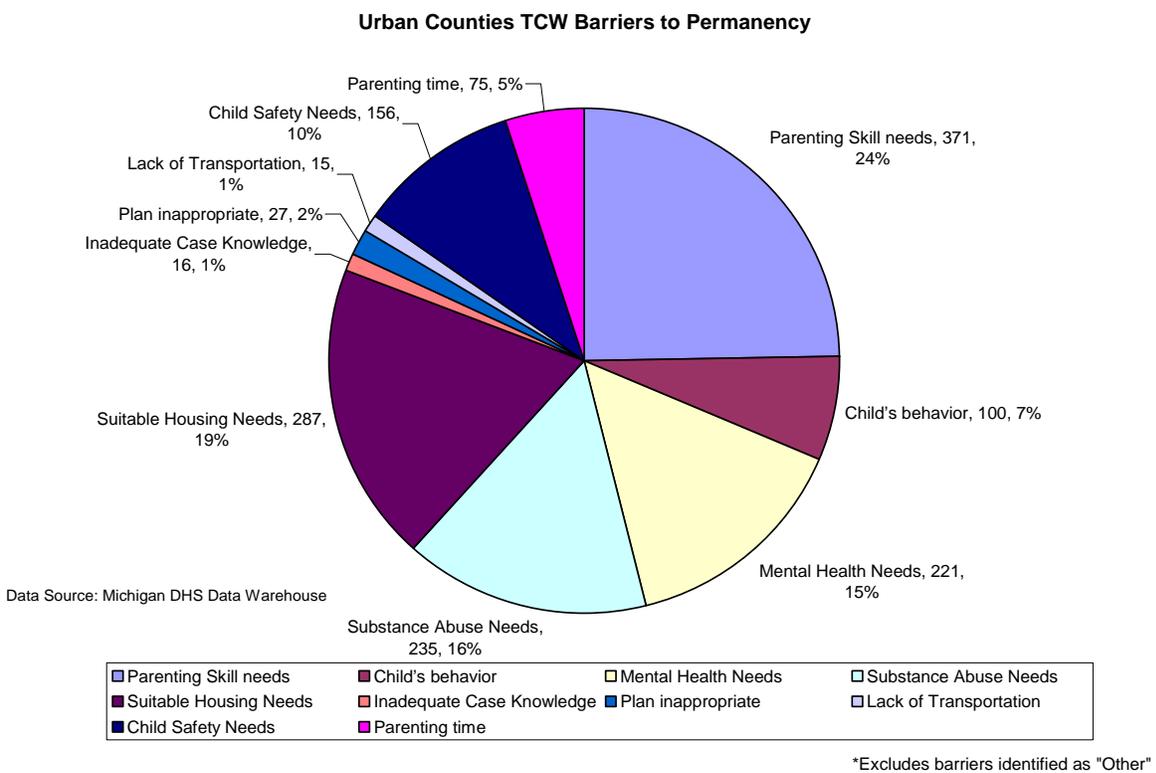
Another characteristic of both of these groups of children awaiting permanence is the overrepresentation of African-American children. Of the children in the temporary court ward cases, 50 percent are African-American. In the permanent ward cases, African-American children represent 57 percent of the population. As of November 2008, there were 2,446,856 children living in Michigan, following is a breakdown by race:

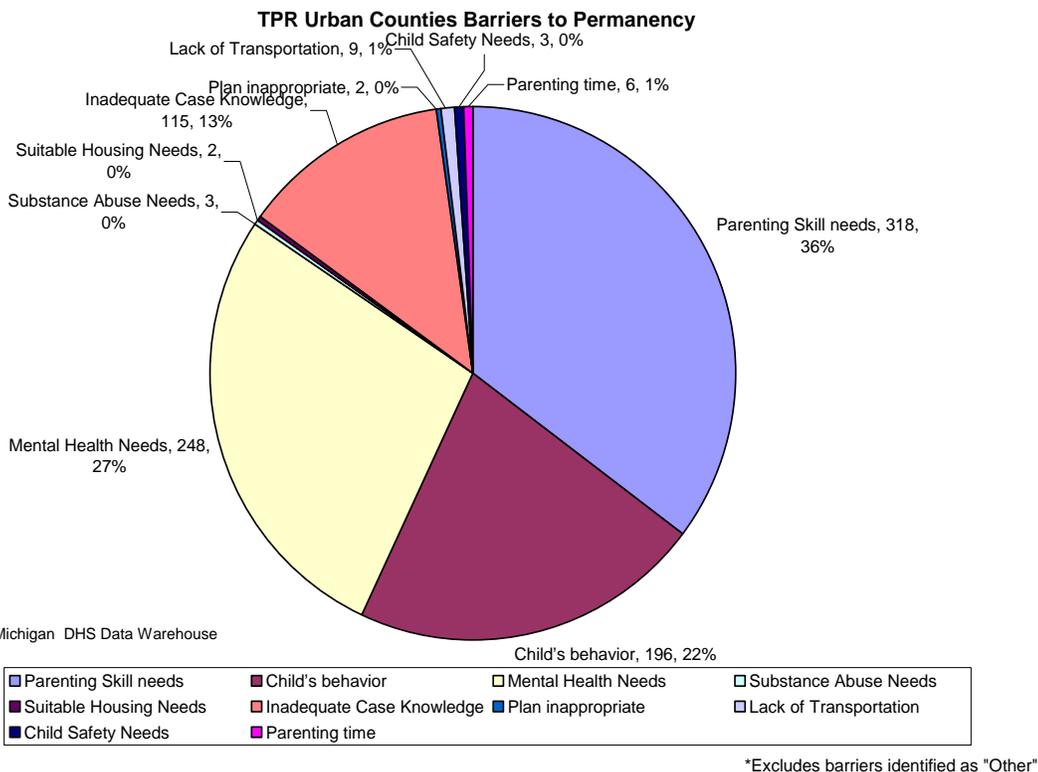
- 13,723 American Indian/Alaska Native, non-Hispanic
- 60,993 Asian/Pacific Islander, non-Hispanic
- 67,407 two or more races, non-Hispanic
- 144,717 Hispanic

- 424,697 African American, non-Hispanic
- 1,735,319 Caucasian, non-Hispanic

Equally concerning is the fact that as the length of stay increases, the percentage of African-American males awaiting permanence also increases. This data provides DHS with an informed view on where some of our greatest needs for foster families, relative care providers and adoptive or guardian homes exists.

DHS Field Operations asked counties to complete and submit a gap analysis worksheet on each of the cases in their temporary and permanent ward cohorts. The data was compiled for the urban counties and reveals several barriers, including parenting skills needs, child’s behavior, mental health needs, and substance abuse needs. The following charts display the most common barriers reported by the urban counties. Barriers reported from non-urban counties are very similar, with rural counties reporting a lack of transportation as a significant barrier. The following chart details the identified barriers:





While this data was specifically obtained to track barriers to permanency for children awaiting permanency, it is indicative of the type of permanency barriers facing children in foster care.

DHS has permanency planning specialists (PPSs) and permanency planning assistants (PPAs) in local DHS offices. The newly developed PPS positions focus their case management on these children. The staff received specialized training and has been assigned a lower case load in some counties. The specialized caseloads for PPS staff provide frontline leadership in defining what works for children who have been in the system for a long time. The PPA staff is assigned to work with the PPS staff and assist in a wide variety of areas of permanency planning. These staffs ability to mine case files, talk with youth about important people in their lives, assist in transportation to court hearings, and set up appointments and meetings is focused on identifying and supporting a permanent placement resource (Reference Item 33, Ongoing Staff Training for information on the training for the permanency planning specialist and assistant staff).

As of July 7, 2009, 45.5 percent (2,301 cases) of the TCW cohort were closed statewide. Of the 2,301 TCW cases that have closed since September 30, 2008, 1,505, or 65 percent, are urban cases. Initially, each county began to make rapid progress in identifying cases that remained open due to administrative issues that could easily be resolved to allow the case to close. Significant overtime hours were allocated to address the critical needs of the children in this group to achieve permanency. As of July 7,

2009, 30 percent (1,278 cases) of the TPR cases were closed statewide. The TPR cases continue to present a challenge for casework staff. The counties have identified multiple barriers such as mental health issues and lack of appropriate permanent homes that must be overcome to achieve permanency for each child. Of the 1,278 TPR cases that have closed, 699, or 55 percent, are urban cases.

In order to help facilitate an appropriate permanent plan and to advocate for children in foster care, Michigan law requires that the court appoint every child in foster care a lawyer guardian *ad litem* (LGAL) to represent him or her. The law mandates that the LGAL be present at all hearings concerning the child and that substitute counsel cannot be present unless the court approves. The LGAL must remain the child's attorney throughout the child's case, courts contract with private attorneys to fulfill this requirement. Duties of the lawyer guardian *ad litem* include:

- Conducting an independent investigation of the child's situation.
- Reviewing the agency case file.
- Meeting with the child before most hearings.
- Explaining to the child the proceedings in an age appropriate manner.
- Determining the child's best interest.
- Monitoring implementation of the service plan and compliance by all parties with the service plan.
- For permanent wards, the law allows for communication between the MCI Superintendent and the child's LGAL regarding issues of placement and permanency planning.

Another way that Michigan ensures permanency in a timely manner for children in foster care is through the Foster Care Review Board (FCRB). These volunteer citizen review boards operate in every county in Michigan and meet on a monthly basis. At these meetings, they review four to six sibling groups of children in foster care. The board reviews these same children every six months until the caseworker has established a permanent placement. The members read case material and then interview interested parties. The Board reviews the case for appropriateness of the placement and the types of services provided, the number of placement settings, and the amount of progress towards the permanency plan by the agency and the parents. They also identify barriers to permanency for each case. These hearings are open to the parents, children, foster parent or relative caregiver, attorneys, foster care caseworker and other service providers for the family. At the end of the interviews, the Foster Care Review Board makes a report of recommendations. They send the report to the court, the supervising agency, prosecuting attorney, and other interested parties. The court uses the report at its own discretion.

### **Round One of the CFSR**

In Round 1 of the CFSR, reviewers rated this item as a strength based on the finding that in 89 percent of the applicable cases DHS had established an appropriate permanency goal in a timely manner.

### **Measures of effectiveness**

The Permanency Profile for Michigan's 2008 CFSR Data Profile indicates that 0.0% of the children had missing permanency goal information in DHS' AFCARS submission for the fiscal year 2008 period.

Targeted foster care case readings revealed that:

- Eighty-eight percent of the children had a permanency goal with achievable timeframes consistent with the child's developmental needs.
- Eighty-four percent had documented reasonable efforts to prevent removal of a child from the parental home.
- Seventy-eight percent had documented efforts to finalize the permanency plan.

According to focus group participants, including the court, DHS and private CPA staffs and service providers, the participants suggested that improved engagement and involvement by the family results in a stronger commitment toward steps to reunify. The participants further indicated that sometimes the appropriateness of a reunification goal becomes questionable when caseworkers have made efforts to engage the family without success or the family has not remained consistent in their involvement with the agency.

### **Factors affecting performance**

Michigan Public Act 200 of 2008 amends the permanency planning hearing process, thus allowing for more court oversight, which ensures that permanency goals are being met in a timely manner for all children. The court must conduct permanency-planning hearings periodically to review the status of the child and the progress the supervising agency is making toward the child's return home or to show why the court should not place the child in permanent custody. This law:

- Requires the court to obtain the child's views of his/her permanency plan.
- Requires the court to consider out-of-state placement options.
- Aligns Michigan termination filing requirements with the federal Adoption and Safe Families Act.
- Allows the court to appoint a guardian for a child in lieu of terminating parental rights.

### **Strengths**

- Improved data resources: Sharing specific case data between the county offices and the courts has encouraged more collaboration in permanency planning. Monthly permanency reports and other relevant information are provided so that counties can gauge the effectiveness of change strategies.
- Specific and focused permanency training: Providing permanency focused training for supervisors, foster care specialists and assistants has increased the awareness of the permanency needs of children in foster care and encouraged creativity in staffing and caseload assignment.
- Increased monitoring of permanency activity: Supervisors are reviewing service plans and should be reading three cases per worker per quarter. They should also be having face-to-face meetings with caseworkers to discuss case plans

before approving. Special situations receive more intense supervision, for example, if a child has a goal of reunification after 12 months in foster care, the supervisor must give written approval, and the service plan must contain compelling reasons why the goal should be extended to accomplish reunification.

### **Challenges**

- Title IV-E funding issues: In a recent survey of judges, they reported that they are sometimes reluctant to make a finding that the agency has not made reasonable efforts because of title IV-E funding issues.
- Multiple case issues: Difficulty in locating relatives, multiple family issues, poverty-related factors and lack of appropriate services affects DHS' ability to achieve timely permanency for children in foster care.
- Lack of family involvement: Family members not being involved in service planning or the court process is also a barrier to timely permanency. Reference Item 18, Child and Family Involvement in Case Planning for additional information.

### **Promising approaches**

Public Act 202 of 2008 also amended the law to allow DHS to implement concurrent planning. Concurrent planning is a process of working towards family reunification, while at the same time establishing an alternative permanency plan in case the child cannot be returned home safely. Concurrent planning will initially be implemented in Clinton and Gratiot counties in September 2009 and then will be implemented statewide later. Concurrent planning will be mandatory in all cases where reunification is the identified permanency goal. Reference Item 8, Reunification, Guardianship or Permanent Placement with Relatives for additional information.

DHS has also laid the groundwork for addressing the needs of children awaiting permanency by restructuring and reducing caseloads. DHS county offices are forming Permanency Teams consisting of managers, supervisors, foster care and adoption workers. Moreover, the local office operational bifurcation of the five largest urban counties ensured a high level of strategic planning in addressing the concentration of children in this population. The bifurcation allows for one director to oversee services such as foster care and CPS and another director oversee services such as cash assistance and Medicaid. Having separate directors will allow each to focus more fully on the separate programs. Additionally, DHS increased staffing in the Permanency Division of the Child Welfare Bureau, adding a permanency planning coordinator position, and creating a Youth Services Unit. These units are critical in providing resources and technical assistance to the field to assist in achieving the overarching goal of permanency for children in foster care for long periods of time. DHS plans to achieve legal permanency for children awaiting permanency for more than one year by the following:

- Fifty percent by October 2009.
- Eighty-five percent by October 2010.
- One hundred percent by October 2011.

DHS will use the results of the Needs Assessment, which was conducted by Michigan State University Child Welfare Resource Center, to respond effectively to the gaps in services that prevent children from obtaining permanency (Reference Item 36, Service Accessibility for additional information).

### **Item 8: Reunification, Guardianship or Permanent Placement with Relatives.**

How effective is the agency in helping children in foster care return safely to their families when appropriate?

#### **Policy**

Michigan's focus for the foster care program is assisting parents in improving the level of care for children so they are able to return to their homes in a timely manner. The supervising agency must seek to achieve permanency planning goals for the child(ren) within 12 months after the child(ren) is removed from his/her home. If the parent has been working toward reunification, and the supervising agency expects that reunification can occur within a defined period, the supervising agency may extend reunification efforts beyond 12 months. The supervising agency must not extend or delay this 12-month goal because of a change in the worker or a case transfer. Nor is a parent's resumption of contact or overtures toward participating in the case plan in the days or weeks immediately preceding the permanency planning hearing sufficient grounds for retaining reunification as the permanency plan (CFF 722-7).

The Guardianship Assistance Program is a newly developed permanency option for Michigan. A state funded subsidized guardianship program was signed into law in July 2008. It became operational in July 2009. It is estimated that more than 1,500 children in Michigan's foster care system could find permanency through guardianship assistance. Many of the eligible children will be those who have been awaiting permanency for a significant period of time, since many barriers or challenges to permanency and reunification will be overcome through guardianship (L-09-059-CW, policy is forthcoming).

Guardianship is appropriate for a temporary ward after the supervising agency has ruled out reunification and adoption. Permanent guardianship with financial assistance provides permanence for foster children when reunification and adoption are not viable options. The transfer of legal responsibility to a guardian removes the child from the child welfare system, establishes a permanent caregiver for the child and allows the caregiver to make important decisions for the child. The payments, which come from federal and state funding, address the increased financial needs of the guardian. Permanent guardianship is not a temporary placement of children with a relative. The program is specifically for children who would otherwise remain in foster care and will remain with the guardian until adulthood (CFF 722-7).

When reunification, adoption and guardianship have been ruled out, the goal of permanent placement with a fit and willing relative may be an appropriate goal for children in certain circumstances. Michigan's efforts to place children with relatives have

been highly successful, with approximately 50 percent of children in foster care being placed within their extended kin network. To address this issue, Michigan has identified guidelines when a permanent placement with a relative shall be considered the achievement of a permanency plan. Those circumstances are:

- An appropriate relative has been identified and has cleared all background checks required for placement of a child in the home.
- The relative is willing to assume long-term responsibility for the child but has legitimate, documented reasons for not adopting the child or pursuing permanent legal guardianship.
- It is in the child's best interest to remain in the home of the relative rather than be considered for adoption or permanent guardianship by another person.
- The permanency goal receives the documented approval of the Director of the Bureau of Child Welfare or a higher-ranking official.

To qualify as an achieved permanency goal, the placement must be stable and must include a signed, written commitment that establishes the relative will care for the youth until the foster care case closes. The court must concur that this is the optimum permanent placement for the child and continue to review the case as long as the child remains in the home (CFF 722 -3).

### **Practice**

The Updated Service Plan (USP) clearly reassesses progress made to alleviate the presenting problem(s) that necessitated the child's entrance into foster care. This document includes a reassessment of all problems and the primary barriers to reunification as identified in the ISP and any subsequent USP, which necessitate continuing out-of-home placement. In addition, compliance or noncompliance by the parent(s), and if applicable, the non-parent adult(s) is clearly recorded.

The USP includes progress summaries for the child (ren) and the family, needs and strengths reassessments for the child(ren) and family, reunification assessment, and/or safety Assessment as necessary. It also includes the permanency-planning goal and timeframe for achievement. An important part of the USP is the reunification assessment. The purpose of this is to structure critical case management decisions for children in foster care who have a permanency-planning goal of returning home.

The reunification assessment measures two factors, parenting time compliance during the review period and progress in resolving the primary barriers identified in the needs and strengths. The reunification assessment is paired with the permanency planning decision guidelines. The guidelines require action to return home, maintain placement and/or change the permanency-planning goal. The assessment is completed in three steps: an assessment of compliance with the parenting time plan; an assessment of the barriers to risk reduction; and a determination of the child's safety.

Prior to a child's return home foster care workers should have a TDM meeting to discuss what resources are available to the parents and to identify other services which may be needed to support the reunification. To support reunification with families, foster

care workers can utilize programs noted in Item 3. Other in home services, including Parent Partners, which can be used to support reunification, can be found in Item 35.

### **Round One of the CFSR**

In Round 1 of the CFSR, reviewers rated this item as an area needing improvement for the following reasons:

- The CFSR Data Profile indicated that for fiscal year 2000, the state did not meet the national standard for reunifications within 12 months of entry into foster care.
- In 31 percent of the applicable cases, reviewers determined that DHS had not made diligent efforts to achieve the goal of reunification or permanent placement with relatives in a timely manner.

Michigan included the following action steps in the PIP:

- DHS requested an assisted guardianship waiver from DHHS to promote permanent placement; this was withdrawn from the PIP and not completed.
- The DHS/SCAO workgroup modified court rules in the areas of child protective proceedings, post dispositional procedures, child foster care proceedings, permanency planning hearings, and termination of rights hearings; completed in June 2005.
- Michigan instituted the Family-to-Family child welfare model, which creates support systems for birth families, places children with foster and relative families who can offer permanency and links birth and resource families to community networks; completed in June 2005 and staffing allocation was provided during ACF February 15, 2006 onsite visit. DHS is no longer using the Family to Family model.
- Michigan increased training for supervisors and staff to increase compliance with SDM and permanency planning guidelines; completed in 2003, 2004 and 2005.
- DHS developed policy to require CPS staff to conduct TDMs prior to removal or within 24 hours of removal to explore relative placement options with parents; completed based on documentation provided at the February 2006 ACF site visit
- DHS developed a data report by March 2006 on relative placements that extend beyond 12 months; completed in May 2006.

### **Measures of effectiveness**

Michigan is not meeting the national standard for Permanency Composite One: Timeliness and Permanency of Reunification. For fiscal year 2008, DHS' performance on the Permanency Composite One: Timeliness and Permanency of Reunification was 106.8. The national standard is 122.6 or higher. Performance on the first three individual measures was:

	FY 2006	FY 2007	FY 2008
C1-1: Exits to reunification in less than 12 months from removal. 75 <sup>th</sup> Percentile = 75.2%.	42.5%	41.5%	47.7%
C1-2: Exits to reunification, the median length of stay in foster care. 25 <sup>th</sup> Percentile = 5.4 months.	13.6 months	13.8 months	12.5 months
C1-3: For an entry cohort, the percentage of children reunified in less than 12 months from removal. 75 <sup>th</sup> Percentile = 48.4%.	22.8%	19.7%	24.4%

While Michigan's performance has improved, Michigan is not meeting the national data standard for Permanency Composite One and does not perform within the 75<sup>th</sup> percentile for Components C1-1, or C1-3 or within the 25<sup>th</sup> percentile for C1-2. Although Michigan takes a longer time to reunify families, children are not re-entering foster care once they return home. For information on the fourth reunification measure, reference Item 5, Foster Care Re-Entries for additional information.

Foster care targeted case readings indicate:

- 81 percent of the time the expected outcomes, time frames and the person(s) responsible were identified, along with who was responsible for each service activity.
- 26 percent of fathers were involved in case planning for the Updated Service Plan.
- 34 percent of mothers were involved in the development of the Updated Service Plan.

A survey of foster parents found:

Child Safety and Well Being	Sample Group	Native American Population
Percentage indicating that the foster care worker considers the child(ren)'s safety when planning for the child's return home (yes or sometimes)	93.4	87.5

### Factors affecting performance

In an effort to assist counties with achieving timely reunification, in August 2008 county offices began receiving a report entitled, "Reunification Alert Report". This report provides a listing of all children within the specific district/county who have been in care 200 to 300 days with a permanency goal of reunification. This report serves as a reminder to counties that the caseworker should conduct a meeting with the parents and the service providers to determine if progress in achieving the case plan toward the goal of reunification prior to the 12-month period has been made. The report also serves

as a reminder for the caseworker to change the permanency goal if reunification is no longer the appropriate permanency goal. Central Office Field Operations staff sends the report to the county offices for distribution every other month. The counties are required to submit reports back to Field Operations that document the status of the cases listed. DHS monitors the progress on these cases and shares this report with the courts as a way of focusing their attention on the timely achievement of permanency planning goals.

During focus group with DHS and private CPA staffs, courts, Foster Care Review Board, Court Appointed Special Advocate and others, the group members identified the following barriers to reunification:

- A belief that the foster care worker must give the parent 12 months for reunification or the parent(s) could appeal the termination of parental rights and win the appeal.
- Workers do not increase visits as the parent successfully complies with the treatment plan.
- A lack of transportation/day care for parents attending services.
- Many parents are also required to work or attend Michigan Works! Agency services, which conflicts with participating in child welfare services.
- Lack of appropriate and timely services:
  - Workers need to provide services that are case specific and help with reunification.
  - Parents have difficulty getting DHS workers to make referrals for services early in the case.
- Judges will not return the children home until there is an opening for Family Reunification or Families First services.

One of the recommendations of the Child Welfare Improvement Task Force is for DHS to “front-load” services earlier in the case. DHS has invested in several family preservation/reunification services as a strategy for promoting reunification, guardianship or permanent placement with relatives. These services often include assessment, counseling, intensive family preservation, psychiatric and/or psychological evaluation, and transportation. See Item 35 for a full description of the service array.

The Absent Parent Protocol was developed by the State Court Administrative Office, DHS, the Children’s Ombudsman’s Office, the Early Childhood Investment Corporation and the Child Welfare Training Institute (CWTI). It provides guidance for identifying and locating absent parents of children involved in the child welfare system. Michigan developed the protocol in response to a broad based consensus that failure to identify and involve absent parents is a barrier to timely, permanent placement for children. The protocol provides information on the need for, and methods of locating absent parents, including using the Federal Parent Locator Services, to ensure that all viable placement options for children are considered. Michigan released the protocol as policy in December 2007.

## Strengths

- Increased funding for permanency: The Guardianship Assistance Program will provide ongoing financial support to relatives but allow them to leave foster care, creating permanency for children who would otherwise remain in the child welfare system.
- Strengthened permanency requirements: Clarifying the requirements for the permanency goal of permanent placement with a fit and willing relative will ensure that it is utilized appropriately when reunification, adoption and guardianship are not appropriate permanency options.

## Challenges

- Lack of appropriate services: an inability to secure the appropriate services to reunify a family or provide for another form of permanency is a barrier to timely permanency.
- Lack of parental involvement: Parents not being involved in case planning is a barrier to timely permanency. Reference Item 18, Child and Family Involvement in Case Planning for additional information.
- Court factors: Local courts may also play a role in unsatisfactory permanency and reunification outcomes. The Foster Care Review Board's 2007 Annual Report indicates that four court-related issues need attention:
  - Absence of consistent judicial leadership.
  - Inefficient administrative processes.
  - Lack of mandatory jurist training and experience.
  - Inconsistent local court/agency collaboration and cooperation.

## Promising approaches

To track changes in performance on the CFSR permanency measures, every six months DHS central office staff sends the state- and county-level permanency measures, based on Children's Bureau data, to all DHS local offices. This assists the staff in determining their progress and detecting problems. DHS has also shared the county-level data with the State Court Administrative Office, who, in turn, has shared it with the local courts. Joint DHS and court training has been held around the state to present the data, along with information on the CFSR process.

DHS is also in the processing of implementing Team Decision Making meetings when a child has been in care for nine months with a goal of reunification and sufficient progress has not been achieved to ensure reunification within 12 months.

Finally, Public Act 202 of 2008 amended Michigan law to allow DHS to implement concurrent planning.

In 2009, SCAO and DHS are also expanding the scope of the Adoption Forum to become the Permanency Planning Forum (See below). Efforts of this group will be expanded to reunification and other permanency options.

## **Item 9: Adoption**

How effective is the agency in achieving timely adoption when that is appropriate for a child?

### **Policy**

The primary focus of Michigan's adoption program is the adoptive placement of state and permanent court wards. Foster care workers refer children for adoption services following the court's approval of a change in the permanency goal from reunification to adoption. DHS has developed a specialized delivery system with adoption staff in local DHS county offices and private adoption agencies through purchase of service. The adoption worker serves as a secondary worker with the foster care worker maintaining primary services and oversight. This allows the adoption staff to focus on a timely adoptive placement that meets the individual needs of the child.

The Michigan Children's Institute (MCI) Division reviews and approves all adoptions of children in the care and supervision of DHS. The law establishes the MCI superintendent as the legal guardian for children committed to MCI when the court has terminated parental rights (CFA 100).

A dual home study incorporates all the requirements to license a home for foster care and approve it for adoption to expedite the process when children are adopted by foster parents. Michigan began utilizing the dual home study in August 2008.

The adoption worker completes the DHS-1927, Child's Adoption Assessment, to provide an accurate and full description of the child, including the child's special needs and history, for the following uses:

- As a tool for matching a child who is available for adoption with a family whose abilities to parent are well suited to the child's needs and characteristics.
- To help in developing an individual recruitment plan when a child does not have an identified family.
- To provide the child with a reliable source of history and information about him/herself.
- To assess the medical and psychological needs of the child for professional documentation for submission of an adoption medical subsidy application.

### **Practice**

DHS contracts with 56 private adoption agencies that currently supervise 75 percent of the adoption cases from foster care. In 2008, the private agencies completed 54 percent of the adoptions from foster care but this number should increase sharply with the increase transfers of adoption cases to private agencies in the last two years.

Over 90% of families who adopt children from the foster care system in Michigan are foster parents or relatives who have been caring for the children. However, recruitment activities are ongoing to locate other individuals or couples seeking to adopt children. Recruitment efforts may include information sharing through experienced adoptive families, public service announcements, photo-listings and public and private agency

events (Reference Item 44, Diligent Recruitment of Foster and Adoptive Homes for additional information).

**Round One of the CFSR**

In Round 1 of the CFSR, reviewers assigned the item an overall rating of a strength based on the following findings:

- In 86 percent of the applicable cases, reviewers determined that the agency was making or had made diligent efforts to achieve adoptions in a timely manner.
- According to the State Data Profile, the percentage of children in the State achieving a finalized adoption within 24 months of entry into foster care (32 percent) met the national standard of 32 percent.

Michigan did not include this item in the PIP.

**Measures of effectiveness**

Michigan is not meeting the national data standard for the Permanency Composite Two: Timeliness of Adoptions. For fiscal year 2008, DHS’ composite score was 95.5. The national standard is 106.4 or higher. Performance on the individual measures was:

	FY 2006	FY 2007	FY 2008
C2-1: Exits to adoption in less than 24 months from removal. 75 <sup>th</sup> Percentile = 36.6%.	34.4%	33.9%	30.6%
C2-2: Exits to adoption, the median length of stay. 25 <sup>th</sup> Percentile = 27.3 months.	29 months	28.7 months	29.5 months
C2-3: Children in care longer than 17 months who were adopted by the end of the year. 75 <sup>th</sup> Percentile = 22.7%.	21.4%	22.6%	23.7%
C2-4: Children in care longer than 17 months who achieved legal freedom by the end of the year. 75 Percentile = 10.9%	14.5%	12.5%	11.8%
C2-5: Legally free children who were adopted in less than 12 months from termination of parental rights. 75 <sup>th</sup> Percentile = 53.7%.	34.9%	32.2%	33.5%

DHS’ performance decreased for composite two, “Timeliness of Adoptions”. The Adoption Forum’s focus assisted in increasing the number of completed adoptions; however, the children who were adopted had been in care a longer period of time. While the performance on composite scores and measures declined for measures C2-1 and C2-2, the percentage of children in care 17-plus months, who were adopted by the end of the year (measure C3-3) increased. Finally, Michigan is meeting the C2-4 measure, “Children in care 17-plus months achieving legal freedom within six months”.

DHS staff completed 116 adoption case readings. Of the cases reviewed, 45.9 percent had an adoption finalized within twenty-four months of the latest removal.

Court personnel participating in focus groups suggested that the state has not been competitive in its recruitment of adoptive families. Through the focus groups and the Adoption Forum, the following issues were identified:

- Lack of a concurrent case plan.
- Delays caused by the Interstate Compact on the Placement of Children.
- Failure to find and engage relatives early in the case.
- Caseworkers not returning calls and missing information.
- Failure to recruit families for “special needs” children.
- Lack of communication between the local court and DHS office.
- Delays in the approval of the adoption subsidy.
- Judicial reluctance to make a “no reasonable efforts” finding where the agency has not done enough in support of reunification. This prolongs the proceedings.
- Conflicting judicial philosophies that cause confusion and create inconsistent work for caseworkers.
- Adoptive parents’ lack of knowledge about the adoption process.
- Lack of post adoption services for adoptive families and children.
- Multiple competing petitions (e.g., foster family and relatives both want to adopt).
- Inconsistent permanency planning process and procedures.
- Extended and adjourned termination of parental rights proceedings.
- Courts and staff not wanting to move towards termination of the parents’ parental rights.
- Heavy and untimely bureaucratic oversight at the state level (e.g., licensing, MCI, etc.).
- Shortage of caseworkers and clerical staff.
- Lack of a sense of urgency by caseworkers to complete the process.

### **Factors affecting performance**

Currently, the supervising agency assigns an adoption specialist to a case after termination of parental rights. This causes delays in completing required processes for identified adoptive families who have the child in their home. There are also critical time delays in beginning child specific recruitment if there is not an identified adoptive family.

Pending policy changes will require that the supervising agency assign an adoption specialist within 30 days of the court’s approval of the change of goal to adoption rather than after termination. The foster care worker must file the termination of parental rights petition within 14 days of the decision to change the goal from reunification and obtain a signed commitment from the foster parent to adopt. If there is no adoption resource, the worker must develop and implement a child specific recruitment plan.

In an effort to increase the number of children adopted in Michigan, in March 2008, Michigan Supreme Court Justice Maura Corrigan and DHS Director, Ismael Ahmed,

initiated an Adoption Forum that included the thirteen counties with the highest number of adoptions of children in foster care annually. County level teams of public and private providers, courts, parents, and youths met locally to discuss issues and plan improvements. The goal of the statewide forum was to discuss experiences and gain best practice knowledge to address adoption barriers that could be shared across all Michigan court jurisdictions. The following are examples of improvements that counties have initiated:

- The immediate finalization of adoptions for those cases where the children have been in the proposed adoptive home, as foster care wards, for an extended period.
- A new court scheduling order adopted by several counties to address the lack of communication to the court regarding the actual progress of the adoption case. The court report contains specific questions as to the reasonable efforts made and the dates upon which the action was taken, the report serves as a checklist for both the jurist and the worker.
- The court and DHS hold monthly status conferences on the record and review every ward available for adoption. The court sends letters to uncooperative caregivers, contacts Interstate Compact to expedite progress, maintains an intern to follow up on barriers when workers are unable to get results. They also bring potential adoptive parents into court to discuss delays on their part, fast-track signing of paperwork, keep a calendar of adoption progress in the courtroom, have termination papers processed the same day as the termination and hand deliver them to DHS to speed the adoption process.
- The development of a specialized Post-Termination Review (PTR) docket to be held every 30 days when a child is on hold with an identified family for adoption. The court assigns one lawyer-guardian *ad litem* (LGAL) for the cases on the expedited PTR docket. The LGAL visits the child prior to the PTR as directed by the court. The expedited PTRs have also allowed the court to address and resolve barriers to adoption in a timely manner.
- DHS and private agencies implemented a new format for court reports for PTRs that sets forth the reasonable efforts made by the agency towards achieving an adoption in a succinct manner. From this new format, the jurist can readily discern progress towards adoption and make the applicable reasonable efforts findings in the order.
- The presiding judge of the Family Division transfers to his own docket—for special and focused attention—all cases initially identified as awaiting adoption for more than one year.

Adoption Forum II was held on October 17, 2008. County teams that participated in the first forum reported on their innovative improvements that helped to expedite adoptions.

Adoption Forum III was held on March 13, 2009 with invitations to the next ten largest counties with teams of stakeholders. A panel of judges reported on the changes in practice resulting from the first forum. Judge David Gooding from Jacksonville, Florida presented on his court's best adoption practices.

DHS and the State Court Administrative Office plan a fourth Adoption Forum in September 2009. The 13 counties involved in the third forum will report on progress made and changes in the local adoption process. Efforts will be expanded to reunification and other permanency options to inform and develop improved process for all children in foster care.

In May 2009, the State Court Administrative Office released a report on the results of the first Adoption Forum. In the 13 original counties, the courts reported an increase in adoptions from March 1, 2008 to March 1, 2009 of 14 percent (2194 versus 1928) from the previous 12 months.

### **Casework practices**

The Department developed a dual worker model in recognition of the importance and urgency of the adoption work required to reach timely permanency. The foster care worker continues as the primary worker and a second caseworker, dedicated only to adoption completion, is added. Maintaining the foster care worker as primary allows for the connection between the worker and child to continue and this has been determined to be a major factor in timely permanency.

The adoption caseworker is charged with completing a family and child assessment to determine the needs of the child and how the family meets the identified needs; gathering all paperwork and documents; filing required court forms and other adoption specific case management responsibilities. The adoption caseworker is also assigned all recruitment activities to locate an adoptive family if there is not an identified family at the time of termination. The caseworker is required to complete adoption specific training and to follow specific policy requirements and practice expectations.

Caseworkers also provide adoptive parents with information regarding the DHS adoption subsidy programs and post adoption supports. Over ninety percent of adoptive parents who participated in the survey reported that they had talked to their adoption worker about subsidy programs, compared to nine percent who stated they were not informed of the program by their adoption worker. Ten percent of the respondents did not remember whether they had spoken with their adoption worker. In regards to post adoption supports fifty-four percent reported they had talked with their adoption worker. Forty-five percent stated they were not informed about post adoption supports.

In order to facilitate successful adoptive placements, caseworkers plan pre-placement visits between the adoptive parent and the child. It is also vital for adoptive parents to receive information regarding the child. Adoptive parents participating in a survey reported the following:

Adoption Information and Supports	Adoption Worker Agency Affiliation					
	DHS	Private Agency	Court	CMH	Tribe	Other
Of those who recalled, the percentage indicating their adoption agency/worker offered them the chance to review the known non-identifying case information about their child: 73.9% statewide	72.5	78.8	58.5	57.1	71.4	100.0
Of those whose child had known medical conditions, the percentage indicating they were provided information about their child's known conditions prior to the adoption: 82.2% statewide	79.6	86.6	77.3	71.4	80.0	80.0
Of those whose child was not already placed in their home for foster care, the percentage indicating they were involved in pre-placement visits with their child before the adoption: 79.0% statewide	78.9	83.8	64.5	60.0	100.0	50.0

The contracts with private agencies are performance based and incentivize the timely placement of children in adoptive homes. Delays are identified and caseworkers held accountable for achieving permanency through adoption. This leads to a system that prioritizes timely permanency and the casework practice that ensures improved outcomes.

In calendar year 2008, DHS and private child placing agencies in Michigan finalized 2787 adoptions. The following chart displays these adoptions by the child's race.

STATE OF MICHIGAN  
DEPARTMENT OF HUMAN SERVICES  
AFCARS ADOPTION REPORTING SYSTEM  
STATE WARD FINALIZED ADOPTIONS BY RACE OF CHILD  
REPORTING PERIOD: 01/01/2008 - 12/31/2008

<i>RACE</i>	<i>DHS</i>		<i>CPA</i>		<i>TOTAL</i>	
	<i>Number</i>	<i>%</i>	<i>Number</i>	<i>%</i>	<i>Number</i>	<i>%</i>
WHITE	699	25.1%	787	28.2%	1486	53.3%
BLACK / AFRICAN AMERICAN	428	15.4%	652	23.4%	1080	38.8%
AMERICAN INDIAN OR ALASKAN NATIVE	9	0.3%	16	0.6%	25	0.9%
MULTIRACIAL	58	2.1%	132	4.7%	190	6.8%
UNDETERMINED	1	0.0%	5	0.2%	6	0.2%
	1195	42.9%	1592	57.1%	2787	100.0%

<i>HISPANIC OR LATINO ORIGIN</i>	<i>DHS</i>		<i>CPA</i>		<i>TOTAL</i>	
	<i>Number</i>	<i>%</i>	<i>Number</i>	<i>%</i>	<i>Number</i>	<i>%</i>
HISPANIC OR LATINO ORIGIN	55	2.0%	100	3.6%	155	5.6%
NO HISPANIC OR LATINO ORIGIN	1124	40.3%	1453	52.1%	2577	92.5%
UNABLE TO DETERMINE	16	0.6%	39	1.4%	55	2.0%
	1195	42.9%	1592	57.1%	2787	100.0%

### Collaboration

Michigan State University developed a Post Adoption Support Services Web site through a contract with DHS and a grant from the federal government. The Web site includes information for professionals, parents, teens, and kids. Information on current research, services and programs is available.

MSU developed a curriculum for “Strengthening Marriages and the Well being of Children: Post Adoption Marriage Education”. This effort is a partnership with Michigan’s public and private CPAs and other key stakeholders. There are four features to the project:

1. Assessing the needs and strengths of adoptive couples.
2. Developing and delivering marriage support training statewide for adoptive, kinship and foster parents.
3. Developing and offering training, as a companion to the couple curriculum, for adoption workers and community support professionals so they can more effectively assist couples.
4. Creating an online support network for adoptive couples and service providers addressing post-adoption services and marriage education and resources.

### Adoption Oversight Committee (AOC)

The purpose of this Committee is to examine the focus and effectiveness of adoption services in Michigan, make recommendations for improvements and develop action plans to increase the number of child welfare adoptions. The 40-member committee is comprised of program office staff, workers and supervisors from DHS and private adoption agencies, adoptive families, foster care youth, Michigan Adoption Resource Exchange, State Court Administrative Office staff, local court personnel, and child welfare advocates.

The Adoption Oversight Committee has been in existence since March 2007. In addition to the main committee, the group has established four work groups that meet regularly outside of the larger group. These groups are:

- Adoption Service Provision.
- Policy and Legal Issues.
- Post Adoption Services.
- Adoption Recruitment.

Areas addressed by the AOC include:

Service Provision:

- Identification of barriers to adoption.
- Collaboration with child protective services and foster care staff to determine how barriers to permanency might be avoided.
- Initial research of a dual assessment for foster and adoptive families.

Policy and Legal: In cooperation with the Supreme Court Administrative Office, a Post Termination Review Hearing Handbook was developed. This handbook provides court personnel and judges with a best practice model.

Post Adoption Services:

- Completed budgetary analysis of deferred subsidy.
- Assisted the MARE program in finalizing adoption disruption/dissolution surveys for adoption professionals and adoptive families.
- Researched and presented national post adoption models.

Recruitment: Created a self-registry for families who are not yet affiliated with an agency, but who are interested in adopting from the Michigan foster care system via the MARE web site. Adoption workers access the list to identify potential family resource for youth without an identified adoptive family.

The Adoption Oversight Committee provides DHS with a long-term workgroup that represents a thorough cross section of partners in the adoption arena. The AOC will continue to assist DHS in identifying areas of need, as well as strengths, and research areas of potential improvement and growth. Committee members act as ambassadors to the field, educating colleagues regarding system changes and obtaining input on areas in need of improvement.

**Permanency Options Workgroup**

Michigan Supreme Court Justice Maura Corrigan established this workgroup in the fall of 2006 to address issues that impact timely permanency of children in the foster care system. Members include state and local judges, legislative representatives, DHS, and Foster Care Review Board staff. Past efforts have included the creation of an Adoption Scheduling Order and passage of a “permanency bill” package.

### **Strengths**

The current focus on children who have remained in the child welfare system for extended periods of time will provide a base of information identifying gaps in services and supports. The inclusion of youth voices in the development of policy and process through the youth advisory boards has increased the awareness of how practice impacts children.

Providing the courts and county offices with detailed data on the children awaiting permanency has led to changes in procedures and increased accountability. These efforts are continuing and the improved practice will be shared statewide.

The newly developed Adoption and Permanency Forums has created a platform for improved communication between all stakeholders to identify issues and find creative resolutions.

### **Challenges**

Michigan has a proven ability to move children with an identified family to adoption in a timely manner after termination. However, there is a need to increase recruitment initiatives and efforts to find adoptive families that are not currently foster parents or relatives. Agencies must be willing to assess families that do not have a child identified for adoption to create a list of potential resources for the current and future children awaiting adoption. Michigan can increase the use of national recruitment tools and work with families in other states as potential resources.

### **Promising Practices**

A team of public and private adoption supervisors and caseworkers, licensing consultants, ombudsman's representatives, and other stakeholders met over a period of 18-months to revise adoption policy. This process involved a full discussion of best practice research, what was working well and the areas needing improvement. The revised policy went into effect on March 1, 2009. Adoption program staff from central office are training and providing technical assistance to the field in the implementation of the policy changes. DHS will continue to train and schedule stakeholder and provider meetings throughout the state in 2009.

DHS is also in the processing of implementing Team Decision Making meetings when a child has been legally free for adoption for three months but s/he does not have a permanent placement identified.

DHS will also implement policy in 2009 to require that additional expertise be brought in for cases in which a permanent home has not been identified within six months of the child's permanency goal becoming adoption. A TDM meeting will be conducted and include an identified adoption expert trained in the development of individual recruitment planning. The minutes from the meeting will review the current recruitment efforts and develop a plan that includes:

- Identified barriers.
- Recommended recruitment efforts to be implemented.

- Individualized plans for child.
- Family finding and case review process.
- Resource identification.

If there is no identified adoptive resource one-year post TPR, an outside resource, engaged by DHS with expertise in permanency and adoption processes, will also attend the TDM meeting to determine if there are strategies or resources that have not been explored. DHS will request technical assistance in the area of recruitment for specialized populations and best practice models for services to ensure placement of children in adoptive homes.

The Michigan Adoption Resource Exchange (MARE) is a contracted agency that provides recruitment and information to families, professionals and children. MARE creates and maintains the photo listing of available children and produces videos for individual recruitment efforts. Reference Item 44 Diligent Recruitment of Foster and Adoptive Homes for additional information.

Under the new MARE contract beginning October 1, 2009, MARE will receive a child registration form from child placing agencies that includes individual recruitment plans for each child without an identified adoptive family resource. The plan will detail the specific recruitment efforts for each child including timelines and resources that will be utilized. MARE reviews the plan to determine if the activities listed meet best practice efforts as determined by DHS. If the plan does not meet the set standards, MARE will provide technical assistance to the agency. MARE will maintain a record of all individual recruitment plans submitted, technical assistance provided and the revised individual recruitment plans developed.

### **Item 10: Other Planned Permanent Living Arrangement**

How effective is the agency in establishing planned permanent living arrangements for children in foster care, who do not have the goal of reunification, adoption, guardianship or permanent placement with relatives, and providing services consistent with the goal?

#### **Policy**

According to DHS policy, CFF 722-7, if DHS concludes, after considering reunification, adoption, legal guardianship, or permanent placement with a fit and willing relative, that the most appropriate permanency plan for a child is placement in another planned permanent living arrangement, DHS will document to the court the compelling reason for the alternate plan. The plan will include a written description of the programs and services that will help prepare the child for the transition from foster care to independent living.

Independent living requires the county juvenile justice specialist to include a written transitional living plan in the service plans. The transitional living plan prepares the youth for functional independence at the time of discharge. Use of independent living is limited to youth who are at least 16 years old and then only after exploring other permanent placements options (JJ4 440).

Independent living preparation is required for all youths in foster care age 14 and older, regardless of permanency planning goal. Once the youth is age 14, the Treatment Plan and Service Agreement must describe the services provided and goals for future services that will help the youth maintain independent living successfully and prepare the youth for functional independence. When developing the service plan for older youths the foster care worker must include additional components to ensure youths are provided with services and supports to assist in their preparation for adulthood. The treatment plan and services agreement for each youth age 14 or over must contain a written description of the programs and services which will help the youth prepare for transition to a state of functional independence or the ability to take care of oneself physically, socially, economically and psychologically.

Placement in Another Planned Permanent Living Arrangement (APPLA) (formerly Permanent Foster Family Agreement), is addressed in policy under CFF 913-1. APPLA must be used only when the other more permanent plans (reunification, adoption, guardianship or permanent placement with a fit and willing relative) are not appropriate. When this is a youth's permanency plan, it must be regularly reviewed to determine whether another permanency plan has become more appropriate for the youth. Furthermore, the goal cannot be assigned unless all of the following apply:

- The youth is at least 14 years old.
- Every reasonable effort has been made, and documented in the record, to return the youth home, to place the youth for adoption or guardianship or to place the youth with appropriate family members.
- Documentation of the compelling reasons why the other permanency goals are not in the child's best interest.
- The foster parent(s) caring for the youth have agreed in writing to continue to do so until the youth's foster care case is closed.
- The permanency goal receives the documented approval of the director of the Bureau of Child Welfare, or a higher-ranking official.
- CPA's will submit completed forms (with their director's signature) to their county office for approval and submission to Central Office.

To qualify as an achieved permanency goal, the placement must be stable and must include a signed, written commitment that establishes the foster care provider will care for the youth until the foster care case closes. The court must concur that this is the optimum permanent placement for the child and continue to review the case as long as the child remains in the foster home.

APPLA (E) (formerly "Emancipation") involves another planned permanent living arrangement that includes a significant connection to an adult(s) willing to be a permanency resource for the child but may not involve residing with the adult(s). This goal may be appropriate for youth who currently have a goal of emancipation, but workers are encouraged to review all possible permanency goals. APPLA (E) is appropriate for youth age 16 or older whose plan does not include a goal of leaving foster care and transitioning into the home of a permanent family. The goal is to prepare

the youth to leave foster care and become a self-supporting adult with documented supportive adult(s) to assist and provide guidance. Workers must document in case plans that the following steps have been completed, per policy CFF 722-7:

- All efforts made to achieve permanency through reunification, adoption or guardianship. These include:
  - All efforts made to place the youth with a relative under a “Placement with a Fit and Willing Relative” agreement and in a foster home under a “Placement in Another Planned Living Arrangement” (APPLA) agreement.
  - Compelling reasons why the other permanency goals are not in the child’s best interest.
  - Efforts to complete a full relative search for both maternal and paternal sides of family.
  - For MCI wards, a re-determination that placement with birth family would be inappropriate.
- Required Permanency Review meetings starting at age 16, or at establishment of APPLA (E) goal if after the 16<sup>th</sup> birthday, and continuing quarterly until the following conditions are documented:
  - Adult connections are in place for the youth after leaving foster care, including mentor(s) established for youth based on common interest or ability to assist youth in specific areas.
  - A “Permanency Pact” signed by one or more adult connections. Examples of important supports for transitioning youth are located in the “Permanency Pact”, available at [www.fosterclub.com](http://www.fosterclub.com).
  - Specific plans that reflect all required services and supports as defined in policy.

To qualify as an achieved permanency goal, a signed formal agreement between the youth and the supportive adult(s) must be included in the file. Regardless of the specifics of the goal, there must be documented agency efforts to ensure that a youth who does not have a goal of adoption, reunification or guardianship has long-term stability until he or she reaches adulthood.

Youths who are placed in a long-term care facility to meet special needs, and who are likely to be transferred to an adult facility at the appropriate time, are also eligible for APPLA (E). All efforts must be made to find family connections or develop other supportive adult connections to assist the youth after leaving the group home or transferring to an adult facility. The worker must individualize the agreement to meet the specific permanency needs of the child.

APPLA is a goal that is available to JJ youth. APPLA (E) may be appropriate in some circumstances but the process outlined for children in the foster care system would not apply to juvenile justice youth unless the child is a dual ward.

Youths who are 16 years or older may be placed in an independent living arrangement. Prior to placement in independent living, the youth must be adequately prepared and assessed for independent living skills. Child Placing Agency Rule, Part 5, requires that

the Bureau of Children and Adult Licensing authorize an agency to place children in independent living and outlines the record content and supervision requirements. The caseworker must give a copy of the supervising agency independent living program statement to the youth before placement in independent living (CFF 722-3).

When a foster care or juvenile justice youth is placed in independent living placement, Child Placing Agency Rules 400.12504 and 400.12505 and foster care policy require that the service plans contain documentation that:

- Describes the services provided and goals for future services that will help the child maintain independent living successfully and prepare the youth for functional independence.
- Independent living is the most appropriate placement for the youth.
- The youth exhibits maturity in self-care and personal judgment.
- The worker has personally observed that the living situation provides suitable social, emotional and physical care.
- The youth has adequate financial support to meet his/her housing, clothing, food and miscellaneous needs.
- Outlines an evaluation of the youth's need for supervision. At a minimum, the worker has face-to-face contact with the youth at least once each month at the youth's place of residence.
- The youth was provided with a telephone number to contact DHS on a 24-hour, 7-day-a-week basis.

Caseworkers maintain responsibility for monitoring youths in independent living placements. If it becomes necessary to stop payment of the stipend as provided for in the agreement, the worker evaluates the continued adequacy of the youth's living conditions. It may be necessary to explore other placement options. The foster care supervisor reviews and approves, by signature, all initial and updated independent living agreements and all decisions to close payment.

### **Practice**

Independent living preparation skills are assessed for each youth as being adequate or inadequate on the Child (Re)Assessment of Needs and Strengths form. Services are provided based upon the identified needs. The Settlement Agreement and L-09-053-CW (L-letter) requires the Department of Human Services "refer all children age 14 and older in foster care and youth transitioning from foster care to adulthood to Michigan Works! Agencies for participation in youth programs and services administered under the Workforce Investment Act . . . , designed to assist youth in developing job skills and career opportunities, and shall refer suitably qualified children for summer training, mentorship, and enrichment opportunities." Mentor Michigan and Americorps also provide mentoring services and resources to foster youths in care and those who have aged out of foster care.

In May 2008, DHS implemented policy that all former foster youth were eligible for Foster Care Transitional Medicaid (FCTMA). Youths can receive up to 20 hours of mental health services annually under this program. Beginning in early 2009, DHS also

conducted a mass mailing with the FCTMA brochure to youths who aged out of care. DHS will continue to mail this information on an annual basis to all youths who have aged out of foster care during the year. DHS is working with the Data Management Unit and the Department of Information Technology to register the youth automatically for FCTMA upon discharge from foster care at age 18 or older. It is expected this change will be implemented late in fiscal year 2009 or early 2010.

In fiscal years 2007 and 2008, there were 11 homeless youth contracts serving all 83 counties in Michigan. Homeless youth contracts provide voluntary, longer-term (18 months) services to assist youth in achieving self-sufficiency. Eligible youth are ages 16 to 20, homeless, and do not have age-appropriate supervision or care. The funding source is Temporary Assistance to Needy Families (TANF) and Title XX of the Social Security Act. Beginning in fiscal year 2009, DHS contracts for homeless youth programs include specific requirements that 25 percent of the homeless youth population served must be foster care alumni. The effective date for this change in contracts was January 2009. In addition, all 11 contractors must provide homeless youth services making this available statewide.

Michigan continues to collaborate with the Michigan State Housing Development Authority (MSHDA) to expand programs for youth aged 18-24 that provide assistance and supportive services in Wayne, Kalamazoo, Saginaw, Lenawee, and Grand Traverse. DHS and the Michigan State Housing Development Authority collaborated to submit an application for the federal Family Unification Program. In the event this grant is awarded, it will provide 100 housing vouchers for homeless youth transitioning from foster care and those who have left foster care through age 21 who are homeless or living in substandard or unsafe housing.

The Education and Training Voucher (ETV) Program is administered through a contract with Lutheran Social Services of Michigan (LSSM). LSSM maintains a database and Web site ([www.mietv.lssm.org](http://www.mietv.lssm.org)) that streamlines the application process for eligible youths to enter post-secondary education or vocational training. Disbursements of the ETV vouchers are made directly to the postsecondary institutions, vendors, or in some instances, the youth. When funds are issued to vendors such as landlords or car insurance agencies, third party checks are written by LSSM. LSSM completes a budget with each youth as part of the ETV application process. This ensures the youth understands and learns to manage the funds. LSSM provides all of the necessary services to assist a youth in completing an ETV application.

LSSM has worked to develop relationships with community partners such as state agencies, postsecondary institutions and private child placing agencies. LSSM provides presentations throughout the state each year to promote and educate high school counselors, foster parents, and public, private, and tribal child welfare staffs. The ETV program successfully provided educational opportunities for 551 eligible youths in fiscal year 2008. Out of the 551 youth served 289 youth were awarded the voucher for the first time, 128 received it for the second time, 82 received the aware for the third time and 52 received it for the fourth or fifth year.

### Round One of the CFSR

In Round 1 of the CFSR, reviewers rated this item as a strength because in the one applicable case, DHS had made diligent efforts to support the child’s long-term placement and eventual transition to independent living. The child, who was also a parent, received services to help her complete her GED and obtain employment.

### Measures of effectiveness

DHS is not meeting the national standards for Permanency Composite Three: Permanency for Children and Youth in Foster Care for Long Periods of Time. For 2008, DHS’ performance was 118.5; the national standard is 121.7 or higher. Performance on the individual measures was:

	FY 2006	FY 2007	FY 2008
C3-1: Exits to permanency prior to a child’s 18 <sup>th</sup> birthday for children in care for 24 months or longer. 75 <sup>th</sup> Percentile = 29.1%/	25.9%	26.0%	27.6%
C3-2: Exits to permanency for children whose parental rights have been terminated. 75 <sup>th</sup> Percentile = 98.0%.	96.5%	95.8%	96.4%
C3-3: Children who emancipated from foster care who had been in foster care for three years or longer. 25 <sup>th</sup> Percentile = 37.5%	48.3%	47.2%	48.7%

With the increased focus on older youth in care and the success of the Adoption Forum, Michigan increased its performance on composite three, “Permanency for children and youth for long periods of time”. The C3-1 and C3-2 measure also increased. However, the C3-3 measure, “Children emancipated who were in foster care for three years or more” declined, which is not the direction that Michigan wants to move. With the implementation of subsidized guardianship and the movement of the children awaiting permanency into a permanent placement, Michigan will be able to increase performance on composite three. According to permanency data for fiscal year 2008, there were 706 youth in supervised independent living programs.

Focus groups conducted with youth provided DHS with a list of their experiences and services that would have been useful:

- *My foster mother helped teach me independent living skills.*
- *There should be more teaching materials for banking and budgeting.*
- *There should be more support groups.*
- *Being able to go to college.*
- *Those that age out or are adopted don’t get YIT [Youth in Transition]. You have to be in the system so long for this.*
- *Cookbooks and grocery shopping.*

- *We need to be better educated on the resources available to us.*
- *13 and 14 year olds who are having babies need help learning how to be a mother because they don't know what to do.*
- *Housing is very difficult to find for us.*
- *Therapy stops too soon and we shouldn't have to change therapists.*
- *More involvement from the caseworker, especially on independent living.*

During focus groups that included foster parents, providers and DHS and private agency staffs, concerns were expressed that staff might be deferring to the goal of APPLA when children are older due to the perception that older children do not want to be adopted or are not adoptable. In addition, once the goal of APPLA is identified there has not been continued follow up or efforts made to reconsider alternative permanency goals. There was some indication that APPLA may be used for younger children who are part of a sibling group in which sibling connections are strong rather than considering permanency through adoption for the younger children.

### **Strengths**

DHS has improved the performance outcomes in the area of achieving permanency for children in care for a long period of time. The efforts to shorten the length of stay and move children to permanency will ensure DHS demonstrates improvements in all areas. DHS and private agency caseworkers are required to review all existing foster care cases to determine if the assigned permanency goal is appropriate. During this review, the worker and supervisor will determine if other permanency goals are appropriate prior to approving the goal of APPLA. Furthermore, the deputy director of the Bureau of Children's Services must approve the plan for all children with a goal of APPLA.

DHS developed a Youth Services Unit in fiscal year 2008 in order to focus on ensuring resources and services are developed to support self-sufficiency skills in older youth as well as identify a supportive and caring adult for those youths who do not attain legal permanency. By bringing the responsibility and resources for older youth under one unit, resource development is coordinated rather than duplicated. The resources the Youth Services Unit focuses on enhancing or developing include:

- Housing opportunities.
- Partnerships with colleges and universities to offer scholarship opportunities, year-around dorm living, college mentors, and support services.
- Permanent connections to supportive adults.
- Preparation and skill building for successful transition to adulthood.
- Access to medical, dental, and mental health services.
- Expanding employment opportunities.

For juvenile justice, Alternatives for Girls is a Detroit based program offering community services for at-risk, female youths 10 through 18 years of age. This effort seeks to build leadership and employment skills through street and community outreach, life skills workshops and individual counseling.

Two agencies in Michigan, Bethany Christian Services and Homes for Black Children, have received federal grants to develop programs that address the need for older children to maintain connections with birth families. The agencies have identified important permanency strategies for older children. DHS will share the findings from this work as best practice with public and private agencies in 2010.

### **Challenges**

Michigan continues to release too many children from the foster care system without a permanent connection to adults and family members. The Child Welfare Improvement Task Force report identified a lack of supports for youth transitioning from the foster care system including education, employment, health and housing supports. While there is a targeted effort to expanding these supports, Michigan's high unemployment rate and budget challenges results in increasing competition for shrinking financial resources.

### **Promising Practices**

The Youth Services Unit at DHS is chairing a committee of public and private agency staff and transitioning youths to develop child welfare policy for the Youth Service Delivery Model. This model provides a coordinated continuum of services for youths ages 14 to 21 in foster care and transitioning from foster care that is based on the "permanency teaming concept". The model is based on developing support from the community, committed adults, peer advocates, and family members to assist the youth in attaining permanency and self-sufficiency by adulthood. By September 2009, DHS plans to finalize the development of the Youth Services Model utilizing expertise from the Jim Casey Youth Opportunities Initiative, the Finance Project, and the Casey Family Programs.

The implementation of the new APPLA goals and the strict adherence to central office approval for defined permanency planning goals will assist DHS in improving its performance in this area.

DHS continues to strengthen policy in order to ensure that caseworkers develop and implement transition plans for special needs youths. This population requires specific steps to ensure they have the services and skills necessary to reach their full potential and self-sufficiency. Special needs foster youths and youths transitioning from foster care are involved in developing their plan in collaboration with the Department of Community Health, Michigan Rehabilitation Services and the Michigan Department of Education.

## **Permanency Outcome 2: The Continuity of Family Relationships and Connections is Preserved for Children**

### **Item 11: Proximity of Foster Care Placement**

How effective is the agency in placing foster children close to their birth parents or their own communities or counties?

## **Policy**

When a child is in out-of-home care, DHS and private agency workers ensure that the placement is in the best interest of the child and is matched to the child's physical and therapeutic needs. Depending on the circumstances in each case, including the specific needs of the child, certain factors should be given more weight than others. In no case is any one factor to be given sole consideration. Foster care policy, CFF 722-3, details the placement selection criteria that require the supervising agency to place in the least restrictive setting and in close proximity to the parent's home to facilitate parenting time. Michigan defines proximity as "placement in the county of residence, preferably in the child's own school district". Proximity is particularly relevant if the goal is reunification.

Supervising agencies must place children in their county or within a 75-mile radius of their home. If the child is placed outside of this radius, the county director and the Director of Child Welfare Field Operations or Urban Field Operations must approve the placement. If the supervising agency does not place the child in close proximity to his/her family, the initial and updated service plans must document why it is in the child's best interest to be placed away from his/her community.

For juvenile justice youth, the security level recommendation matrix in the Initial and Updated Service Plan determine the youth's placement security level. JJ2, Item 230, allows the juvenile justice specialist to override the security level if extenuating circumstances require the need for an escalation (increase) or mitigation (decrease) to a youth's security level. Youths requiring residential services coordinate with the DHS Juvenile Justice Assignment Unit (JJAU) for residential placement in public or contracted private agency facilities.

The juvenile justice specialist considers the following criteria when placing youths:

- Public protection.
- Least restrictive placement.
- Safety of the youth.
- Family preservation (where appropriate) (JJ4 410).

Reintegration into the community is the goal for juvenile justice youths who are placed in a residential treatment setting (JJ4 430).

## **Practice**

Unless harmful to the safety needs or best interest of the child, the biological parent or psychological parent of the child must be involved in the selection of any out-of-home placement. Whenever possible and appropriate, during the meeting the parent participates in the following discussions and decisions even if the court has already ruled that out-of-home placement is required:

- The parent and foster care worker must discuss all possible options such as placement with relatives, licensing of friends or relatives to serve as foster parent/relative caregiver or other known options. If foster care with a currently

- The placement should be in proximity to the child's family to facilitate parenting time.

During the removal Team Decision Making meetings, caseworkers confer with parents to identify family members available for placement purposes. During the Round 1 PIP period, Michigan implemented the Family to Family model. Team Decision Making meetings are a part of this model. While Michigan has moved away from the Family to Family model, Team Decision Making meetings and other components of the model are still in practice, including the goal of keeping children placed within their removal community.

Michigan courts may work "locally" with juvenile justice youths to avoid committing or referring them to DHS for residential placement services. For example, a youth steals from a grocery store and is adjudicated, but s/he is returned to parents or foster parents on probation. If the youth violates probation, the court may then adjudicate and refer the youth to DHS. While goals like public safety, avoiding training schools and least restrictive placement are still being considered, past youth failures may then make a residential JJ placement imperative. Additionally, options such as monitored day treatment and tethers may be used to keep services provided "in community" and avoid more restrictive and costly residential placement.

Wayne County has implemented the Child Placing Network to identify placements within close proximity to the removal home. The network matches the child's identified needs to the provider's ability to meet the identified needs.

The Interstate Unit approves out-of-state placement. For more information, reference Item 45.

For information on the availability of placement options, reference Item 44.

### **Round One of the CFSR**

In Round 1 of the CFSR, reviewers rated this item as a strength because in 94 percent of the cases, DHS had made diligent efforts to ensure that children's foster care placements were in close proximity to their parents or relatives.

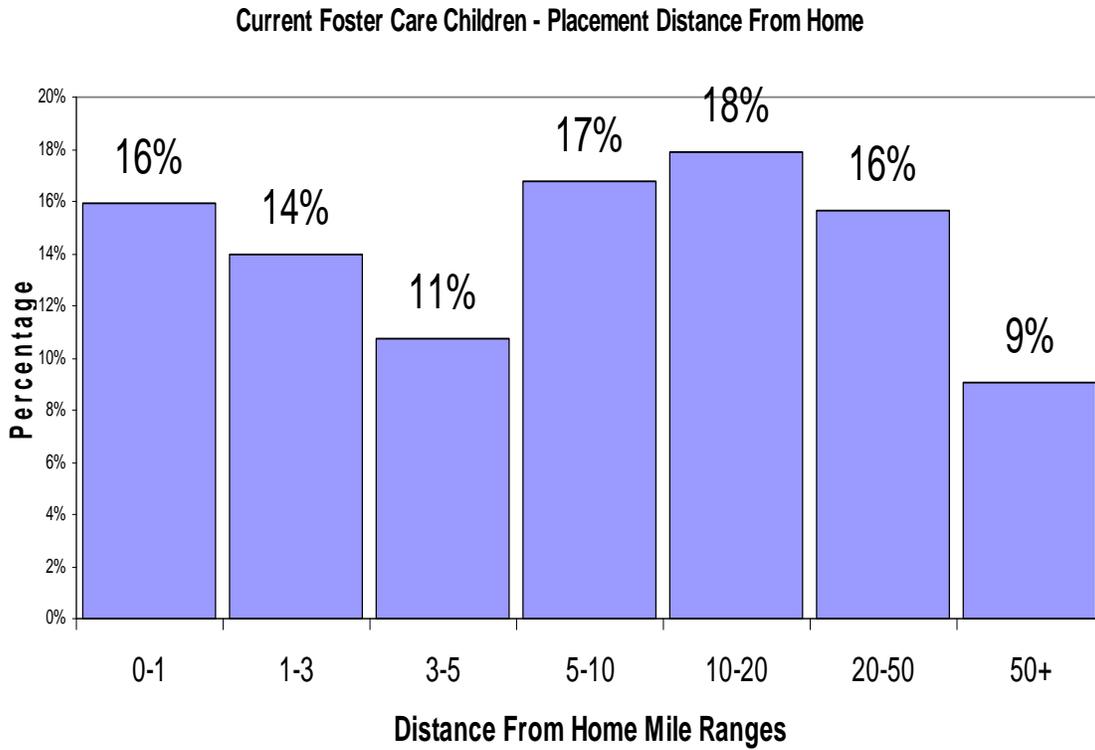
Michigan did not address this item in the PIP.

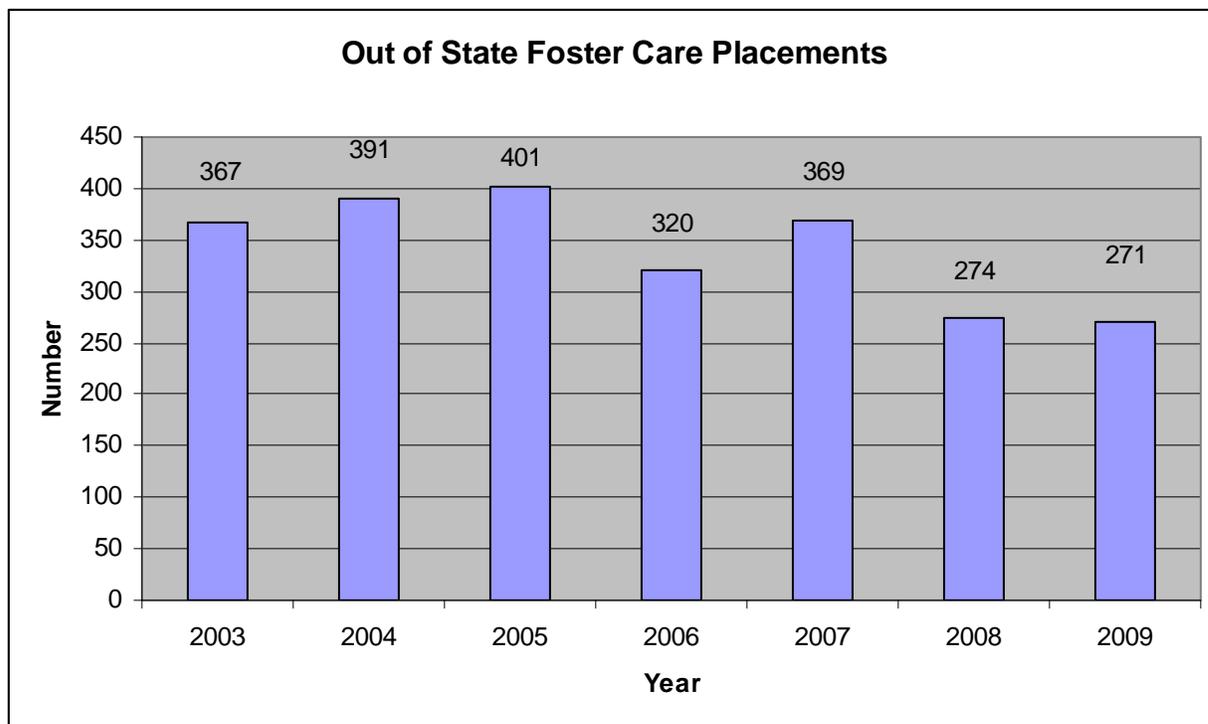
### **Measures of effectiveness**

In July 2009, there were 319 (3 percent) foster children who are living in a relative placement or a foster home who were placed outside of the 75 mile radius. The average number of miles is 185, and the average age of the children is 8.9 years old. Of the 319 children:

- 50 percent of them are placed with relatives.

- 52 percent are supervised by DHS and 48 percent by private child placing agencies.
- 9.7 percent are Wayne County, with 74 percent placed with relatives.
- 27 percent are from the northern Lower Peninsula and Upper Peninsula counties.





Fiscal year 2009 data is through July 15, 2009.

In fiscal year 2009, of the 271 children placed out-of-state, a large number currently reside with relatives (165). Michigan regularly reviews out-of-state placements to ensure they are appropriate. Reference Item 45 State Use of Cross-Jurisdictional Resources for Permanent Placements for additional information on out-of-state placements.

A targeted foster care case reading indicates that 82.7 percent of children reside in close proximity of their home.

During the stakeholder focus group process, caseworkers reported children and youths with special needs who require more intensive treatment often require placement in residential facilities that are not near their removal communities.

DHS and private CPA staff participating in focus groups stated that their agency does not always succeed at placing children near their removal, but were hopeful that the TDM process would improve this.

### **Strengths**

Supervising agencies must place children in their county or within a 75-mile radius of their home. If the child is placed outside of this radius, the county director and the director of Field Operations or Urban Field Operations must approve the placement.

The Wayne County Child Placement Network is successful in keeping children placed within the 75 mile radius.

Michigan has also made efforts to place juvenile justice youths in residential treatment facilities in Michigan. Michigan law required the DHS to form the Out-of-State Child Placement Task Force. Reference Item 45, State Use of Cross-Jurisdictional Resources for Permanent Placements for additional information.

### **Challenges**

Stakeholders reported the proximity of placement is problematic in communities that already experience a shortage of approved foster homes, particularly in rural northern areas of the state. In some cases, the most appropriate relative placement is not located close to the child's parents and community, thereby requiring the placement of children outside of their community.

### **Promising approaches**

Michigan will be implementing a child placement network statewide by October 2011.

The State Court Administrative Office's Child Welfare Services Division led a review team comprised of professionals from the Interstate Compact Office and Foster Care Management Program within DHS, court administrators, and family court referees from around the state. The team collaborated to conduct a thorough assessment of our interstate placement laws, policies and procedures. Barriers were identified as well as solutions to those barriers.

## **Item 12: Placement with Siblings**

How effective is the agency in keeping brothers and sisters together in foster care?

### **Policy**

Foster care policy (CFF 722-3) requires foster care workers to place siblings together in the same foster home and adoptive placement, unless it is not in the child's best interests. Supervising agencies may place siblings separately only when placement of the siblings together would be detrimental to their best interests or is otherwise not possible at the time of initial placement. Caseworkers regularly reassess the reasons for the separation of siblings. If a child is moved, the foster care worker must examine whether the child can be placed with his/her siblings. All sibling splits require second-line supervisory approval.

Michigan foster home licensing rules limit the number of children placed in one foster home. However, caseworkers may obtain an exception to the limitation on the number of children. Per the Settlement Agreement, DHS must also limit the number of children in a foster home to no more than three foster children or no more than a total of six children including the foster family's natural or adopted children. Exceptions to the number of children in a foster home based on sibling status must have the approval of the supervisor. The Settlement Agreement requirements are more restrictive than the licensing rules. As of July 2009, the Urban counties have granted 54 exceptions.

Adoption policy, CFA 610 requires workers to consider uniting siblings in an adoptive home when biological siblings reside separately in foster care. The extent of the

consideration must be determined based on the best interest of the child (i.e., the strength of the relationships between siblings versus the relationship between the child and other individuals, such as the child's current caregivers).

Juvenile justice youths are placed with siblings if possible, however their placement is normally determined by the assessed risk and safety level.

### **Practice**

Caseworkers place all siblings who enter placement at or near the same time together, unless:

- One of the siblings has exceptional needs that can be met only in a specialized program or facility.
- Such placement is harmful to one or more of the siblings.
- The size of the sibling group makes one placement impractical, notwithstanding diligent efforts to place the siblings within the same home.

If the caseworker documents reasonable efforts to place siblings together but separates a sibling group at any time, the caseworker makes immediate efforts to locate or recruit a family in whose home the caseworker can reunify the siblings. The caseworker documents and maintains these efforts in the case file.

A reassessment of the sibling split placement is required in the case plan each quarter. The reassessment must also include the efforts and progress made to place all siblings within the same out-of-home placement. The reassessment must be documented in the case service plan under the Placement Resources/Sibling Placement section.

See Item 44 for a discussion of the availability of placement options.

### **Round One of the CFSR**

In Round 1 of the CFSR, reviewers rated this item as an area needing improvement based on the finding that in 16 percent of the cases, siblings were not placed together, and their separation was not deemed necessary to meet the needs of one or more of the children.

Michigan included the following action steps in the PIP:

- Michigan Child Placing Agencies developed strategies to target the recruitment of foster homes willing to accept sibling groups; completed in June 2004.
- DHS and Bureau of Child and Adult Licensing staffs met to discuss and promote the use of variances to keep siblings in the same home; they developed a mechanism to review denials of variances, completed based on information provided by the state during annual review in June 2005. This was based on an L-letter describing variance procedures provided during ACF's onsite review on February 16, 2006.
- In December 2003, an executive order was issued that moved the responsibility for foster home licensing into the DHS. It was previously in the Department of Labor and Economic Growth. Discussion occurred with DHS managers regarding licensing needs to facilitate the increase in licensed homes.

- Since placement stability is greater for children placed with relatives, public and private CPAs developed strategies to increase relative placements for sibling groups, completed in June 2005.
- To ensure greater success of placing larger sibling groups together, DHS initiated strategies to increase the number of foster family group homes that can provide care for sibling groups of five and six children; completed in June 2005.
- With implementation of SDM in SWSS FAJ, there is a pick list to identify specific reasons why sibling splits occur; all sibling splits require second line supervisory approval; completed in August 2005.

### **Measures of effectiveness**

DHS and private CPA staff shared during focus group sessions that when CPS removes children from their home, staff try to find a family that can provide for their needs, but many times, current homes are at capacity. Often, supervising agencies will split children up initially and then workers try to find a home that can take all or some of the siblings.

Youths participating in focus groups shared their experiences of placement separate from their siblings. According to the youths, this was because the foster home could only take one gender. Much later, their caseworker placed them together, and they felt very sad to move because of the relationship they had developed with the foster parents. Other youth shared that their caseworker separated them and their siblings due to fighting.

Targeted foster care case readings indicated:

- 40 percent of siblings in out-of-home care reside together.
- 88 percent of cases documented reasons for sibling splits.
- 78 percent of the cases where the siblings are split contain documentation of the services that were provided to keep the siblings together.
- 49 percent of the cases involving siblings who are not placed together have the service plan signed by the second-line supervisor.

Data from SWSS FAJ is not reliable regarding the number of siblings placed together, because the sibling groups are not always correctly identified in the system. Data on juvenile justice youths who are not placed with their siblings is not tracked.

Targeted adoption case readings indicated that in Seventy-three percent of the cases reviewed, the adoption worker considered placement with the siblings. Adoptive parents participating in a survey reported the following:

Adoptive Child and Relationships	Adoption Worker Agency Affiliation					
	DHS	Private Agency	Court	CMH	Tribe	Other
Of those aware of their child's birth siblings, the percentage who adopted one or more of those siblings: 48.3% statewide	45.7	52.3	50.0	42.9	28.6	37.5
Of those aware of their child's birth siblings (who they did not adopt), the percentage indicating their child has regular contact with those siblings that were not adopted: 39.3% statewide	42.7	31.2	47.9	50.0	57.1	42.9

**Strengths**

The emphasis on relative placements by DHS assists in keeping siblings placed together. TDM meetings bring together the family and their support system to determine the best placement for the children.

**Challenges**

Placing and maintaining children in the same foster home is complicated if siblings are removed at different times. When CPS removes a sibling of a child who is already in foster care, there may not be room in the foster home for the second (or third) sibling. Thus, the caseworker must weigh placement stability against placing siblings together.

Locating foster homes that are able and willing to care for large sibling groups, especially when some of the children have significant emotional, behavioral and/or developmental concerns, is often challenging. Large sibling groups tax the resources of caregivers who may not be able to take all siblings unless the supervising agency provides them with additional supports. Additionally, licensing requirements and the Settlement Agreement limit the allowed number of siblings placed in one home without a variance or management approval.

Stakeholders reported when siblings have different fathers, placement together is difficult. Many of these relative families are not willing or able to become licensed foster parents in order to keep the sibling groups together.

Children and youths with specialized needs often need placement in residential facilities, which requires the caseworker to separate them temporarily from their siblings.

**Item 13: Visiting with Parents and Siblings in Foster Care**

How effective is the agency in planning and facilitating visitation between children in foster care and their parents and siblings placed separately in foster care?

**Policy**

Foster care policy, CFF 722-6, states that families and children shall have reasonable opportunities for personal visits, communication by telephone, and involvement in life events such as teacher conferences and school and community events. Parenting time for parent(s) and child(ren) occurs frequently prior to initial disposition and at least weekly thereafter. Unless the court has ordered otherwise, Michigan provides parenting time for every parent with a legal right (prior to termination of parental rights) to the child, regardless of prior custody. If the non-removal parent had established visitation, these visits continue accordingly unless there are new factors that would negatively affect the child. Parenting time requirements are the same for incarcerated parents unless the court orders less frequent parenting time.

Foster care caseworkers must make reasonable efforts to provide frequent visitation or other ongoing interaction between siblings (CFF 722-6). Sibling visits must occur at least monthly.

The worker develops a plan for visitation between a child in out-of-home placement and the family and siblings. Foster care policy (CFF 722-6) requires the foster care worker to discuss the scheduling of parenting time with the parent(s) and they must reach an agreement on a parenting time schedule. Scheduling of parenting time must be done with primary consideration for the parents' time commitments, which may include employment and mandated service requirements. The supervising agency must institute a flexible schedule to provide a number of hours outside of the traditional workday to accommodate the schedules of the individuals involved.

For juvenile justice wards residing in the state, family visits must occur at least monthly or more frequently as needed and as described in the service plan (JJ2 270). If a juvenile justice ward resides in an out-of-state residential placement policy requires quarterly parental visits to campus or other face-to-face visits between youth and parents/guardians. The caseworker must assist in arranging transportation, meals and lodging for parents/guardians during quarterly on-site visits. The state reimburses actual cost of travel and accommodations for no more than two caregivers per visit. When a quarterly on-site visit is not in the youth's best interest, the caseworker must document the rationale for this decision in the treatment plan.

### **Practice**

Foster care workers detail the plan for parent and sibling visits and other contacts within the parenting time and sibling visitation section of the case service plan and the Parent-Agency Treatment Plan and Service Agreement or the Permanent Ward Treatment Plan and Service Agreement. The visitation plan includes specific dates of visits or contacts, location of visits or contacts, and duration of visits or contacts. If visitations are not occurring or are considered harmful for the child(ren), the worker documents the reasons why in the service plan.

Foster care workers arrange for transportation to parenting time and visits. Workers may transport the child(ren) and parents, they may provide bus passes, and volunteer services in the local DHS offices also provides transportation. Foster parents may also

provide transportation for the children to parenting time and sibling visitation. DHS reimburses DHS licensed foster parents for mileage. Reference Item 35 Service Array for additional information on volunteer services.

As the parent(s) progresses through the case plan, successfully addressing barriers and achieving the parenting time standards as outlined in the Parent-Agency Treatment Plan, the natural progression of the case is expansion of parenting time. This could include increasing the frequency and/or duration, along with changing the location to support a more family friendly environment and encourage typical parent/child interaction.

Out-of-home caregivers, especially relatives, can provide excellent resources for facilitation of visits, including opportunities for frequent in-person and telephone contact with siblings and parents in a relaxed and natural environment. Michigan uses the Parents' Resource for Information, Development, and Education (PRIDE) model for the initial training of potential foster and adoptive parents. This model encourages ongoing contact with parents, and provides training on how caregivers can be involved in visitation in meaningful ways.

### **Round One of the CFSR**

In Round 1 of the CFSR, reviewers found this item to be an area needing improvement because in 32 percent of the applicable cases, reviewers determined that DHS had not made concerted efforts to facilitate visitation.

Michigan outlined the following action items in the PIP:

- The SCAO, in collaboration with DHS, created an Absent Parent Protocol. DHS initiated training and implementation; completed as shown in the sixth quarter report.
- Policy revised to include best practices contained in the Absent Parent Protocol; completed as shown in the February 2006 visit.
- Statewide implementation of Family to Family, completed at the midpoint of the PIP. At the time, thirty sites had implemented Family to Family strategies. Since the end of the PIP period, Team Decision Making meetings have replaced the Family to Family model; however, DHS remains committed to the principles of the model.
- DHS expanded SWSS FAJ to allow the Family Assessment of Needs and Strengths to assist caseworkers in identifying and locating absent parents, completed.
- DHS modified performance objectives for managers and supervisors to include caseworker adherence to parenting time and sibling visitation policy; completed based on information provided during the annual onsite visit in June 2005.
- Purchase of Service monitoring workers review quarterly reports to ensure adequate parenting time and sibling visitation occurred; completed based on information provided during the annual onsite visit in June 2005.

- DHS included the expectation that foster parents will provide transportation for parenting time and sibling visits in their recruitment and training; completed in January 2004.
- Development of an annual survey instrument for foster parents to determine why they quit fostering, completed and documentation was provided based on the survey results.
- Increase management oversight on visitation between child and parents and siblings via supervisory case reading tool; the training module was completed and submitted in June 2005. Local offices certified that all workers and supervisors had completed the training.

**Measures of effectiveness**

Targeted foster care case readings indicate:

- In 81 percent of parenting time is consistent with the permanency goal (all parents with legal rights to a child have parenting time with the child unless the court order indicates otherwise). The case reading form does not track parental visits separately by mother and father.
- In 70 percent of cases had parenting time that was occurring weekly or the reasons why not were documented.
- In 54 percent of cases the parent’s treatment plan documented the child’s needs that the parent needed to meet during parenting time.
- In 64 percent of parenting time took place in a family like setting.
- In 73 percent of the cases had a documented sibling visitation plan.
- In 60 percent of the cases documented that visits were occurring between siblings who do not reside together according to the visitation plan.

A survey of parents with children involved in the foster care and/or juvenile justice system showed the following:

Q7: How often do you see your child?	Foster Care Cases		Juvenile justice Cases	
	n	%	N	%
Weekly	34	35.4	0	0.0
Every two weeks	11	11.5	2	11.8
Monthly	6	6.3	4	23.5
More than once a week	7	7.3	0	0.0
Less than once a month	4	4.2	1	5.9
I do not see my child	18	18.8	2	11.8
Total	80	83.3	9	52.9
Missing	16		8	

Q8: Do you have problems getting a ride to see your child?	Foster Care Cases		Juvenile justice Cases	
	n	%	N	%
Yes	31	32.3	4	23.5
No	46	47.9	5	29.4
Total	77	80.2	9	52.9
Missing	19		8	

A survey of foster parents indicates:

Child Safety and Well Being	Respondents	Native American Population
The percentage indicating they are not involved in parenting time.	25.1	13.3
Of those involved in parenting time, the percentage who indicated they transport the child(ren) for parenting time.	80.7	84.6
Of those involved in parenting time, the percentage who indicated they supervise parenting time.	27.4	0.0

During focus groups, many youths said they were not satisfied with the frequency of contact with their father, or with the frequency of contact with their mother and siblings. Youth focus groups provided mixed comments. Many youths reported they have routine in-person and telephone contact with their parents and/or siblings, that their foster parents and caseworkers are making efforts to support contact, and that the caseworker made efforts to locate missing parents. Some youths said their caseworker offered but they did not want contact with their family. Still, other youths reported they would like more contact with their parents and that they “sneaked” to visit or call their parents after being told visits could not occur. Youths said they should have more say about visitation and contact with family. Some youths noted worker turnover and inconsistent practice between caseworkers had an impact upon visitation.

Data from SWSS FAJ regarding parenting time and sibling visitation is not currently available.

### Regional influences

Transportation is especially problematic in rural areas without public transportation, which places greater demand on limited agency resources. Relative care assists the agency in maintaining contact with family. As DHS increases relative placements, the agency’s staff and transportation resources will be better able to meet the needs of children who remain in out-of-home care and require this service.

### **Strengths**

Team Decision Making meetings focus on placement in the local community, and/or with relatives, and encourage mentoring relationships between parents and resource families. The meetings also help to guide placement decisions and focuses participants on the importance of visitation.

Michigan's use of PRIDE training helps to facilitate parenting time and sibling visitation.

### **Challenges**

Caseworkers may put visitation with a parent who is in jail or prison on hold until the parent's release. Visits with incarcerated parents present a resource issue due to the time required for scheduling the visits, transportation distances, and wait time at the facility. Rules and information about when and how visits can occur is not consistent between, or even within, facilities. However, in some cases, caseworkers make insufficient efforts to schedule and facilitate visits, and there is no documentation to indicate visits at the jail or prison would be contrary to the child's safety or well being. Some caseworkers, attorneys, and other child welfare stakeholders believe visitation at a jail or prison is always harmful to the child and should never occur.

Caseworkers sometimes do not arrange visitation with parents because the parent is not maintaining contact with the caseworker, and/or is not attending service appointments. In some instances, it is appropriate to require a parent with a pattern of not attending visitation to confirm or arrive at the visit site before the caregiver transports the children, to avoid an emotionally traumatic event for the children. However, in some cases, caseworkers make insufficient efforts to encourage visit attendance.

In other cases, there is a lack of ongoing diligent efforts to locate or maintain contact with a non-custodial parent, usually the father. When a parent has not historically had contact with his or her child, and especially when the uninvolved parent is not an option for reunification (such as an incarcerated parent), some caseworkers do not maintain contact with the parent.

### **Item 14: Preserving Connections**

How effective is the agency in preserving important connections for children in foster care, such as connections to neighborhood, community, faith, family, tribe, school, and friends?

#### **Policy**

DHS has placed a major emphasis on preserving connections on behalf of children and families receiving placement services. Maintaining family connections is crucial for children in foster care. Family connections need to be supported no matter where a child is living while in foster care. The supervising agency is responsible for preserving connections on behalf of children and families receiving placement services to both geographic and cultural communities (CFF 722-3).

Licensing rules and policy (CFF 722-2) require that supervising agencies be available to all children, regardless of the religious orientation of the child(ren) or parent(s). The agency must not require a child to attend religious services or to follow specific religious training. The agency will attempt to fulfill parental wishes whenever possible, while taking into consideration the child's feelings and desires. If there is disagreement between the parents and child, parental wishes prevail. Michigan expects foster parents to take into consideration the child's religious preference, especially when the child has established a pattern of religious belief and practice.

Foster parents assume the responsibility for providing opportunities for religious education and attendance at religious services in accordance with the religious preference of the child and/or parent(s). The supervising agency may not refuse a child the right to attend the religious denomination of their choice, unless there are specific safety concerns. The county director or designee must approve a decision that the child may not attend a specific religious denomination service. The supervising agency may not require children to attend the church preferred by the foster parent.

Michigan permits all children in the care of DHS, or in the care of a private CPA, to send and receive mail. Others shall not read the child's letters, except where there is clear and convincing evidence to justify such action. If there is justification for opening a letter, the child shall be present when the caseworker opens the letter. The caseworker must be available to the child when the supervising agency presents mail with potentially distressing content. Packages are exempt from prohibition against inspection.

Children in DHS custody shall have an opportunity to visit with grandparents and great-grandparents, provided the grandparents or great-grandparents have been granted visitation rights by the courts.

### **Practice**

Caseworkers consider a placement that preserves and maintains relationships with the relative network, friends, teachers, etc. Caseworkers consider the available placement which best meets the child's needs, is safe and in the child's best interests.

When notifying relatives about a related child's placement in foster care, relatives are offered opportunities to provide various supports to the child such as respite, written contacts, visitation, phone contacts, etc.

DHS conducts quarterly Tribal State Partnership meetings with representatives from Michigan's 12 federally-recognized Tribes, Tribal organizations, local county DHS and central office staffs, including CWTI trainers. ICWA compliance is discussed during these meetings. DHS also contracts with the Michigan Indian Child Welfare Agency (MICWA) and the Sault Sainte Marie Tribe of Chippewa Indian's Binogii Placement Agency for foster care and adoption services for Native American children. In addition to these contracts, all other contracted private child placing agencies must comply with ICWA.

### **Round One of the CFSR**

In Round 1 of the CFSR, reviewers assigned this item as a strength because in 89 percent of the cases, reviewers determined that the agency had made diligent efforts to preserve children's connections to community, faith, and friends.

Michigan did not include this item in the PIP.

### **Compliance with ICWA**

Caseworkers identify Michigan's Indian children at case onset. DHS caseworkers use protocol that provides ancestry verification and notification to a respective federally recognized tribe (NAA 200). Michigan has 12 federally recognized Tribes. Indian child welfare services in Michigan are focused on supporting and preserving Indian families and creating other permanent alternatives for Indian children if family preservation cannot be achieved. Reference Item 38 State Engagement in Consultation with Stakeholders for additional information.

Within three working days of assignment of a CPS complaint for investigation or the opening of a foster care or juvenile justice case, the worker must make the following active efforts to contact the social services program of the Indian child's tribe:

- Notify the tribe when known or upon receipt of verification from the Midwest Bureau of Indian Affairs of the Indian ancestry.
- Obtain verbal verification of tribal membership or eligibility of membership.
- Complete and send the Notice of Proceedings Concerning North American Indian Child (DHS-120) by registered mail with return receipt to all of the following:
  - Parents(s).
  - Indian custodian (if any).
  - Tribes(s).
  - Midwest Bureau of Indian Affairs (as designated for Michigan by the Secretary of the Interior).

The worker must explore available services of the tribe that may address the safety needs of the child. Moreover, s/he must assist parent(s) to retain custody of the child if there is no danger of imminent physical damage or harm to the child.

Michigan's Absent Parent Protocol also reinforces active efforts in notification.

Native American Affairs policy (NAA 215) requires the supervising agency to place any Indian child accepted for foster care or pre-adoptive placement in the least restrictive setting which most approximates a family and in which his/her special needs, if any, will be met. The supervising agency must also place the child within reasonable proximity to his or her home, taking into account any special needs of the child.

Absent a showing of good cause for a different order or tribal resolution for different order of preference, the order of foster care or pre-adoptive placement preference is as follows:

1. A member of the child's extended family.
2. A foster home approved, licensed or specified by the Indian child's tribe.
3. An Indian foster home.
4. An institution for children approved by an Indian tribe or operated by an Indian organization that has a program to meet the child's needs.

Absent a showing of good cause for a different order, or tribal resolution for different order of preference, the order of adoption placement preference is as follows:

1. A member of the child's extended family.
2. Other members of the Indian child's tribe.
3. Other Indian families.

Indian outreach workers assist Native families with prevention activities and active efforts to reduce the instances of family breakup (IOS 220). They provide services in 12 counties in Michigan. The focus of the Indian outreach services program is to identify the needs of individuals, their families and communities. The Indian outreach worker coordinates activities, programs and services to meet those needs. These services are not limited to child welfare clients. Reference Item 35 Service Array for additional information on Indian outreach workers.

DHS policy and training instructs caseworkers to provide active efforts to support and preserve Indian families and to create other permanent alternatives for Indian children if family preservation cannot be achieved. These efforts must be documented within the case file (CFF 722-6 and JJ2 230). Caseworkers must take a proactive approach with the family by actively assisting the family to complete the goals identified within the family's service plan. Active efforts must be determined on a case-by-case basis. The services provided to the family must be culturally appropriate as well as remedial and rehabilitative in nature, designed to prevent the break up of or reunify the Indian family. The family court is responsible for making findings on the record that active efforts have been provided and failed (where applicable) in Indian child welfare cases.

Tribal courts receive full faith and credit in their orders and findings according to Michigan Court Rule 2.615. In May 1996, the Michigan Supreme Court adopted Michigan Court Rule 2.615, which was prompted by proposals from the Indian Tribal Court/State Trial Court Forum and the State Bar of Michigan. MCR 2.615 provides for the enforcement of Indian tribal court judgments. The rule states that Michigan recognizes a tribal court judgment as long as the tribe or tribal court has enacted a reciprocal ordinance, court rule, or other binding measure that obligates the tribal court to enforce state court judgments, and that ordinance, court rule, or other measure has been transmitted to the State Court Administrative Office.

Tribes have a right to intervene in an Indian child custody proceeding at any time per ICWA. Furthermore, the tribe can request the transfer of jurisdiction from the state court

to the tribal court absent the objection of either biological parent or a good cause finding not to transfer to a tribal court.

**Measures of effectiveness**

Only 20 of the targeted foster care case readings were completed for Native American children. The results indicate:

- In 65.5 percent of the cases the worker followed the placement preference.
- In 77.4 percent of the cases, the worker notified the child’s tribe appropriately.
- In 55.2 percent of the cases, the worker provides active efforts to reunify the family.
- In 63.3 percent of the cases had the child coded as Native American and his/her tribal affiliation was accurately recorded.
- In 40 percent of the cases, the worker maintained the child’s tribal traditions.
- In 51.7 percent of the cases, the caregiver supported the child’s tribal traditions.

The adoption case reading results found that in ninety-nine percent of the applicable cases, the worker completed the Native American Search form and sent it to the Michigan Indian Child Welfare Agency according to policy. In seventy-five percent of the cases, the worker identified the child’s current important relationships and had a plan for maintaining those relationships post-adoption.

A survey of parents with an open CPS case found:

Has your CPS worker asked if you have American Indian/Tribal heritage?	Respondents	
	n	%
Yes	79	29.3
No	191	70.7
Totals	270	100.0
Missing	7	

A survey of parents with children involved in the foster care and/or juvenile justice system showed the following:

Q11: Does your family get to see your child?	Foster Care Cases		Juvenile justice Cases	
	n	%	N	%
Yes	44	45.8	5	29.4
No	35	36.5	3	17.6
Total	79	82.3	8	47.1
Missing	17		9	

Q18: Is your child able to practice their religious beliefs?	Foster Care Cases		Delinquency Cases	
	n	%	n	%
Yes	57	59.4	9	52.9
No	20	20.8	0	0.0
Not applicable	15	15.6	7	41.2
Total	92	95.8	16	94.1
Missing	4		1	

### Strengths

Michigan preserves the continuity of family relationships and connections for families. These include:

- Efforts made by the worker to reunify the child with his/her parents.
- Efforts made by the worker for alternate permanency plan.
- Placements of children within their home geographic areas.
- Children placed in a relative home, whether the home is licensed or unlicensed.

Team Decision Making focuses on placement in the community and maintaining connections with relatives, the child's community and cultural heritage, in order to reduce the trauma to children. Foster parent recruitment has also targeted the communities from which children are removed.

### Challenges

Challenges to preserving important connections for children in foster care are very similar to the challenges discussed in Item 13 that are related to effectiveness in planning and facilitating visitation between children and their parents, and siblings placed separately.

Stakeholders reported difficulties in maintaining connections to the child's tribe for Native American children in foster care. Perhaps the most significant challenge in preserving connections is the availability of resource families for children within their own communities. Workers in areas of the state where there is not a large Native American population are not always familiar with ICWA policies and procedures. Focus group participants reported a need in urban areas to increase worker knowledge about resources available to Native Americans. They also reported a need to increase staffs ability to make connections with those resources.

Finally, workers do not always enter the correct racial code and tribal affiliation into SWSS; therefore, DHS does not have reliable data on the number of Native American children in the child welfare system.

### Promising approaches

Two agencies in Michigan, Bethany Christian Services and Homes for Black Children, have received federal grants to develop programs that address the need for older children to maintain connections with birth families. The agencies have also identified

important permanency strategies for older children. DHS will share the findings from this work as best practice with public and private agencies in 2010.

The Youth Service Delivery Model for older youths in care and transitioning from care has as the foundation for practice the approach of a teaming model that includes relationship work between the youth and family members in order to make every effort to keep the youth safely connected with family members. The Youth Service Delivery Model supports connecting the youth to supportive adults committed to remaining involved in the youth's life regardless of family involvement. This relationship-based model is a key factor in keeping youth positively supported as they reach adulthood and beyond.

### **Item 15: Relative Placement**

How effective is the agency in identifying relatives who could care for children entering foster care, and using them as placement resources when appropriate?

#### **Policy**

As defined in MCL 712A.13a(j), relatives are an individual who is at least 18 years of age and related to the child by blood, marriage, or adoption, as grandparent, great-grandparent, great-great-grandparent, aunt or uncle, great-aunt or great-uncle, great-great-aunt or great-great uncle, sibling, stepsibling, nephew or niece, first cousin or first cousin once removed, or the spouse of any of the above, even after the marriage has ended by death or divorce. The parent of a man who the court has found probable cause to believe is the putative father if there is no man with legally established rights to the child may be considered a relative under this act but this is not to be considered as a finding of paternity and does not confer legal standing on the putative father.

In May 2009, foster care policy (CFF 722-3) was updated to state that within 30 days of removal from a child's own home, the foster care worker must exercise due diligence to identify and provide notice that a child is in foster care to all adult relatives, including:

- Maternal and paternal grandparents.
- Maternal and paternal aunts.
- Maternal and paternal uncles.
- Adult siblings of the child.
- Any other relative identified by a parent or child.

Given the short period for compliance, the relative search begins as soon as the child is removed from the home (CFP 715-2). The CPS worker, at minimum, asks the parents and age-appropriate children to identify paternal and maternal relatives.

Within ninety days after the initial placement, the foster care worker must make a placement decision and document the reason for the decision. The worker must send the placement decision to all relatives who expressed interest in having the child placed with them (CFF 722-3).

The adoption worker must consider relatives at the time the permanency plan becomes adoption. Relatives may be an appropriate placement when they have an established relationship with the child and/or provide a familiar environment for the child (CFA 400).

For juvenile justice youths, the specialist considers a community placement at the initial placement if the risk level is low. S/he will also consider a placement with a relative when a youth is returning from a residential treatment setting (JJ4 430).

### **Practice**

Caseworkers have ongoing discussions with the birth parents, age appropriate children and other family members throughout the case to explore the potential supports offered to the family by relatives on a routine basis and/or in emergency situations. Within 30 days of removal from a child's own home, the caseworker must exercise due diligence to identify and provide notice that a child is in foster care to all adult relatives. The home study must be completed within 30 days (Reference Item 30, Standards Ensuring Quality Services for additional information).

The notice explains that the child has been removed from the home of the parent, the relatives have the option of being considered for placement, and they may lose this option if they do not respond in a timely manner. The notice also describes the licensing requirements and explains the benefits of becoming a licensed foster parent along with the procedures for a guardianship agreement.

When relatives are identified, caseworkers document the name, address, phone number and relationship of every relative on the Relative Documentation form and placed within the child's case record. Over the course of a case, if a child needs a change of placement, the previously identified relatives must be considered as placement resources provided they meet the guidelines within the basic assessment process.

Preference is given to placement with a relative if the relative family meets the requirements in the Initial Relative Safety Screen; meets the needs of the child; keeps the siblings together and lives in close geographic proximity to where the child was living at the time of removal (unless it is in the best interest of the child to be placed with a relative in another location).

When a child is placed with a relative at the time of the initial removal and at any other point in the life of the case, the caseworker conducts a criminal background and CPS Central Registry clearances for all adult household members. The unlicensed relative home study must also be completed within 30 days of placement. Since 1997, Michigan has been performing CPS Central Registry and criminal history checks, and completing a home study at the time of the initial placement with a relative. (Reference Item 43, Requirements for Criminal Background Checks for additional information).

Since March 2009, the foster care worker sends identified relatives forms to indicate whether they would like to be considered for placement and/or provide any other type of

support for the child as well as the ability to provide contact information of other relatives who wish to be considered for placement.

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

The foster care or juvenile justice caseworker provides the relative caregiver with the pamphlet, "Relative Caregiver Resources & Responsibilities" to relatives anytime they make a relative placement. The "Relative Caregiver Resource & Responsibilities" is a pamphlet providing critical information to relatives considering or accepting the court-ordered placement of a youth in their home. The caseworker must document in the Social Work Contacts section of the ISP or USP that they gave the pamphlet to the relative caregiver.

Throughout the case, the foster care worker continues to seek, identify and notify relatives until the supervising agency achieves legal permanency for the child. The adoption worker reviews the foster care record to determine the extent to which the foster care worker identified and located relatives for foster care placement of the child, including reasons for approving or denying placement. The adoption worker must also review the amount of contact relatives have had with the child over the course of the child's life. The adoption worker contacts relatives who previously expressed interest in placement and documents their interest in adopting on the "Commitment to Permanency" form.

### **Round One of the CFSR**

In Round 1 of the CFSR, reviewers assigned this item an overall rating of area needing improvement because in 18 percent of the cases, reviewers determined that the agency had not made diligent efforts to locate and assess relatives as potential placement resources.

Michigan's PIP included the following action steps:

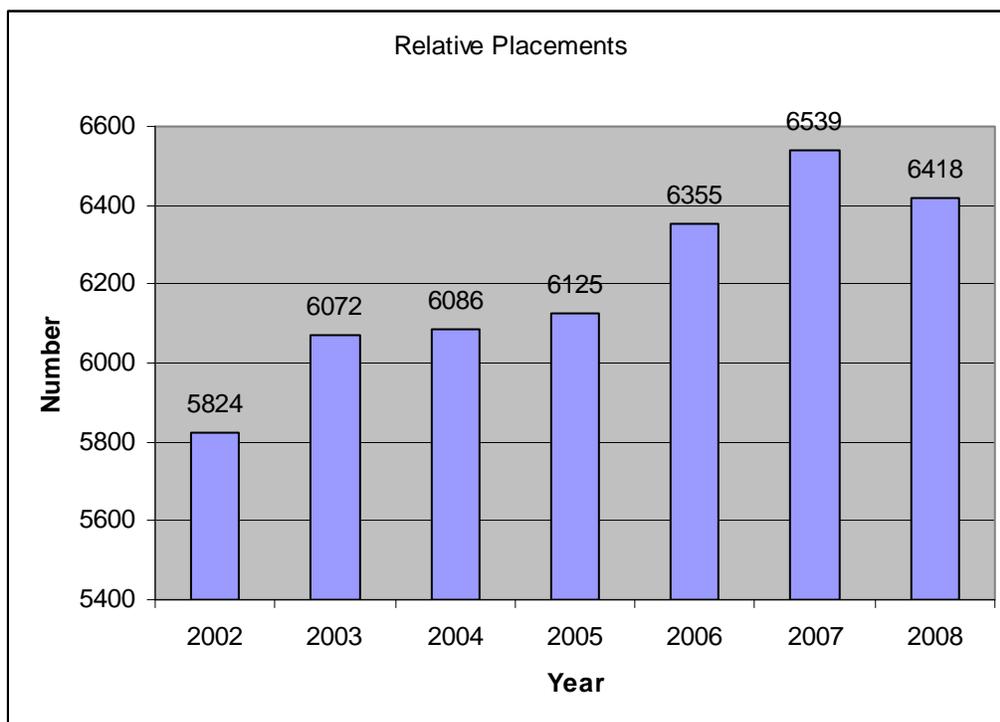
- In order to ensure the safety of children, DHS revised CPS/FC policy to require background checks for relatives be completed prior to or at the time of placement. At minimum, the background check will include a Central Registry clearance and a criminal background clearance. This was completed in January 2004.
- DHS submitted a guardianship waiver for legal guardianships and funding. The waiver request was subsequently withdrawn by the state.
- DHS revised policy to ensure that all relatives are given information regarding foster home licensing requirements and encouraged to apply for licensure. This was completed based on an L-letter release. Information was also submitted at ACF's February 16, 2006 visit. DHS convened a workgroup with the Bureau of Child and Adult Licensing to work toward establishing priority licensing for

relative placement; completed based on information provided by the state during the annual review in June 2005.

### Measures of effectiveness

Michigan attributes the improvement in placing children with relatives to the increased efforts by courts, DHS policy and legislative emphasis on relative placement. In fiscal year 2009, thirty-seven percent of children in foster care are placed with relatives.

The following chart displays the number of foster children living with relatives. The data includes licensed and unlicensed relative placements.



Between March 1, 2008 and May 31, 2009 472 relatives became licensed. Since March 2008 to June 2009, foster care workers have approached at least 2,352 new and existing relative providers regarding licensure. Sixty-two percent have expressed interest and thirty percent have declined. Michigan continues to encourage relative caregivers to undergo licensing to enhance support to the families caring for related children in their home.

Targeted foster care case readings indicate:

- In 96 percent of the cases, the worker explored relative care options with the parents and child, including an attempt to locate paternal relatives.
- In 72 percent of the cases, the worker completed the home studies, criminal history and Central Registry checks for the unlicensed relative placement within the policy requirements.

Targeted adoption case readings indicate that in 68 percent of the cases, the worker considered adoptive placement with a relative.

In a survey of parents whose children have an open foster care or juvenile justice case:

Q13: Did anybody ask you if there is a relative who could take care of your child?	Foster Care Cases		Delinquency Cases	
	n	%	n	%
Yes	52	54.2	3	17.6
No	28	29.2	5	29.4
Total	80	83.3	8	47.1
Missing	16		9	

In a survey of adoptive parent's, they described their relationship with the children they adopted as follows:

Adoptive Child and Relationships	Adoption Worker Agency Affiliation					
	DHS	Private Agency	Court	CMH	Tribe	Other
Percentage describing their relationship to their child before the adoption as either being related by birth or marriage or being the related foster parent: 44.8% statewide	53.1	24.1	81.0	57.1	57.1	50.0
Percentage describing their relationship to their child before the adoption as being the unrelated foster parent: 47.4% statewide	39.9	66.3	13.8	28.6	42.9	50.0

**Strengths**

The use of Team Decision Making meetings, Family Group Decision Making and other family engagement strategies contribute to identifying relatives who could care for children and enable caseworkers to use relatives as placement resources when appropriate.

DHS workers are referring relative care providers to private child placing agencies to complete the process of foster care licensing. This allows relatives to receive the same per diem as an unrelated licensed foster parent. In the event that a home needs some improvements in order to comply with licensing rules the Family Incentive Grant, Public Act 131 of 2008, was enacted to provide support and funding. At least 133 relatives have benefitted from the fund and DHS has spent \$216,862.94 of the \$375,000.00 originally appropriated.

## **Challenges**

In some instances, the family's reluctance to work with the child welfare system is a barrier. In other cases, the parents have a concern with their children residing with relatives due to past or current familial differences. Finally, when caseworkers have not identified and/or located fathers, paternal relatives are often unknown and therefore are not possible placement resources.

## **Item 16: Relationship of Child in Care with Parents**

How effective is the agency in promoting or helping to maintain the parent-child relationship for children in foster care, when it is appropriate to do so?

### **Policy**

Foster care (CFF 722-6) and juvenile justice (JJ2 270) policies require caseworkers to facilitate visits and other activities between parents and siblings, which will positively affect the parent/child relationship. Foster families may also assist in supporting parent/child connections whenever possible and safe for the family.

DHS has placed an emphasis on maintaining and improving parent/child relationships. In addition to facilitating placement proximity, sibling placement, visitation, preserving connections, and relative placement searches, DHS promotes a positive, healthy relationship between parents and children in placement through:

- Keeping the child informed about his/her case planning, family situation and siblings.
- Ensuring the child's visitation with parents, siblings and significant persons according to the service plan.
- Ensuring that arrangements are made for the child to attend church and receive religious instruction in his/her own faith.

For policy and practice information on parenting time, reference Item 13 Visiting with Parents and Siblings in Foster Care.

### **Practice**

Foster care workers engage the family in scheduling parenting time. Parents are to be continually involved in activities and planning for their child(ren), such as attendance at school conferences, educational planning meetings and involvement in medical and dental appointments, unless documented as harmful to the child. In the best interest of the child, the foster care worker encourages the foster parent to meet with the birth parent to facilitate an ongoing exchange of information.

Parents also participate in treatment services with their children when appropriate. For example, family counseling and some of the parenting classes in the counties allow the participation of the children.

Foster care workers arrange for transportation to parenting time and other activities to maintain the relationship between the child and parents. Workers may transport the child(ren) and parents, they may provide bus passes, and volunteer services in the local

DHS offices also provides transportation. Foster parents may also provide transportation for the children to parenting time and sibling visitation. DHS reimburses DHS licensed foster parents for mileage.

To the extent possible and appropriate, the foster parent/relative caregiver has telephone access to the parent and consults with the parent whenever major decisions or problems arise. Some counties are utilizing foster parents as mentors for the birth parents. Michigan has moved away from the Family to Family model; however, the PRIDE training that is offered to foster parents discusses the importance of maintaining parent and family connections for the child.

The Absent Parent Protocol is implemented in the field. The protocol is a part of the Child Welfare Training Institute and it is used as a resource to assist in strengthening the parent/child relationship. DHS has also published, "A Parent's Guide to Child Protective Processes, A Handbook for Parents with Children in Foster Care", that includes information on maintaining the parents' relationship with their child(ren).

### **Round One of the CFSR**

In Round 1 of the CFSR, reviewers assigned this item an overall rating of an area needing improvement because reviewers determined that in 19 percent of applicable cases, the agency did not provide adequate services to support the parent-child relationship of children in foster care. Michigan had the following action items in the PIP:

- As indicated in Item 13, DHS developed an Absent Parent Protocol and implemented it in the field. DHS developed training to reflect and emphasize the Absent Parent Protocol in order to strengthen the parent/child relationship. Completed, as shown in the sixth quarter report.
- DHS modified performance objectives for managers and supervisors to ensure flexible scheduling and suitable environments for parenting time, adhere to minimum contacts required by policy and when minimal standards are not met, identify barriers to visitation through tracking in SWSS/FAJ. Completed, based on information provided by the state during the annual onsite visit in June 2005.
- DHS incorporated parenting time and sibling visitation into SWSS/FAJ to monitor the levels of each. Supervisors then review compliance on a quarterly basis. Completion of the supervisory tool as shown by submission to the Administration for Children and Families at the February 2006 site visit; manual case reading substituted for SWSS as detailed during the annual review in June 2005.
- DHS distributed a handbook to parents called "A Parent's Guide to Child Protective Processes, A Handbook for Parents with Children in Foster Care". This was completed in January 2004 with distribution as well as the issuance of an L-letter.
- In foster parent pre-licensing meetings and in home studies, the requirement is made clear that the foster parent must be willing to implement strategies of the Family-to-Family model. These include availability for visits at alternate times, willingness to hold the visit in the foster parents' home, involvement of the foster parent(s) during the visit if the visit occurs outside of the home, and utilizing the foster parents' skills to assist the parent in learning new parenting skills.

Completed, based on information provided during the Annual Review in June 2005.

- Training was provided to address Foster Care Policy (CFF 722-8c) parenting time and sibling visits. This training was added to the Child Welfare Training Institute curriculum.

**Measures of effectiveness**

A survey of legal parents with children involved in the foster care and/or juvenile justice system resulted in the following response:

<b>Q12: Besides seeing your child, how else do you have contact with him or her?</b>	<b>Foster Care Cases</b>		<b>Juvenile justice Cases</b>	
	<b>n</b>	<b>%</b>	<b>n</b>	<b>%</b>
Letters	4	4.2	6	35.3
Email	1	1.0	0	0.0
Telephone calls	44	45.8	2	11.8
Other	7	7.3	0	0.0
<b>Total</b>	<b>56</b>	<b>58.3</b>	<b>8</b>	<b>47.1</b>
Missing	40		9	

<b>Q14: If your child is living in a foster home, did you meet the foster parents when they went to live there?</b>	<b>Foster Care Cases</b>		<b>Delinquency Cases</b>	
	<b>n</b>	<b>%</b>	<b>n</b>	<b>%</b>
Yes	32	33.3	1	5.9
No	28	29.2	1	5.9
Not applicable	19	19.8	6	35.3
<b>Total</b>	<b>79</b>	<b>82.3</b>	<b>8</b>	<b>47.1</b>
Missing	17		9	

A survey of licensed foster parents indicated:

	<b>Respondents</b>	<b>Native American Population</b>
Percentage indicating “yes” or “sometimes” when asked they find it helpful to have contact with the parents of children placed in their home.	71.9%	75.0%
Percentage indicating they are NOT involved in parenting time.	25.1%	13.3%

Focus groups with DHS and private CPA staff, and court personnel voiced concerns about the overwhelming work and large caseloads of workers. This affects the worker’s ability to help maintain relationships.

### **Strengths**

DHS implemented policy to require foster parents and caregivers to meet with the family soon after the child's placement in foster care. DHS is implementing TDM meetings that include the family's extended support network. DHS is also reducing caseloads.

### **Challenges**

Michigan does well in engaging mothers in the lives of their children. It does not do as well in engaging fathers. Some caregivers are reluctant to have parents visit their children in their home. Other challenges include transportation and caseworker resource limitations to facilitate parent and child interaction outside of parenting time.

### **Promising Practices**

Team Decision Making encourages placement with relatives whenever possible and placement within the child's community if relative placement is not possible. With Team Decision Making, caseworkers engage and involve parents in establishing case plans that include contact with their children outside of parenting time. Practices, such as Parent Partners, facilitate relationship building between parents and their children.

## **C. Child and Family Well Being**

### **Well being Outcome 1: Families have Enhanced Capacity to Provide for their Children's Needs**

#### **Item 17: Needs and Services of Child, Parents, and Foster Parents**

How effective is the agency in assessing the needs of children, parents, and foster parents, and in providing needed services to children in foster care, to their parents and foster parents, and to children and families receiving in-home services?

#### **Policy**

Per policy, (CFF 722-8A and CFP 713-12), CPS and foster care workers use the Structured Decision Making Family Assessment of Needs and Strengths (FANS) instrument to evaluate and identify the needs and strengths of each parent/caretaker in each household who has a legal right to the child. The results of the initial FANS are included in the Initial Services Plan and the caseworker uses the results to establish goals and identify services needed in the Parent Agency Treatment Plan and Service Agreement. Narrative information explaining the reasons for scoring any item as a need or strength is included. The FANS are the foundation for developing individualized goals and targeting services to sustain the family unit and remediate problems. Policy mandates that the top three needs identified through the FANS must be addressed with services to the family. If substance abuse is identified as a need, but it is not one of the top three needs, the worker must still address it in the treatment plan. Caseworkers assess each parent and caretaker unless the person cannot be located, is incarcerated or refuses to participate in planning for the child.

The non-parent adult must also be involved in the needs assessment and service planning. A non-parent adult is defined as a person who is 18 years of age or older and who, regardless of the person's residence, meets all the following criteria in relation to a child:

- Has substantial and regular contact with the child.
- Has a close personal relationship with the child's parent or with a person responsible for the child's health or welfare.
- Is not the child's parent or otherwise related to the child by blood or affinity to the third degree.

This may include, for purposes of case planning, a "boyfriend" or "girlfriend".

CPS workers complete the FANS when they find a preponderance of evidence of abuse and/or neglect, with the following exceptions:

- The perpetrator is a non-parent adult who resides outside the child's home and there is no other perpetrator.
- The perpetrator is a licensed foster parent. If the licensed foster parent is also a perpetrator of his/her biological/adoptive children, the caseworker will complete the FANS.

CPS workers also complete a FANS for each household cited in the same complaint where a perpetrator resides or for which they will provide services. The caseworker cannot combine the FANS for the two separate households. Furthermore, if CPS is considering removal of the child from one home and subsequent placement with the non-custodial parent, the worker will complete a FANS on the non-custodial parent household prior to placement or within 24 hours after an emergency placement.

CPS and foster care workers also use the Child Assessment of Needs and Strengths (CANS) to identify and prioritize the needs and strengths of each child in care or each child in a CPS case. CPS workers also complete a CANS for every child in the household where an identified perpetrator has been substantiated. CPS workers do not complete a CANS when the victim is a foster child since policy requires the foster care worker to complete the tool. Caseworkers use these results of the assessment to identify critical child issues and help in the planning of effective service interventions. CPS workers complete the CANS when they find a preponderance of evidence of abuse and/or neglect (CFF 722-8B).

The juvenile justice initial and updated service plans and treatment plans document the goals, objectives, interventions, time frames and achievement indicators that outline the youth's treatment experience. Successful reintegration into the community is typically the goal. The service plans include an assessment of risk to the community, and youth and family strengths and needs, which are then incorporated into the treatment services plan.

For juvenile justice youth, Structured Decision Making balances the needs of each youth and his/her family with the need for public safety. The model evaluates three

decision making elements; the severity of the offense, the risk of continued delinquent activity and the youth's service needs. Policy (JJ2 200) requires the individualized service and treatment plans guide and direct decisions regarding each youth's initial security level placement, escalation and release from placement. Services are focused on helping the youth successfully return to the community without risk of recidivism. Services must also meet the well being needs of the youth and the family.

### **Practice**

The CPS and foster care workers complete the FANS instrument using:

- Information obtained through the protective services investigation summary and any previous protective services involvement.
- Any recent formal substance abuse or mental health assessment.
- Progress reports from service providers.
- Information obtained from relatives/extended family.
- The social history obtained from the members of the household.
- Input from each parent in the household.

The caseworker identifies priority needs and strengths in the following areas for each household member:

- Emotional Stability Behavior.
- Parenting Skills.
- Substance Abuse.
- Domestic Relations.
- Social Support System.
- Communication/Interpersonal Skills.
- Literacy.
- Intellectual Capacity.
- Employment.
- Physical Health Issues.
- Resource Availability/Management.
- Housing.
- Sexual Abuse.
- Child Characteristics.

A FANS will subsequently be administered by the assigned caseworker prior to the development of each Updated Services Plan and 90-day review of the Parent Agency Treatment Plan. Foster care workers complete the FANS while an active foster care case exists and parental rights have not been terminated.

The CANS is completed on every child using information obtained through the protective services investigation summary and any previous protective services involvement. Additionally, the CANS relies on any recent formal substance abuse or mental health assessment, developmental or educational assessments, progress reports from service providers, and information obtained from parents, caretakers, relatives/extended family, foster parents, and the children themselves.

Using the CANS format, the worker identifies the top priority needs for the child in the following areas, as well as strengths of the child that the caseworker will build on to address the identified needs:

- Emotional Behavior/Coping Skills.
- Medical/Physical.
- Substance Use.
- Family and Kin/Fictive Kin Relationships.
- Sexual Adjustment/Victimization.
- Education /Early Intervention.
- Child Development/Life Skills.
- Cultural/Community Identity.
- Peer/Adult Social Relationships (Non Family).
- Independent Living Services/Needs.

The completed initial CANS is included in the Initial Services Plan and is used to establish child issues and identify service needs for the child in the Parent Agency Treatment Plan and Service Agreement or Permanent Ward Service Plans. Narrative information that explains the reasons for scoring any item as a need or strength is included in the appropriate section in both the Initial and Updated Service Plans.

The caseworker updates the CANS assessments prior to the development of the Updated Services Plan and each subsequent 90-day review of the Parent Agency Treatment Plan and Service Agreement or Permanent Ward Service Agreement.

The individual activities required by the foster parent or relative caregiver to meet the specific individual needs of the child are included in the treatment plan and service agreement. The foster parent/relative caregiver must be included in the development of the plan. The foster parent/relative caregiver's signature is required and indicates that the caregiver acknowledges and agrees to the activities required to meet the needs of their child in their care. Additionally, the plan details the services and activities provided by the foster care worker to assist the foster parent/relative caregiver in caring for the child.

### **Round One of the CFSR**

In Round 1 of the CFSR, reviewers assigned this item an overall rating of an area needing improvement because in 27 percent of the cases, reviewers determined that DHS had not been effective in addressing the service needs of children, parents, and/or foster parents.

Michigan outlined the following action steps in the PIP:

- DHS incorporated SDM for foster care into SWSS/FAJ to improve the identification of family and child needs and the delivery of services to address identified needs, to increase supervisory and program manager monitoring and policy compliance. Completed based on information provided for the Annual Review during the June 2005 on site visit. SWSS implemented on a roll-out

bases and documentation was provided to the Administration for Children and Families at the February 2006 site visit.

- Train field staff on SDM as rollout occurs, completed.
- DHS revised treatment plans to include assessing specific needs of foster parents. Improved monitoring of the use of SDM forms occurred during the PIP period to ensure that needs and strengths were being accurately assessed and those services were being provided to address the priority needs, this policy revision was completed.
- In order to increase effective monitoring by supervisors on the use of SDM by their staff, training needs were identified based on the result of the counties who were reviewed during the CFSR PIP reviews. A total of 194 CPS and foster care cases were reviewed during the PIP period. Completed in June 2005, with the results and report provided to the Administration for Children and Families.
- To improve the current system of providing substance abuse services to clients involved in the child welfare system, an interagency committee convened with representatives from DHS, DCH, SCAO, private agencies and others. This team provided technical assistance to counties and tribes to encourage communication and collaboration among substance abuse treatment providers. In addition, several counties have developed protocols or written agreements for improving substance abuse services to child welfare clients. Michigan also received technical assistance from the National Center on Substance Abuse and Child Welfare. This was completed in June 2005 with an ongoing process in place.
- Develop a training package and train staff in the use of Structured Decision Making (SDM). Completed in June 2005.

**Measures of effectiveness**

A survey of legal parents of children involved in the foster care and/or juvenile justice system provided the following results:

Q6: Have you been asked to help decide what services you need to have your children returned to you?	Foster Care Cases		Juvenile justice Cases	
	n	%	n	%
Yes	34	35.4	6	35.3
No	47	49.0	3	17.6
Total	81	84.4	9	52.9
Missing	15		8	

Q19: Are the services you are getting helping you and your child?	Foster Care Cases		Juvenile justice Cases	
	n	%	n	%
Yes	59	61.5	8	47.1
No	32	33.3	8	47.1
Total	91	94.8	16	94.1
Missing	5		1	

In a survey of parents with an open CPS case:

A survey of parents with an open CPS case indicated:

Did your CPS worker help you set up the services to meet your needs?	Respondents	
	n	%
Yes	146	54.9
No	120	45.1
Totals	266	100.0
Missing	11	

Targeted case reads show that at the time of the foster care Initial Service Plan:

- 83.2 percent of foster care cases had a FANS completed for each parental household in compliance with policy requirements.
- 91.9 percent had a CANS completed for each child.

At the time of the foster care Updated Service Plan:

- 72.1 percent of foster care cases had a FANS completed for each parental household in compliance with policy requirements.
- 90.6 percent had a CANS completed for each child.

Targeted CPS case reads show that:

- In 84.4 percent of the cases with a preponderance of evidence had a FANS that was accurately scored with explanations for all needs and strengths.
- In 87.1 percent of the cases had a CANS that was accurately scored with explanations for all needs and strengths identified for all children.

In a survey of foster parents, they reported:

<b>Foster Parent Survey Responses</b>	<b>Respondents</b>	<b>Native American Respondents</b>
Percentage responding “yes” or “sometimes” that foster care workers are helpful in getting needed services for the child(ren) in my home.	91.7	86.7
Percentage indicating need for more support (top two responses from respondents):		
1. Financial assistance	31.2	N/A
2. Transporting children to appointments/visits	30.2	N/A
Percentage indicating need for more support (top two responses for Native American Population):		
1. Dealing with the court process	N/A	83.3
2. Financial assistance	N/A	41.7
Percentage indicating dissatisfaction with services and supports (top three responses):		
1. Reimbursement for special costs (e.g., field trips)	52.3	60.0
2. Determination of care (DOC) rates	36.9	75.0
3. Transportation	31.7	100.0

Focus group discussions with DHS and private agency staff reveal the Initial Service Plan (ISP) process in assessing child and family needs has strengthened over time. DHS is encouraging service provider input in the development of the plan. Service provider agencies reported that when other partner agencies are not able to be present information at the ISP, written feedback has proven to be helpful in further identifying the needs of the family.

Focus group discussions reveal that the USP process works well in the assessment of the child and family needs. However, breakdowns were noted in the implementation of services targeted to meet the identified needs. Focus group participants, including service providers, Foster Care Review Board members, Court Appointed Special Advocates and court staff indicated that service plans tend to be “cookie cutter” rather than individualized. Participants believed that this was due to a lack of service capacity to meet specific needs such as substance abuse. Participants also discussed a lack of parent, youth and foster parent involvement in service planning. Several staff stated that the assessments contain some confrontational questions and parents get angry when trying to complete the assessments and are frustrated with the amount of information they gather during the meetings. Reference Item 18 for further information on involvement in service planning.

### **Strengths**

Michigan revised policy to require that caseworkers complete the FANS with the assistance of the parents. With the implementation of TDM meetings, parents and youths are engaged and involved in identifying areas of strengths and needs. Michigan is also increasing the number of casework staff, which will enable workers to spend time with families in the collaborative identification of their needs.

### **Challenges**

The shortage of service providers presents a challenge for caseworkers when identifying needed services. Funding to support identified services is limited. Additionally, agencies and their caseworkers are not always aware of all services available within the area. Many communities do not have a centralized resource guide that provides updated information on services available, location, and cost. Lastly, placement changes can disrupt the provision of specific services, particularly psychotherapy and counseling for children.

### **Item 18: Child and Family Involvement in Case Planning**

How effective is the agency in involving parents and children in the case planning process?

#### **Policy**

Foster care policy (CFF 722-6) requires that caseworkers develop the service plan with the involvement of family, age appropriate children, the foster parents if it is an out-of-home case, and any other involved parties. Consideration of the health and safety of a child must be included in service planning for children. Parents are to participate in developing the Parent-Agency Treatment Plan and Services Agreement section of the service plan. Item 17 includes additional details regarding the development of the service plan.

Foster care policy, CFF 722-6, requires the involvement of the foster parents or relative caregivers in the development of the case plan.

Juvenile justice policy (JJ2 200) requires the worker to encourage the parents of juvenile justice youths to be involved in services and treatment plan development. If they refuse to participate, the worker will document that fact in the service plan.

#### **Practice**

Birth parents, when applicable, foster parents/relative caregivers and children 14 years and older are given the opportunity to provide input into the plan, both in its initial development and quarterly update. The parents, youths and foster parent/relative caregiver's signatures are required to confirm their participation in plan development and their understanding of the plan. If required participants are not available to participate or sign, the caseworker documents the reasons for the lack of signature in the plan. Youths age 14 and older must be involved in the development of the plan and be responsible for its implementation with the assistance of identified individuals.

Foster care workers visits with the parents and others to discuss the development of the treatment plan. The foster care worker has an open conversation between all parents/guardians to:

- Discuss the family and child's needs and strengths (the family and child strengths and needs assessments).
- Establish the service plan.
- Reach an understanding of what is required to meet the goals of the service plan.

Michigan continues to integrate the principles of family engagement through its use of TDM meetings, a crucial component in the creation of a family centered, strength based, team guided decision-making process.

- The goal of TDM meetings is to involve the birth families and community members, along with foster families, service providers and agency staff in all placement decisions, to ensure a network of support for the child and adults who care for them.
- The purpose of the TDM is to use the gathered information in making placement and permanency decisions and to provide "reasonable efforts" services.

Reference the Child Welfare Case Practice Model section in the Introduction for additional information on TDM meetings.

Caseworkers are required to engage the family individually in developing the service plan. This means an open conversation between all parents/guardians and the FC worker in:

- Discussing needs and strengths (FANS and CANS).
- Establishing the service plan.
- Reaching an understanding of what is required to meet the goals of the service plan.

Developing the service plan with parental involvement includes the caseworker making attempts or efforts to identify and locate absent parent(s) and/or the legal guardian or putative father. The Absent Parent Protocol provides guidance for identifying and locating parents of children involved in the child welfare system. Workers must make efforts on a quarterly basis to locate the absent parent.

Policy and practice also requires that CPS, juvenile justice and foster care staff make a referral to child support (the Title IV-D program) for Federal Parent Locator Services. The caseworker must know the absent parent's Social Security Number to use the service. If no Social Security Number is available, the worker will note that in the case record. The Internet is also a valuable resource in locating absent parents. The DHS public Website has a "Parent Locator Resources" page that contains various search engines that can be utilized by workers in their search for absent parents. Reference Item 40, Coordination of CFSP Services with Other Federal Programs for information on Federal Parent Locator Services and referrals to child support.

### **Round One of the CFSR**

In Round 1 of the CFSR, reviewers assigned the item an overall rating of an area needing improvement based on the finding that, in 30 percent of the cases, DHS had not made diligent efforts to involve parents and/or children in the case planning process.

Michigan's PIP included the following action items:

- Implementation of the Absent Parent Protocol to improve performance of staff in the diligent search for absent parents. Completed as shown in the sixth quarter report.
- Revised foster care and CPS policy to require that at least one of the two required face-to-face contacts during the first month following out of home placement with the removal family be used to discuss family and child assessment of needs and to develop service plans relying upon their input. Policy also required that at least one face-to-face contact during the subsequent quarters was used to discuss same with both children and parents; completed in June 2005.
- Revised CPS policy to require that at least one face-to-face contact within the initial month of contact to include both children and parents in the service planning; completed in June 2005.
- A supervisory training module was added that includes involving children and families in case planning. Completed in June of 2005 based on information provided by the state during the annual review visit.
- The statewide implementation of Family-to-Family to assist in the child and family involvement in case planning based on the design of and adherence to the model; completed at midpoint of the PIP.
- DHS conducted a review through case reads from July 2003 – December 2005 to determine if adherence to policy improves. Completed in June 2005 based on copy of NCCD case reading report.
- DHS used the results of case reading in July 2003 and June 2004 as a basis to identify best practices relative to engagement of children and families in case planning to develop a best practice document to share in the field. Completed based on information provided by the state during the June 2005 annual review.

Michigan has moved away from the Family to Family model; however, the practice of Team Decision Making is still being implemented.

### **Measures of effectiveness**

Targeted foster care case reads revealed the following:

- In 36.7 percent of initial service plans, the mother was involved in development of the service plan. The mother was involved in the development of the updated service plan in 31.7 percent of the cases.
- In 25.3 percent of cases, the father was involved in development of the initial service plan. The father was involved in the development of the updated service plan in 24.3 percent of the cases.
- In 41 percent of cases, the worker/care provider involved the parent(s) in decision-making regarding the child's needs and activities.

- In 56.6 percent of cases, the caseworker involved the foster parent(s)/relative caregiver(s) in developing the plan.
- In 26.8 percent of cases youths age 14 and older were involved in the development of the plan.

Targeted CPS case reads revealed the following:

- In 52.3 percent of cases, the caseworker involved the mother in development of the service plan.
- In 36.5 percent of cases, the caseworker involved the father in development of the service plan.

In a focus group with youths, some reported they were involved in their service plan development, received a copy of the case plan, and felt included. Other youths said they had not seen their service plan and did not have sufficient information about their family, their own future, or were encouraged to share their thoughts and feelings about case decisions. Some youths reported they felt they could speak and be heard at court, during TDM meetings, and Foster Care Review Board meetings while others reported they felt caseworkers spoke for them or the team did not want to hear what they had to say.

DHS also surveyed legal parents of children in foster care about their participation in service planning. The survey results are shown below.

Q3: Have you been to a case-planning meeting (such as a Team Decision Making meeting) about your child?	Foster Care Cases		Juvenile justice Cases	
	n	%	n	%
Yes	49	52.1	5	31.3
No, I do not want to go to this kind of meeting	1	1.1	0	0.0
No, this meeting happened but I was told I could not go	4	4.3	0	0.0
No, there has never been a case planning meeting	15	16.0	7	43.8
I do not know if this meeting happened	25	26.6	4	25.0
Total <sup>4</sup>	94	100.0	16	100.0
Missing	2		1	

*Totals, in this and subsequent tables, may not equal 100.0% due to rounding error.*

Q6: Have you been asked to help decide what services you need to have your children returned to you?	Foster Care Cases		Juvenile justice Cases	
	n	%	n	%
Yes	34	35.4	6	35.3
No	47	49.0	3	17.6
Total	81	84.4	9	52.9
Missing	15		8	

<sup>4</sup> *Totals, in this and subsequent tables, may not equal 100.0% due to rounding error.*

In a survey of parents with an open CPS case, they reported:

Have you attended a case-planning meeting (such as a Team Decision-Making meeting)?	Respondents	
	n	%
Yes	94	36.3
No, a meeting like this was held but I was not invited	11	4.2
No, I was not interested in attending	6	2.3
No, this type of meeting was never held	148	57.1
Totals <sup>5</sup>	259	100.0
Missing	18	

Did you work with your CPS worker to develop the Services Agreement?	Respondents	
	n	%
Yes	92	34.3
No	60	22.4
I do not know what a Services Agreement is	116	43.3
Totals	268	100.0
Missing	9	

Parents who were interviewed as part of the Child Welfare Improvement Task Force reported they felt workers:

- Do not give the parent any credit for knowing their children and did not work in a partnership with them.
- Created the plan and goals for reunification without consulting the family.
- Did not acknowledge the family (blended) as an actual family to work with, precluding the parent from contributing to the plan and placement decisions for all of the children.

### Strengths

DHS is in the process of reducing worker caseloads and increasing the frequency and type of TDM meetings statewide. This will require family participation at all critical points throughout the life of the case. Additional training for workers and supervisors on family engagement is also required under the Settlement Agreement. Parent partners in Wayne County also assist in engaging the parents in the case planning process.

### Challenges

Engaging parents early in the process can be particularly challenging when CPS removes children. A barrier to engagement is parental distrust and anger. Furthermore, caseworkers do not engage fathers in services planning as often as mothers are engaged. This is in part due to the difficulty in locating or identifying absent fathers.

High caseloads and the generation of the treatment plan in SWSS make it difficult to involve parents and children in the case planning process for both CPS and foster care caseworkers. Caseworkers may generate the plan in SWSS without the involvement of

<sup>5</sup> Totals, in this and subsequent tables, may not equal 100.0% due to rounding error.

the parent. While not entirely indicative of parental participation, treatment plans often do not have the parent or the youth's signature. Additionally, parent participation barriers for juvenile justice cases are parent transportation to and from residential treatment facilities, fear or reluctance to deal with facilities/institutions, and parents' own personal problems including drug and alcohol abuse.

### **Promising Practices**

The new Youth Services model will also help in engaging youth in the development of the service plan and in preparing the youth for independence (Reference Item 10, Other Planned Permanent Living Arrangement for additional information).

### **Item 19: Caseworker Visits with Child**

How effective are agency workers in conducting face-to-face visits as often as needed with children in foster care and those who receive services in their own homes?

#### **Policy**

CPS policy (CFP 714-1) requires caseworker contacts on in-home cases depending on the risk level. If the risk level is:

- Low – CPS workers must have one face-to-face contact with the family and one collateral contact per month.
- Moderate – CPS workers must have two face-to-face contacts with the family and two collateral contacts per month.
- High – CPS workers must have three face-to-face contacts with the family and three collateral contacts per month.
- Intensive – CPS workers must have four face-to-face contacts with the family and four collateral contacts per month.

CPS worker must verify the well being of all children in the home. The worker is not required to conduct the visits in the child's home unless the worker is planning to close the case. If the worker is planning to close the case, the worker must have contact with all of the children in the home at least 30 days prior to case closure.

Foster care policy, (CFF 722-6), requires that during the first month of out-of-home placement, the worker must have two face-to-face contacts with the child. At least one of those contacts must occur in the residence of the child, including a residential treatment facility. The worker must also have two phone contacts with the child during that first month. During subsequent months, the worker must visit the child at least once a month regardless of placement type. The visit must take place in the child's residence at least every other month. Upon return home, the worker must have weekly face-to-face contact with the children during the first month of reunification. During subsequent months, the worker must have face-to-face contact with the children at least twice a month in the home. When a child is placed out-of-state, in the interstate referral packet, the worker will request that the other state follow Michigan's policy requirements for caseworker visits.

The minimum requirements for juvenile justice contact are:

- Monthly visits when the ward is in family foster care, residential care or in a permanent placement (e.g., a parent, relative or independent living) with the majority of visits occurring in the residence of the ward.
- When the ward is in detention in the local county, the caseworker must visit the youth within 72 hours of placement, and monthly face-to-face contact and one phone call per month thereafter.
- Youth placed in an out-of-county detention center must be visited monthly and a monthly telephone call.
- Youths may contact the caseworker at any time via telephone or letter.

If required contacts are not made, the caseworker must document the reason for not making the contact in the case file.

### **Practice**

Caseworkers are required to meet minimum contact standards as outlined in policy. Caseworker contacts are documented in the initial service plan, updated service plan, and permanent ward service plan. Supervisory oversight is provided using the Children's Foster Care Case Reading tool, which monitors caseworker contacts. This process reinforces policy compliance, identifies contact inconsistencies and worker barriers. Private child placing agencies worker are required to make the foster care contacts when the agency is supervising the foster care case. The DHS purchase of service monitoring worker is not required to make the caseworker visits with the child.

If the family is referred for Family Reunification or Families First services, those two programs are responsible for complying with all the required visitation requirements with the child and family. The foster care or CPS worker must to have one contact per month with the family reunification or Families First worker, either face-to-face or by telephone. This does not discourage any visits that the worker may choose to make. All contacts with family reunification and Families First workers must be documented within the case service plan.

If a contracted in-home service provider is providing services to the family, the county director must approve that the contractor is meeting the contact standards as defined in policy. It is the responsibility of the county to review current service contracts with their providers and determine which contractors are eligible to substitute the contacts currently required by the foster care or CPS worker. The county director must approve the specific contractor. A minimum, once per week face-to-face contact must required of all contract providers chosen to substitute for the contacts. Once a plan has been established, language detailing the specific in-home face-to-face contact requirements must be added to the contracts as soon as it is feasible.

Regardless of the service contractor, the FC worker must make one face-to-face contact with the parent(s) and child(ren) prior to case closing.

### **Round One of the CFSR**

In round one of the CFSR, this item received an overall rating of area needing improvement based on the finding that in 20 percent of the cases, caseworker visits were not of sufficient frequency and often did not meet agency policy requirements.

Michigan included the following action items in the PIP:

- DHS revised policy to require face-to-face contact by the worker during the first month following out of home placement to discuss family and child assessment of needs and service provisions to resolve the identified needs; completed June 2005.
- Revised foster care and CPS policy to require that at least one of the two required face-to-face contacts during the first month following out of home placement with the removal family be used to discuss family and child assessment of needs and to develop service plans relying upon their input. Policy also required that at least one face-to-face contact during the subsequent quarters will be used to discuss it with both children and parents; completed in June 2005.
- Revised CPS policy to require that at least one face-to-face contact within the initial month of contact to include both children and parents in the service planning; completed in June 2005.
- To address the issue of quality of visits with children, DHS revised policy on worker visit expectations; completed in June 2005.
- DHS had a workgroup to revise the SDM CANS to include the developmental stages of children. Caseworkers were provided training on the changes; completed in June 2005.
- DHS convened a workgroup to review and develop alternatives for foster care worker contacts that will ensure the safety of children.
- DHS requested additional staff as indicated in the most recent workload study. Completed during the Administration for Children and Families' onsite visit in February 16, 2006. Workload study provided along with supplemental budget funding additional CPS worker positions, effective the last quarter of fiscal year 2006.

### **Measures of effectiveness**

Per the requirements of the Child and Family Services Improvement Act of 2006, Michigan continues to work on improving the rate of children visited by their caseworkers each and every calendar month the children are in foster care. The target for the percentage of children in foster care who were visited during each calendar month to be reached for each of fiscal years 2008 through 2011 are as follows:

FFY 2008: 20 percent  
FFY 2009: 40 percent  
FFY 2010: 70 percent  
FFY 2011: 90 percent

Michigan failed to meet the 20 percent target for fiscal year 2008 by one percent. DHS and the Department of Information Technology staff have determined that the computer logic for reporting the caseworker visits was flawed. DHS and the Department of Information Technology (DIT) staff determined that the computer logic for Michigan's reporting was flawed. The numbers that Michigan previously submitted were lower than the actual numbers due to a flaw in the report logic. The previous reports failed to count face-to-face contacts for each individual child when the cases were identified as "companionated". For example, when there is a sibling group and the cases are "companionated", the worker enters the visits on one sibling case and SWSS FAJ "shares" them with the other sibling cases. In the database, the visits are only stored under the one sibling. The previous Michigan caseworker visit reporting did not report caseworker visits for the "other" sibling. If one of the other sibling cases was included within the sample, Michigan did not report any caseworker visits for that child. In addition, the report failed to count the face-to-face contacts made between the caseworker and the child during parenting time visits.

The SWSS CPS system displays the case worker visits made or due for the month in the worker's case listing report. SWSS FAJ does not have worker or management reports for caseworker visits. DHS is developing management and worker reports to track the monthly caseworker visit requirements.

Targeted foster care case reads showed:

- 53 percent of foster care cases had two face-to-face contacts during the first month after initial placement.
- 68 percent of foster care cases documented monthly face-to-face contacts in subsequent months.
- 13 percent of cases documented weekly face-to-face contacts during the first month after reunification.
- 70 percent of youth who are living in an independent living placement were visited monthly by a caseworker.

CPS targeted case reads showed:

- The worker achieved the client contact standard for the associated risk level in 54.1 percent of the cases.
- If the contact standard was met, it was enough to meet the needs of the children in 62.5 percent of the cases.
- The worker made contact with each child victim at least 30 days before closing the CPS case 71.1 percent of the time.

About ninety percent of youth participating in focus groups indicated they have had monthly contact with their caseworker over the past 12 months. As in other areas, youths provided mixed comments, suggesting inconsistency in the quality of service provided by caseworkers. Many youths reported that they have frequent contact with their caseworker, that their calls are returned promptly and their caseworkers provided advice about school and college. Youths also indicated that they received requested resources and that their caseworkers were good listeners. Some youths were highly

complimentary of their caseworkers while other youths reported that they did not have sufficient contact with their caseworker or that their caseworker changed too frequently. Youths reported that caseworkers are helpful when they keep them informed about appointments, help to get things the youths need (clothes, documents and college scholarships), and set up visits. Youths reported that caseworkers could be more helpful by being more like a parent (setting rules, checking on school, etc.), setting up more visits, listening more, and providing more information about the youth's family and decisions that affect the youth.

### **Strengths**

Michigan is working to improve monthly caseworker visitation rates. Reducing the caseloads of foster care workers, clarifying policy and the addition of new permanency staff are among the efforts already underway expected to improve the rate of visitation of children in foster care.

### **Challenges**

Data entry in to SWSS is not done by private agency staff. Thus making it more difficult to track the accurate number of visits made for those cases supervised by private agencies.

High caseloads in Michigan make it difficult at times for caseworkers to have high quality visits while they are attempting to meet timeframes for frequency of visitations with children in in-home and out-of-home placements.

Caseworkers must travel long distances in many Michigan counties in order to visit with children and families.

Some youths stated that caseworker turnover and workloads directly impacted the youth's ability to establish trusting and productive relationships with their caseworker.

### **Promising approach**

By October 2009, DHS will be piloting a Web-based interface with SWSS that permits private agency staff to enter their casework contacts directly into the DHS system. These technology modifications will permit the state to track and report accurately the achievement of caseworker visits for all the children under state care and supervision as well as allowing supervisors to monitor staff adherence to policy on visitation.

## **Item 20: Worker Visits with Parents**

How effective are agency workers in conducting face-to-face visits as often as needed with parents of children in foster care and parents of children receiving in-home services?

### **Policy**

Foster care policy (CFF 722-6) requires the worker to have at least two face-to-face contacts with the parents to during the first month of placement, one of which must occur in the parental home and two phone contacts if the parents have a phone. One of

the face-to-face visits must be used for assessment and case plan development purposes. After the first month of placement, workers must visit with the parents at least monthly (CFF 722-6).

Juvenile justice policy (JJ2 200) requires workers to have at least monthly contact with the parents either via telephone or face-to-face. If the worker is considering return home, the worker must have at least one in-home visit with the parents.

Reference Item 19 for policy on the parental visitation requirements for in-home CPS cases.

### **Practice**

Caseworkers are required to meet minimum contact standards as outlined in policy. Caseworker contacts are documented in the initial service plan, updated service plan, and permanent ward service plan. Supervisory oversight is provided using the Children's Foster Care Case Reading tool, which monitors caseworker contacts. This process reinforces policy compliance, identifies contact inconsistencies and worker barriers. Private child placing agencies worker are required to make the foster care contacts when the agency is supervising the foster care case. The DHS purchase of service monitoring worker is not required to make the caseworker visits with the child.

If the family is referred for Family Reunification or Families First services, those two programs are responsible for complying with all the required visitation requirements with the child and family. The foster care or CPS worker must to have one contact per month with the family reunification or Families First worker, either face-to-face or by telephone. This does not discourage any visits that the worker may choose to make. All contacts with family reunification and Families First workers must be documented within the case service plan.

If a contracted in-home service provider is providing services to the family, the county director must approve the contractor is meeting the contact standards as defined in policy. It is the responsibility of the county to review current service contracts with their providers and determine which contractors are eligible to substitute the contacts currently required by the foster care or CPS worker. The county director must approve the specific contractor. A minimum, once per week face-to-face contact must required of all contract providers chosen to substitute for the contacts. Once a plan has been established, language detailing the specific in-home face-to-face contact requirements must be added to the contracts as soon as it is feasible.

Regardless of the service contractor, the FC worker must make one face-to-face contact with the parent(s) and child(ren) prior to case closing.

### **Round One of the CFSR**

In round one of the CFSR, reviewers gave this item an overall rating of area needing improvement because in 27.5 percent of the 40 applicable cases, the frequency and/or quality of caseworker visits with parents were not sufficient to promote the safety and

well being of the child or promote attainment of case goals. Staffing issues were cited as affecting DHS' ability to meet this requirement.

Michigan included the following action items in the PIP:

- The Absent Parent Protocol mandates that courts take leadership to ensure that efforts to identify, locate and involve absent parents are given appropriate attention at the earliest stages of a child protection case and quarterly as the case progresses in the system; completed as shown in the sixth quarter report
- Structured Decision Making implementation in SWSS/FAJ assists in tracking worker visits with parents. It also allows for tracking whether fathers or absent parents are identified and contacted. Completed based on information provided by the state during the annual review in June 2005.
- The Foster Care and Child Protective Services policy offices met to review contact standards and appropriate completion of the FANS. DHS revised policy that assisted in promoting participation and involvement of all family members. Completed as the policy was reviewed and released in October 2004 and training was completed based on the Child Welfare Training Institute training module on engagement provided during the February 2006 onsite review.
- DHS interviewed parents, children and workers with the goal of identifying barriers that negatively affect the quality of visits. Parents were interviewed during the CFSR PIP reviews, the results of those interviews were used to change policy to require the completion of the FANS with the parents.
- Strengthened local office management accountability for worker contact with parent, including the absent parent, to promote safety and well being of the child or promote attainment of case goals. This was completed in June of 2005 and information was provided by the state during the annual review.

### **Measures of effectiveness**

Targeted foster care case reads show:

- 32 percent of foster care cases documented quarterly home visits in the parents' home. The case reading form does not collect the data separately for each parent.
- 40 percent of foster care cases documented visits with the parents per policy for the first month following initial removal.
- 45 percent of foster care cases documented monthly contacts with the parent in subsequent months.

Targeted CPS case readings show:

- 54.1 percent of CPS cases had achieved the client contact standard per level of risk.
- If the contact standard was met, in 61.5 percent of the cases it was enough to meet the needs of the parent(s).

In a survey of parents with an open CPS case:

How often do you see your CPS worker?	Respondents	
	n	%
Once a week	28	10.3
Every other week	9	3.3
Once a month	53	19.6
Other (explain)	181	66.8
Totals	271	100.0
Missing	6	

Does your CPS worker visit your home at least once every two months?	Respondents	
	n	%
Yes	88	33.2
No	177	66.8
Totals	265	100.0
Missing	12	

How often does an in-home services provider (such as a Parent Aide, Families First worker, in-home counselor, etc.) visit your home?	Respondents	
	n	%
Once a week	61	22.9
Twice a month	10	3.8
Once a month	7	2.6
An in-home service provider does not visit my home	112	42.1
Other (explain)	76	28.6
Totals	266	100.0
Missing	11	

Note: 112 respondents were removed because the question was not applicable.

A significant number of parents who have children in the child welfare system may have been incarcerated at some time during their child's involvement in the system. Numerous stakeholders indicated visits with incarcerated parents are very challenging due to complex logistical arrangements such as proximity of parent to child, transportation, and visitation limitations of prison/jail.

### Strengths

The involvement of parents early in the process with Team Decision Making meetings often has the effect of lowering their resistance to contact with the caseworker. Lower resistance on the part of parents may result in fewer "no shows" or "not at home" instances when the caseworkers are trying to meet with parents. In addition, the process may result in a higher level of commitment to the plan on the part of the parents.

## **Challenges**

Workers are not making the required amount of contact with parents. Caseload sizes affect the ability of workers to visit with parents. In turn, this can affect case planning and negatively affect permanency planning for the children. Due to the logistical demands of required number of caseworker visits, caseworkers may choose to conduct these visits in their office. This process is not as conducive for parental participation in assessment and case planning as within the family home. Geography of the parents can also affect the caseworker ability to make visits with the parents. In addition, multiple attempts to make a visit that are unsuccessful are not weighted in to show the caseworker's attempt to comply with making visits.

## **Well being Outcome 2: Children Receive Appropriate Services to Meet their Educational Needs**

### **Item 21: Educational Needs of the Child**

How effective is the agency in addressing the educational needs of children in foster care and those receiving services in their own home?

### **Policy**

It is the responsibility of the supervising agency to assure that foster children have educational opportunities to help each foster child meet his/her full potential. The foster care workers make every attempt to maintain the enrollment of a foster child in the school he was attending prior to placement into foster care. The supervising agency coordinates transportation issues with the local school district.

No later than five school days after a child's placement in foster care, the supervising agency or foster parent/relative caregiver enrolls each child of school age into school. The supervising agency also notifies the school administration, in writing, of the name of the person who is supervising the child's foster care case and who is responsible for the care of the child. Foster care workers also assemble educational information in the case file and the caseworker is responsible for keeping this information update by securing copies of a child's report cards and other educational information (CFF 722-2).

Juvenile justice policy (JR4 400-407), requires secure residential facilities to obtain the youth's prior school records and take steps to continue special education services or refer the youth for evaluation of special education eligibility based on record review and observation. The youth must also be evaluated to determine if services covered by Section 504 of IDEA are applicable. Where indicated, the JJS will participate in the Individualized Educational Planning Team (IEPT) process and if necessary will incorporate the Individualized Educational Plan (IEP) in to the specialist's own service plan. If a youth has been previously enrolled in a special education program, he/she will continue to receive appropriate services. The parent's/legal guardian will be consulted and asked to participate in regards to the youth's educational programming. Education planning for youth with disabilities is guided by the principle of a least restrictive environment emphasizing a continuum of services (JR4 410). Surrogate parents, where needed are appointed per policy (JR4 421).

For delinquent youth placed in secure residential facilities, it is policy that each facility provides on-site educational services, which are aligned with the Bureau of Juvenile Justice's school districts curriculum. The facilities must provide at least six hours of classroom instruction per day and provide a minimum of 1,098 hours of classroom instruction per school year. According to policy (JR4 435), the courses offered by the facilities must be selected from the approved "course list" posted by the Juvenile Justice Informational System, which ensures the courses are aligned with Michigan's core curriculum framework. Youth in non-secure facilities are transitioning back into the community. Education services are provided through local schools.

### **Practice**

CPS and FC workers use the Child Assessment of Needs and Strengths (CANS) to identify and prioritize the educational needs and strengths of each child on a CPS or FC case. The juvenile justice service plans include an assessment of the youth's educational strengths and needs, which are then incorporated into the service plan. Once the worker identifies the educational needs, the top three priority needs are incorporated into the treatment plan and services must be provided to address the identified needs.

These child and youth assessments evaluate the child or youth's educational needs. The four foster care assessment scales for children, based on age, are as follows: ages 0 through 3 years, 4 through 9, 10 through 13, and 14 years and over. Items on the scales are similar but different definitions are frequently present for different age groups. Main domains are linked to child development tables to assist the foster care worker in appropriately identifying issues in development.

Parents are also encouraged to participate in the child's school activities and educational planning meetings.

The Intermediate School District (ISD) provides special education services when they are necessary. Parents with parental rights are involved in special education services for their child unless they are unavailable. The appointment of a surrogate parent for educational purposes for children with disabilities or developmental delays happens in three very limited circumstances:

- No parent has been identified.
- The supervising agency, after making reasonable efforts, cannot locate the parent.
- The child is a ward of the state or court and the court has terminated parental rights.

The DHS local office is responsible for selecting the surrogate parent. DHS staff or private CPA staff cannot function as the surrogate parent. DHS often selects the foster parent as the surrogate parent. Surrogate parents attend general overview training on the developmental needs, service options and legal rights of children eligible for Part C of the Federal Individuals with Disability Education Act.

DHS will pay for tutoring services to children in foster care, age 10 and older, if the school district is not required to provide tutoring under the Special Education Act. The tutoring must be for raising a failing grade in a class and recommended in writing by the child's teacher. The teacher must identify the subject(s) in which the student needs remedial assistance and an estimated length of time the child will need tutoring.

DHS currently requires that caseworkers refer all foster youths age 14 and older without a reunification goal to the local Michigan Works! Agency. The Education Training Voucher (ETV) program is also operational within Michigan and served 551 youths in FY 2008.

The structured decision making tools direct workers in assessing the educational needs of children in care. In 2007, a committee from State Court Administrative Court Administrative Office (Child Welfare Services Division), the Department of Human Services (Children's Services and Child Welfare Institute), the Governor's Task Force on Children's Justice and Children's Charter of the Courts of Michigan developed a resource guide entitled "Addressing the Educational Needs of Children in Foster Care in Michigan: Resources and Best Practices". The purpose of the guide is to:

- Increase the overall knowledge of legal resources and legal requirements regarding foster children and education.
- Outline generally accepted developmental and academic standards for school-aged children.
- Provide information on the educational supports and services available to decrease the negative educational outcomes for children involved with foster care.
- Clarify education advocacy roles for child welfare professionals.

### **Round One of the CFSR**

In Round One of the CFSR, reviewers assigned this item an overall rating of an area needing improvement because in twenty-one percent of the 33 applicable cases, the educational needs of children were not effectively and appropriately addressed.

Michigan included the following action items in the PIP:

- The Children's Action Network (CAN) was implemented in 22 failing schools in the state to work collaboratively to support and serve Michigan's children; completed in September 2003.
- DHS modified the SDM Child Assessment of Strengths and Needs to ensure a more targeted educational assessment, assess developmental stages and promote cognitive growth. Completed in June 2005 based on information provided by the state during the annual review.
- Interagency collaboration to determine what recommendations could be used to enhance PIP strategies for educational services by July 2004; completed, based on sixth quarter narrative indicating state action to build upon integrated service delivery model.
- DHS revised training to help workers in the assessment of educational needs and obtainment of identified services.

- The inclusion of Family to Family principles allowed a child who may need out-of-home placement to continue attending the same school, completed at midpoint in the PIP. DHS is no longer implementing the Family to Family model; however, Team Decision Making meetings are still being held. During the removal meeting, the team members review all of the eligible placements within the child's school district.
- Train foster parents and workers on assessment and obtaining appropriate services. Complete based on information provided by the state during the June 2005 annual review with decision for CWTI to do the training. Training was completed with documentation provided in the sixth quarter report.

During the Michigan CFSR PIP reviews, the child's educational needs were met in 80 percent of the cases by May 2006.

**Measures of effectiveness**

In targeted foster care case readings:

- 54 percent of foster care cases had current school records in the case file.
- 46 percent of foster care cases had a current report card in the case file.

The case reading instrument does not specifically address a child's educational needs and whether they are being met in the treatment plan.

Focus group results with DHS and private agency case workers reveals that they are involved with the creation of the child's Individualized Education Plans (IEPs) when they are conducted as part of a special education evaluation. However, caseworkers do not always make efforts to involve teachers in the development of the initial and updated service plan for the child when educational needs are present. Regular caseworker contact with educational professionals seems to occur most frequently when children have significant behavioral needs in school.

In a survey of foster parents, they reported:

Foster Parent Survey Responses	Sample Group	Native American Population
Percentage indicating "yes" or "sometimes" the educational needs of foster child(ren) placed in my home are met.	96.6%	86.7%

A survey of legal parents whose children involved in the foster care and/or juvenile justice system provided the following results:

Q22: Are your child's school needs being met where they are living?	Foster Care Cases		Juvenile justice Cases	
	n	%	n	%
Yes	70	72.9	8	47.1
No	14	14.6	3	17.6
Not applicable	9	9.4	5	29.4
Total	93	96.9	16	94.1
Missing	3		1	

### Casework practices

Michigan currently has four universities who offer scholarships and/or assistance to former foster care youths. The Youth Services Unit staff will also participate in the Michigan College Access Network (MCAN), a one-stop web site for students to plan, apply and pay for college. This web site is scheduled to be implemented in the fall of 2010. As a participant in the network, DHS Youth Services staff will ensure that resources for foster youth are included on the web site.

Early On provides an early intervention system in Michigan. Early On is a comprehensive approach to intervention for infants and toddlers with developmental delay(s) and/or disabilities, and their families. Michigan's lead agency is for Early On is the Michigan Department of Education. Early On supports families through home visitation by health professionals who assess children's particular needs and assist parents in accessing a variety of developmental and therapeutic services as well as social interaction. Early On served 10,023 children in 2008. DHS is compliant with a provision in the Child Abuse Prevention and Treatment Act (CAPTA) of 2003 by referring all children from birth to three years who are victims in Category I and II CPS preponderance of evidence cases. This referral begins an eligibility assessment process, with services provided as appropriate. In 2008, DHS referred 3,096 children to Early On.

Through contracts with community agencies DHS funds Before or After School (BA) programs that are limited to low-income school-aged children in kindergarten through ninth grade (ninth grade is only allowed if located within a middle school). Child in the child welfare system participates in these programs, but participation is not limited to this population. Effective BA Programs combine academic enrichment and recreation activities to guide learning and inspire children in various activities. They provide children with a safe, engaging environment to motivate learning outside the traditional classroom setting. Eligibility is limited to geographic areas near school buildings that do not meet federal No Child Left Behind (NCLB) Adequate Yearly Progress (AYP) requirements and that include the BA Programs in the AYP plans as a means to improve outcomes.

Each program includes academic assistance, including help with reading and writing and at least three of the following topics:

- Abstinence-based pregnancy prevention.
- Chemical abuse and dependency.

- Preparation toward future self-sufficiency.
- Leadership development.
- Case management or mentoring.
- Gang violence prevention.
- Parental involvement.
- Anger management.

Funding is available statewide, to all public or private, profit or non-profit organizations/agencies, as long as they meet licensing and other requirements. The grantees may include, but are not limited to, faith-based organizations, boys or girls clubs, schools, libraries, etc. There are ten contracts currently operating in seven Michigan counties: Berrien, Genesee, Kalamazoo, Kent, Oakland, Saginaw and Wayne.

### **Strengths**

In order to support foster youth entering college, DHS continues to collaborate with colleges and universities. Currently, there are six notable scholarship opportunities for transitioned foster youth. The six scholarship opportunities are as follows:

- The Western Michigan University (WMU) Foster Youth and Higher Education Initiative make available the John Seita Scholarship. The award covers undergraduate tuition and support services to Seita Scholars such as, assistance with year round campus housing, mentoring, academic tutoring, student networking, counseling, academic support services, and student career planning. WMU enrolled 50 Seita Scholars in the fall of 2008. DHS has assigned a foster care worker at the local DHS office to provide support to WMU and the Seita Scholars.
- University of Michigan Ann Arbor has instituted the Blavin Scholarship for foster children, orphans or wards of the court. In the fall of 2008, 8 scholarships were made available for up to \$5,000.00 each. DHS is working with the University of Michigan to expand the Blavin scholarship to include academic coaches, support services, and mentoring beginning in the fall of 2009.
- Michigan State University's (MSU) The Foster Care Youth Endowed Scholarship Program provides assistance in tuition and living expenses and a mentor to incoming MSU freshman.
- Aquinas College Fostering Success Scholarships includes tuition, room, board, books, and activity fees for the academic year for up to two recipients chosen by the "Fostering Success" Scholarship Committee. The scholarship is for incoming freshman, and the student must have been in the Michigan foster care system at the time of high school graduation or in foster care when the student turned age 18.
- The United Way's Scholarship for Youth in Transition at Macomb Community College is available for students between the ages of 17-21 that were in foster care after their 14<sup>th</sup> birthday. This scholarship pays for tuition, fees and books.
- Lansing Community College (LCC) will be offering one scholarship for tuition, books and fees beginning in the fall of 2009.

In addition to the scholarship opportunities, DHS has collaborated with private child placing agencies each year since 2006 to convene the annual Teen Conference at Central Michigan University. The Michigan Teen Conference is designed for foster youth/former foster youth who are 14–20 years old, foster parents, foster care workers, and other individuals working with foster youth. Workshops include such topics as independent living skills, education and training, funding resources, health issues, employment, and housing. Adult workshops will be provided and include topic areas to enhance both the caretaker's and professional's skills in working with older and transitioning foster youth. In FY 08, 200 individuals attended. Of that number, 100 were youth attendees.

### **Challenges**

There is often confusion about who is legally entitled to represent a child in an educational meeting or proceeding. For example, motivated foster parents might attend an Individual Education Plan (IEP) meeting on behalf of a foster child but unless there is a court order granting them educational rights they do not have the authority to represent the child. The interpretation of educational rights laws and regulations by many school districts often makes it difficult for child welfare agencies to obtain school records for the children in their care.

When foster children change schools, the move adversely affects their education in a variety of ways. For example, if the child changes schools before testing for special education services are completed, federal regulation requires the new district to begin the testing anew. This requirement results in delays in the provision of services that the foster children need to succeed in their new educational setting.

Caseworkers do not always update the child's education information in Service Worker Support System Foster Care Adoption and Juvenile Justice (SWSS FAJ) or the case file. Accurate and up to date information would help caseworkers in making informed decisions about a child's specific educational strengths or deficits.

### **Promising approaches**

DHS has taken steps to amend Michigan's Revised School Code; MCL 380.1 *et seq.* to comply with PL 110-351, Fostering Connections to Success. Michigan law currently states that when a supervising agency has placed a child outside of his or her home by court order, for school enrollment purposes, that child resides in the school district in which the supervising agency has placed that child. The proposed amendment requires children to remain in the school of enrollment at the time of placement unless the caseworker determines that it is in the child's best interest to move to a new school.

In fiscal year 2010, DHS plans to train existing staff to serve as educational planners. These staff will assist youths ages 14 and above with accessing educational services, education and employment goal setting, and supportive services.

DHS is currently working to increase the number of colleges, universities and community colleges that advocate for and provide support for foster youth as well as

offer scholarship opportunities for foster youths entering postsecondary education. In addition to increasing the number of colleges, DHS continues to work with Western Michigan University and the University of Michigan to improve support services by instituting such practices as designating a foster care worker to assist with the Seita scholars at Western Michigan University (WMU) to being involved in a planning committee to expand the number of Balvin Scholarships and add a range of support services at University of Michigan.

## **Well being Outcome 3: Children Receive Adequate Services to Meet their Physical and Mental Health Needs**

### **Item 22: Physical Health of the Child**

How does the State ensure that the physical health and medical needs of children are identified in assessments and case planning activities and that those needs are addressed through services?

#### **Policy**

Current foster care (CFF 722-6) and juvenile justice (JR3 311, 313, and 330) policies and licensing rules provide general health requirements for DHS and private CPAs to ensure that each child has:

- A physical examination within 30 days of initial foster care placement.
- Receives a physical examination every 14 months thereafter.
- A dental exam within 90 days of placement if the child is 4 years old or older and annual thereafter unless a greater frequency is needed.
- Current immunizations.

There are also requirements to document medical, dental and mental health care received, including information regarding prescriptions. Workers must complete a medical passport for each child. Copies of the medical and dental examinations and medical passport must be provided to the foster parent/relative caregivers, and to the legal parents if the child is a temporary court ward. If the child is supervised by a private child placing agency, the agency must also send a copy of the medical passport to DHS.

A child's present health status and medical needs are required at the child's placement into foster care. CPS workers make every effort to obtain the medical information outlined in the "SWSS Transfer to Foster Care Module, Medical and Transfer Needs/Services", in preparation for placement. If the information is not available, it is the responsibility of the foster care worker to obtain the medical information.

Foster care policy, CFF 722-6, states that the FC worker may conduct a fetal alcohol spectrum disorder pre-screening by observing the child and reviewing the child's medical history. If the results of a pre-screening for fetal alcohol spectrum disorder contain two or more of the five identifiers, the worker must refer the child for a full diagnostic screen.

Finally, the foster care worker must review the child's service plan with the child's primary care physician or the attending physician if the child is hospitalized or the child is diagnosed with any of the following conditions:

- Failure to thrive.
- Munchausen syndrome by proxy.
- Shaken baby syndrome.
- A bone fracture that is diagnosed by a physician as being the result of abuse or neglect.
- Drug exposure in utero.

This is to ensure that the service plan addresses the child's specific medical needs due to the abuse and neglect. The court of jurisdiction must notify that physician of the time and place of a hearing where consideration is given to returning the child to his/ her home.

When a juvenile justice youth enters a residential program, they are screened for outstanding health issues and suicide risk. An initial health screening for conditions which require immediate attention and/or pose a health risk to other youths is performed within 24 hours by a nurse or physician (policy JR 3 310). While in a residential facility, if a youth has a health care need which can not be met at the facility, the youth will be referred to an off-site location (policy JR 3 300). If a youth is pregnant while placed in a residential facility, the youth is provided with appropriate pre-natal care as directed by a physician. All youths, with their parent/legal guardian's permission, will receive age appropriate information on family planning (policy JR 3 370).

### **Practice**

CPS and foster care workers also use the Child Assessment of Needs and Strengths (CANS) to identify and prioritize the physical health needs and strengths of each child in care or on a CPS case. The juvenile justice service plans include an assessment of the youth's strengths and needs. Once the worker identifies the areas of needs, the top three priority needs are incorporated into the treatment plan and services.

Normally, if a child has medical needs, they will be identified in the top three needs on the child assessment. However, if they are not, all medical needs are addressed for children and youths in out-of-home care. They receive adequate services to meet their physical health needs. These items include:

- Timeliness of required medical and dental examinations.
- Maintenance of Medical Passport.
- Compliance with medical and dental treatment plan.
- Determination of care (DOC) payments levels.

Parents with a legal right to their child are encouraged to be involved in the child's medical and dental care. Parents must consent to certain types of medical treatment as describes in Item 30, Standards Ensuring Quality Services.

In Michigan, the Settlement Agreement emphasizes the importance of DHS monitoring the provision of health services to foster children to determine whether they are of appropriate quality and are having the intended effect. By October 2009, DHS will take all necessary and appropriate steps to ensure that each child entering foster care receives:

- Needed emergency medical, dental and mental health care.
- A full medical examination within 30 days of the child's entry into care.

All foster children are Medicaid eligible, but a number of years ago Michigan made a decision to exempt this population from enrollment in managed care because of problems associated with the frequent moves of this population, and enrolling and un-enrolling from various health plans when placement moves occur. If a child is on Medicaid prior to removal and enrolled in managed care, the registration and enrollment in straight Medicaid might mean a delay in getting Medicaid information to the placement caregiver. Without Medicaid information, foster parents and other caregivers are unable to schedule needed medical or dental appointments.

The Michigan Care Improvement Registry, formally known as Michigan Child Immunization Registry, is a statewide practice by DCH to track the immunizations of all children in the State of Michigan. Doctors and health departments are able to update the system as immunizations are given. Since March 2005, SWSS automatically downloads data from DCH to get up-to-date information on immunizations for foster children. This information includes the immunization and date given. If a worker encounters documentation that is not on MCIR, a process is in place to add the information. The MCIR not only maintains a child's immunization history, it also provides a list of due and overdue immunizations, evaluates a child's immunization status to recommend future dose dates, and generates reminder notices for upcoming and overdue immunizations. This prevents duplicate or missed immunizations.

Foster Care Transitional Medicaid begins for foster youth when their foster care case closes and continues until their 21<sup>st</sup> birthday. FCTMA has been operational since May 2008. Policy on FCTMA can be located at CFB 2008-008, CFF 722-15, CFF 902-11 and in the Program Eligibility Manual, Item 118. Foster youth are provided this information from their foster care worker, through direct mailings of the Foster Care Transitional Medicaid brochure, DHS-Pub 193 (12-08), and at the Foster Youth in Transition website, [www.michigan.gov/yit](http://www.michigan.gov/yit).

### **Casework Practices**

Michigan developed a *Methamphetamine Protocol* with the Department of Community Health and the Michigan State Police to ensure that caseworkers address the potential health and safety concerns of children found in or near methamphetamine laboratories.

In September 2002, Michigan also developed the *Munchausen Syndrome by Proxy (MSBP): A Collaborative Approach to Investigation, Assessment and Treatment* protocol. It addresses the risk in families that include complex medical and psychological issues. The protocol was revised in 2004. Reference Item 1 Timeliness of

Initiating Investigation of Reports of Child Maltreatment for additional information on these protocols.

### **Resources**

Michigan created a Medical Advisory Committee in 1996 in response to CPS workers needing consultation with medical professionals who specialize in child abuse and neglect examination, diagnosis, and treatment. This committee was responsible for the development of the Medical Resource Services (MRS) contract in 1999. DHS maintains the contract with various medical providers and the Child Protection Team at DeVos Children's Hospital. This contract provides services such as a 24-hour, 7 day a week statewide hotline for physicians and workers seeking medical consultation on cases involving child abuse and neglect and physician training. The Medical Advisory Committee also develops and organizes the annual Medical Advisory Committee Conference. The purpose of the annual conference is to educate physicians and medical professionals and facilitate discussion on medical issues related to child abuse and neglect. Participants in the committee include representatives from the CPS Program Office and several physicians throughout the state that specialize in CPS medical exams.

The committee meets bi-monthly and provides a forum to discuss a variety of medical issues pertaining to CA/N. Topics addressed have included the development of CPS medical examination policy, child malnourishment and the use of psychotropic medication for children. Committee meetings are also used to discuss and respond to general medical questions from caseworker and supervisors in the field. Questions and potential agenda items are sent to DHS in advance of the meetings and then responses formed by the Medical Advisory Committee are disseminated to the field offices. For emergent issues, the Medical Resources Contract staff is available 24/7 to assist workers with critical issues.

### **Strengths**

Strengths include the Medical Resource Contract and the Governor's Task Force protocols, the methamphetamine and the Munchausen Syndrome protocols, along with the Foster Care Transitional Medicaid program.

### **Challenges**

Children in foster care are not receiving timely medical and dental care. Health care information has been particularly difficult to collect for a number of reasons. When a child is removed, the removal household is either unwilling or unable to provide the caseworker with a complete medical history. High caseloads and the voluntary nature of entering health related data in SWSS, workers choose to prioritize the services the children and families need rather than assuring the paperwork is done to support the service delivery. Without health information being consistently available or entered by the caseworker, a complete assessment of current practice and adherence to policy is not available.

The limited number of providers who accept Medicaid presents a barrier to obtaining dental exams and treatment, particularly in rural areas. Foster children who reside out of state have a difficult time accessing medical care, as providers are unwilling to accept Michigan Medicaid.

One of the immediate challenges for the medical director is to work to implement changes in the Medicaid program for children in foster care. Public Act 246 of 2008, Sec. 1772 called for DCH to establish and continue a program to enroll all children in foster care in Michigan into a Medicaid health maintenance organization (HMO). Children residing with their families are participants of an HMO. When they enter foster care, the child is disenrolled from the managed care program and enrolled in fee for service Medicaid. Oftentimes, the child utilizes a different physician while in foster care than the one he/she had while living with family. Keeping the child enrolled in an HMO, preferably the current one providing medical services to the child, DHS expects to improve the medical and dental services the child entering foster care receives. DHS has been working with DCH since March 2008 to implement this legislation. The barrier has been that both DHS and DCH are implementing Bridges, the new public assistance computer application, which is where the Medicaid eligibility determination is housed. Upon completion of Bridges, this legislation will be fully implemented. The expected completion date is October 2010.

### **Promising approaches**

To better address challenges in obtaining proper health and dental care for children, DHS is designing a Health Services Plan that will become policy. DHS plans to implement the policy by January 2010. The purpose of the plan is to establish continuity of health care for children in foster care and ensure a comprehensive and coordinated treatment approach by all professionals involved in their care. The Health Services Plan sets forth specific action steps to ensure that each child entering foster care receives:

- A screening for potential mental health issues utilizing a valid and reliable tool within 30 days of entry into foster care.
- A referral for a prompt mental health assessment by an appropriate mental health professional for any child identified with mental health needs as indicated by the screening tool.
- All required immunizations, as defined by the American Pediatric Association, at the appropriate age.
- Periodic medical, dental and mental health care examinations and screenings, according to the guidelines set forth by the American Pediatric Association.
- Any needed follow-up medical, dental and mental health care as identified.

Included in the Settlement Agreement is the requirement for DHS to hire a medical director. DHS plans to contract for this position in fall 2009. This new position will be used to implement the health services plan and develop strategies to improve Michigan's response to children's health and dental care needs. The medical director will work closely with the Department of Community Health to monitor access to and provision of health care services for children. The DHS Health Committee, a newly

formed workgroup as part of the agreement, will create an oversight process by October 2009 that builds upon existing processes while evaluating gaps and needs.

A "Health Care Survey" is under development and will be used to monitor the timely receipt of Medicaid cards by caregivers as well as to solicit information from caregivers about timely access to quality health care for foster children. Each month, the DHS Survey Center will contact a random sample of caregivers with newly placed foster children by phone or by mail. The caregivers will be asked questions about receipt of Medicaid cards, how long it took to get the cards, difficulty in scheduling medical and dental appointments, the quality of the care received, questions about the mental health needs of children in their care, and the responsiveness of the agency and community to those needs. The surveys will be conducted from August 1, 2009 through February 28, 2010. The information from the surveys will be used to identify counties in the state that fall below performance targets set by the DHS Health Committee. In these counties, we will examine the existing health care delivery system and develop individualized plans to improve services to foster children in those counties.

Finally, a data sharing agreement between DHS and DCH is being drafted that will allow DHS to have access to claim data that will provide a more complete picture of the health care services that foster children receive. Future planning includes a SWSS interface with DCH for Medicaid claim information, and a SWSS interface to register automatically eligible foster youth for Foster Care Transitional Medicaid when their case closes.

### **Item 23: Mental/Behavioral Health of the Child**

How does the State ensure that the mental/behavioral health needs of children are identified in assessments and case planning activities and that those needs are addressed through services?

#### **Policy**

CPS and foster care workers use the Child Assessment of Needs and Strengths (CANS) to identify and prioritize the mental health needs and strengths of each child. The juvenile justice service plans include an assessment of risk, and the youth's strengths and needs, which are then incorporated. Once the worker identifies the areas of needs, the top three priority needs are incorporated into the treatment plan and services.

For CPS cases, when mental health issues are part of the allegations or there are concerns about the child's mental health status, the CPS worker must refer the child for a psychological evaluation to make a preponderance finding of mental injury. If the evaluation determines that the child has ongoing mental health needs, the worker will refer the child for services.

Besides completing the CANS, foster care policy, CFF 722-6, requires a psychological assessment for MCI wards who have experienced sexual abuse, severe physical abuse, have a family history of mental illness or who are exhibiting behaviors that cause

the worker to be concerned about their mental health. If the evaluation determines that the child has ongoing mental health needs, the worker will refer the child for services. (Note: these services are also available to temporary court wards; Michigan law requires an evaluation for MCI wards.)

Juvenile justice youth requiring residential treatment often are ordered by the committing or referring court to receive mental health treatment. Additionally, during facility admission, youth receive behavioral health screening for mental health and substance abuse issues using the Massachusetts Youth Screening Instrument Second Version (MAYSI-II). Based on the results of this screening, review of other records including the Strengths/Needs Assessment, and observations of staff, the youth may be referred for additional assessment and treatment (Policy JR3 304, 305). Psychiatrists, psychologists and substance abuse consultants provide services as necessary. In some cases, the treatment regime includes the use of one or more psychotropic medications (JR3 340). In rare cases, the youth may be placed in a psychiatric hospital (JR3 341).

DHS also provides Michigan Protection and Advocacy Services, Inc. (MPAS) advocates reasonable access to youths in residential juvenile facilities who may be eligible for special education or mental health services. MPAS is the agency designated by the Governor as the federally mandated protection and advocacy system in Michigan (Policy JR2 270). This service is available to youths, unless a parent or legal guardian objects in writing. Eligible youths include any youth who suffers from a severe and chronic condition that can be attributed to a mental or physical impairment, which results in delayed or disrupted development; or, any youth who has a significant mental illness or emotional impairment, as determined by a mental health professional.

The Bureau of Juvenile Justice residential programs differ considerably in size, structure, approach and degree of dependency on community services (policy JJ8 800). Some of the facilities are specialized treatment centers for sex offenders and substance abuse, and they provide individual and family counseling.

Current policy states that the supervising agency has the authority to consent for psychotropic medications for MCI wards without consent from the MCI Superintendent. However, a designee from the supervising agency is required to sign an informed consent for each psychotropic medication prescribed to a foster child. The caseworker files a copy of this consent in the case file, along with documentation in the child's Medical Passport (Reference Item 22 above for information on the medical passport). The Settlement Agreement requires court approval in these situations and policy will change in order to be compliant with the agreement.

For temporary court wards, if psychotropic drugs are prescribed for continued use upon discharge from a hospital or because of outpatient treatment, parental consent is required. If rights are terminated, the parents are unavailable to give consent or refuse to consent, the worker must consult with legal counsel who will file a motion in court requesting consent from the court. The caseworker files a copy of the signed informed consent in the child's case file, along with documentation within the child's Medical

Passport (DHS-221). A foster parent or relative caregiver may not sign consents for psychotropic medications. If the parent(s) is not available, a caseworker may sign for psychotropic drugs as a condition of admission for an emergency psychiatric hospitalization for temporary court wards. Per the Settlement Agreement, DHS policy will be revised to require court approval for the administration of psychotropic medication.

### **Practice**

Foster children in Medicaid managed care receive a mental health screening as part of the annual Well Child/Early Periodic Screening Diagnosis and Treatment Program. The required Well Child/Early Periodic Screening Diagnosis and Treatment screening guidelines are based on the American Academy of Pediatrics' recommendations for preventive pediatric health care. The current managed care contract requires the provider to make appropriate referrals for a diagnostic or treatment service if determined to be necessary.

Children receive adequate services to meet their mental health needs. These items include:

- Maintenance of Medical Passport.
- Compliance with the mental health treatment plan.
- Determination of care (DOC) payments levels.

Parents with a legal right to their child are encouraged to be involved in the child's mental health treatment. Parents must consent to certain types of mental health treatment as describes in Item 30, Standards Ensuring Quality Services.

In an effort to address children's mental health needs, a Mental Health Screening Pilot Project with DCH began in the summer of 2007. Ingham and St. Joseph counties have been screening foster children with the Ages and Stages Questionnaire-Social Emotional (ASQ-SE) or Pediatric Symptom Checklist, depending on the age of the child, since the fall of 2008. Preliminary data supports that thirty-two percent of children entering foster care require a mental health assessment as indicated by the initial screening.

DHS is now working with DCH to provide guidelines for a comprehensive mental health assessment if the screening tool indicates a need for services. Currently, children are referred for services if the Child Assessment of Needs and Strengths produces a negative score. However, there is not standard practice in place if a screening indicates a need for further assessment. A comprehensive assessment of a child's mental health needs to include a bio-psycho-social assessment reflecting a sensitivity to child abuse and neglect, trauma and adoption issues; initial measurement of functional impairment using the Child and Adolescent Function Assessment Scale of the Preschool and Early Childhood Functional Assessment Scale or Devereux Early Childhood Assessment Infant/Toddler and treatment recommendations and referrals.

Current practice for DHS supervised CPS and foster care cases is to purchase counseling services or psychological assessments for identified mental health needs. There are 4-major sources of funding for purchasing counseling services in the field for children and families in the abuse/neglect system. The counseling services have typically been purchased utilizing a Fair Market Rate contract setting process. Those fund sources are:

- Strong Families/Safe Children (SF/SC) \$12,658,203.00 IV-B 2: In FY 2007, approximately 4.5% of the SF/SC funds were used for counseling services.
- Child Safety and Permanency Plan (CSPP) \$16,286,700.00 Temporary Assistance for Needy Families (TANF): CSPP funding are 100% TANF. In FY 2007, 56% of the CSPP funds were expended on counseling services.
- Child Protection/Community Partners (CP/CP) \$5,539,400.00 Temporary Assistance for Needy Families (TANF): CP/CP funding is 100% TANF. In FY 2007, 5.3% of the CP/CP funds were used for to purchase counseling services.
- The fourth funding source used to purchase counseling is the foster care appropriation. In 2008, \$1,846,070 million was utilized from the FC appropriation for counseling.

Private child-placing agencies are required to provide all mental health treatment for children placed in their care.

Substance abuse services are also available to foster care and juvenile justice youths when identified as a need. Reference Item 35 Service Array for additional information.

DHS is piloting Treatment Foster Care (TFC) in Genesee, Macomb, Oakland and Wayne counties. Treatment Foster Care is a family based service that provides individualized mental health treatment for children and their families. TFC services are directed towards diverting children from placement in a residential setting or assisting a child after discharge from a residential setting. Reference Item 35 Service Array for additional information on treatment foster care.

Included in the continuum of care for addressing the mental health needs of children is residential care. When a child's mental health needs cannot be safely met in the community, placement at a residential treatment center may be necessary to stabilize the child.

The foster care worker records the discipline and child handling techniques that the foster parent/relative caregiver will use to address the child's behavioral needs in the treatment plan and service agreement.

### **Round One of the CFSR**

In Round 1 of the CFSR, reviewers assigned Item 23 an overall rating of an area needing improvement because in nineteen percent of the applicable cases, reviewers determined that the state did not adequately address children's mental health needs.

Michigan included the following action items in the PIP:

- The Public/Private Partnership developed a modified Child & Adolescent Functional Assessment Scale to assist workers in the proper assessment of child needs. Completed in June 2005, based on information provided by the state during the annual review.
- The Children’s Action Network assisted in assessing and providing referrals and services for children with mental health needs. Completed in September 2003.
- SDM Child Assessment of Needs and Strengths was modified to ensure appropriate identification of mental health needs. Completed in March 2006.
- Medicaid redesign workgroup convened to develop a single point of entry for children with mental health needs that address, assessment, provision of services, funding and quality of services as well as program evaluation. Completed in June 2005 and based on information provided by the state during the annual review. The sixth quarter report also discusses the collaborative initiative with the state health agency.

During the Michigan CFSR PIP reviews, the child’s mental health needs were met in 78 percent of the cases by May 2006.

**Measures of Effectiveness**

Focus group discussions with DHS and CPA caseworkers revealed a barrier to meeting the mental/emotional needs as being the “honeymoon” period, as problems do not necessarily show up early on when a child is entering care.

A survey of legal parents with children involved in the foster care and/or juvenile justice system received the following response:

Q17: Does your child have any mental health needs that are not being taken care of?	Foster Care Cases		Juvenile justice Cases	
	N	%	n	%
Yes	19	19.8	3	17.6
No	71	74.0	12	70.6
Total	90	93.8	16	94.1
Missing	6		1	

The survey asked parents who responded yes to provide an explanation. Those responses included “Bipolar”, “ADHD”, “Depression”, “communicating”, “wetting the bed”, “stealing food”, “foster parents are not taking my child to counseling appointments”, “they want to come home”, and “due to a few caseworker reassignments and another relative placement those referrals for services needed and requested/required have been slow in coming to us”.

A survey of foster parents indicated that 92.9 percent of DHS and CPA licensed foster parents believe that the mental health needs of the children placed in their home are being met and one hundred percent of foster homes licensed by the court, mental health or a Tribe reports that the mental health needs of children placed in their home are being met.

Older foster youth participating in focus groups expressed the need to be included in and consulted with in discussions about the decision to take psychotropic medications and to be better informed about their rights relating to medication. Youth suggested that it was important that their mental health treatment should occur within a context that allowed them to participate more fully in their treatment planning.

### **Strengths**

In October 2004, the Michigan Mental Health Commission issued a report that identified the problems with the Michigan mental health system. The report also identified the most pressing issues that face our public mental health system and it included recommendations for improvements. Since the issuance of that report, DHS' collaboration with the Department of Community Health has improved the mental health services for children in foster care.

Changes with the Settlement Agreement and the new medical director will assist Michigan in meeting the mental health needs of children in the child welfare system. Survey information revealed that DHS is identifying and meeting the mental health needs. DHS plans to strengthen services with the assistance of the Medical Advisory Committee.

The dedication of one analyst in the Youth Services Unit for critical services, i.e. mental health, dental, medical, and mentoring services for foster youth ages 14 to 21 and older youth who have transitioned from foster care is beneficial. The role of this analyst is to work with other state agencies to ensure youth leaving foster care who have special needs, such as, mental health or developmental disabilities will seamlessly be provided in the services and resources necessary to function at their full potential.

In December 2008, a special assistant to the Director of Children's Services Administration was appointed to address mental health and substance abuse issues in child welfare. This position is responsible for improving the provision of mental health services to the child welfare population. Current projects include mental health screening, mental health assessment, therapeutic foster care, residential step-down programs, system of care development and sustainability, psychotropic medications and the Waiver for Children with Serious Emotional Disturbance.

### **Challenges**

Michigan does not yet have a universal process for ensuring full screening and diagnosis of mental health services for foster children. Stakeholders reported that there is a lack of comprehensive services as well which results in difficulty of securing appropriate treatment options including prescribing psychotropic medication.

The provision of mental health services for foster children is a challenge. The public mental health system does not have sufficient financial resources to serve the number of children needing mental health services. Currently by contract, Community Mental Health (CMH) serves children diagnosed as seriously emotionally disturbed who meet the medical necessity criteria for the Medicaid specialty clinic and rehabilitation services

contained in the 1915(b) waiver and the specialty services for priority populations included in the Michigan Mental Health Code, i.e., children who have more severe emotional and behavioral disorders.

Children covered by Medicaid with mild to moderate mental health disorders are typically served by the HMO for up to 20 visits (outpatient) utilizing their plan benefit. However, since foster children are disenrolled from the HMO plans upon placement, this benefit is not currently available to them. DHS recognizes that abused and neglected children in child welfare are not receiving effective, comprehensive mental health services and supports to meet their needs.

### **Promising approaches**

As part of the Settlement Agreement, DHS is reviewing, and will reallocate resources dedicated to mental health services so that the psychological needs of all children in foster care are met. The Health Services Plan sets forth specific action steps to ensure that each child entering foster care receives a referral for a prompt mental health assessment by an appropriate mental health professional for any child identified with mental health needs as indicated by the screening tool.

DHS and DCH have identified an opportunity to expand service to children in the Child Welfare System that builds upon already existing collaborative efforts in several local communities. This involves expanding use of home and community-based services to support children at risk of residential or institutional placement, by using the 1915 (c) Waiver for Children with Serious Emotional Disturbance (SEDW).

MDCH already has an approved Medicaid waiver, through September 2013, which allows for these types of in-home services to be provided to support children who meet mental health institutional care need levels. For fiscal year 2009, the SEDW is approved for 79 children in ten counties and eight Community Mental Health Services Programs (CMHSP). As a Medicaid financed program, the federal share of funds is limited to the current FMAP rate of 70%. Therefore, use of this waiver option is limited to the target counties, with the state share of Medicaid match paid for using available local funds (County Child Care Funds and/or local CMHSP Funds) that must be committed by the county to draw down federal match.

The serious emotional disturbance waiver program provides home and community-based services to children who must meet eligibility for psychiatric hospitalization at Hawthorn Center. The services provided are enhancements or additions to Medicaid State Plan coverage for children up to age 18 with serious emotional disturbance (SED). DCH operates the serious emotional disturbance waiver as a fee-for-service program through contracts with the Community Mental Health Services Programs who work in partnership with other community agencies.

The serious emotional disturbance waiver will be used as a vehicle for piloting a new identification and referral process, and financing strategy for matching Medicaid dollars to provide mental health services to the DHS population of children who are in the permanency backlog. Children who will qualify for the pilot will have been awaiting

reunification or adoption for over a year with extensive mental health needs identified as a barrier to permanency.

This proposed pilot will initially include the Community Mental Health Special Programs (CMHSP) in four of the counties currently approved to provide serious emotional disturbance waiver services: Ingham, Kalamazoo, Macomb and Saginaw. Oakland County CMH Authority is being added through an amendment to the waiver plan. To serve additional children, the number of available slots for the current serious emotional disturbance waiver is being increased across these five counties in which these five CMHSPs function. To finance the state share of the required match for federal Medicaid dollars to fund services under the serious emotional disturbance (SED) waiver, DHS will redirect sufficient funds, as required under the terms of the Settlement Agreement. Being able to apply federal Medicaid matching funds will greatly enhance the service dollars available to provide the SED services.

In February 2009, the Michigan DHS participated in a Governor's Academy on improving family driven practices with representatives from the Department of Community Health (DCH), Association of Children's Mental Health, State Court Administrative Office (SCAO), other public and private mental health agencies, parents, and youths. Through this meeting, participants developed a comprehensive policy action plan, "It's About Families", whose purpose is to inform the public about the effort and invite concerned citizens to participate. The group is working to develop an ethic of parent leadership within communities and at the statewide level to ensure that shared decision making and responsibility for outcomes is the norm for mental health services. Strategies in this comprehensive change effort include the establishment of a resource Web site, development of a logic model and a strategic plan that includes a comprehensive approach to family driven care across human service communities in Michigan. By training, coaching, and positive peer modeling based on performance data, the group will implement a comprehensive policy examination and change process, including connecting the state policy initiative with community level implementation.

The DHS Youth Services Unit staff is also working with the Substance Abuse and Mental Health Services Administration (SAMHSA) to identify mental health services youths can access after they have exhausted mental health services through their Medicaid managed care provider. The DHS Youth Services unit staff is collaborating with the Michigan Rehabilitation Services to identify services and resources for developmentally challenged older foster youth and allow those youth to function at their full potential.

Ingham County is also one of 25 projects in the nation funded by the federal Center for Mental Health Services to create a System of Care for children and youth with serious emotional and behavioral needs. The project is Impact and during the six-year project, the Impact partnership of child and family serving agencies will work with families and youth to strengthen home and community based services and supports for youth with serious emotional disturbance. Since October 2006, Impact has provided services to

262 children and families in the community. DHS is collecting data to support the belief that Impact reduces the need for out-of-home placement and reduces the number of days in residential care by providing community-based alternatives.

## **Section IV – Systemic Factors**

### **A. Statewide Information System**

#### **Item 24: Statewide Information System**

*Is the State operating a statewide information system that, at a minimum, can readily identify the status, demographic characteristics, location, and goals for the placement of every child who is (or within the immediately preceding 12 months, has been) in foster care?*

#### **Policy**

Michigan's State Automated Child Welfare Information System (SACWIS) is commonly referenced as the Service Worker Support System, or SWSS. Within SWSS, the child's official case record for child welfare services and reporting is housed. CPS workers utilize SWSS CPS, and foster care, adoption and juvenile justice workers utilize SWSS FAJ. SWSS tracks the status, demographic characteristics, location and goals for each child on a CPS, foster care and adoption case under the supervision of DHS, including private child placing agencies. SWSS facilitates the availability of case record specific information on any child in the child welfare system on a statewide basis. SWSS FAJ has closed case information dating back to 2001, and users are able to access all close case information unless the child was adopted. Then, workers may not view the closed foster care case in SWSS FAJ. CPS workers can view all closed case information on CPS cases from 2008; workers can view limited case and referral information prior to that date. DHS and private agency caseworkers also maintain hard copy files of case information in the offices.

For CPS, foster care and adoption cases, the SWSS system tracks the child's placement regardless of licensure or provider payments and the permanency-planning goal for children in out-of-home placement. The private child placing agency is also tracked, if applicable. Caseworkers are able to access information on both open and all closed cases within the last 12 months. SWSS also tracks caseworker visits with parents and children in the social work contact module. At this time, DHS staff is unable to access SWSS outside of the office.

For foster care and adoption cases, private agencies currently complete the required case management reports for DHS children they supervise on Microsoft Word® templates. On at least a quarterly basis, these agencies send the required reporting documentation into the local county offices where a DHS staff called a purchase of services monitoring worker inputs the data into SWSS. The monitoring worker enters the service plan data and caseworker contacts into SWSS.

Currently, Michigan relies upon three data systems to track juvenile justice youth. The SACWIS component in SWSS FA "J" tracks children that are in a DHS supervised placement. Additionally, juvenile justice caseworkers are trained in the use of a second system, the Juvenile Justice Online Technology (JJOLT). JJOLT is available statewide, with the exception of Wayne County, for all DHS supervised juvenile justice cases.

Many county DHS staff do not utilize JJOLT unless the youth is placed in a residential setting. Finally, the County of Wayne, Department of Children's and Family Services, uses their own system known as the Juvenile Assessment Information System (JAIS) to track juvenile justice youth for whom they provide services.

There is no single statewide system that is able to track all DHS supervised juvenile justice youths. SWSS and JJOLT both track the child's status, demographic information, placement location and the goals for all youths. They both track residential, detention and community placements whether DHS is paying for the placement. If DHS is making a payment for the youth's placement, the worker enters the case into SWSS FAJ.

The DHS online manuals specific to the SWSS program include the data input instructions for the SWSS application, as does the SWSS User Guide. DIT also manages the Remedy System, which is commonly known as "the help desk". When staff are unable to process a case because of technical problems, either hardware or software, the worker telephones in a request for a system staff person to assist them.

### **Tracking and Accessibility**

CPS workers are not able to access SWSS outside of the office and after hours; some offices allow workers access to the office after hours. Therefore, workers are not able to access prior CPS case history, evaluate past risk and safety factors or assess other adults living in the parent/caregiver's home. In emergency placement situations, they also cannot access CPS Central Registry to determine whether a relative has a prior CPS history. (CPS workers ask the relative about prior CPS history.) CPS workers will request law enforcement to perform a criminal history check on the relatives and other adult household members. When recording information for a CPS complaint after hours, CPS workers record the information on a paper form, and then enter the data into SWSS the next day. Wayne County has a centralized intake system and CPS complaints are added into SWSS at time they are received. CPS on-call workers in Wayne also have access to case history, CPS Central Registry and criminal history via telephone.

All CPS and DHS foster care caseworkers utilize SWSS to write initial and updated service plans, which include risk and safety assessments, parent and youth treatment plans and service agreements, along with child and family needs assessments. For out-of-home placement cases, caseworkers utilize SWSS to determine title IV-E eligibility. Juvenile justice workers use JJLOT to complete the service plans. Finally, caseworkers authorize title IV-E payments and state wards board and care payments utilizing the SWSS system. Foster care, adoption and juvenile justice caseworkers are also able to request birth certificates from the Michigan Birth Registry via SWSS FAJ.

One of the known deficiencies with SWSS is the inability to produce valid, timely and relevant data reports. To address this issue, in 2009 the Child Welfare Improvement Bureau established the Data Management Unit (DMU) to centralize and coordinate the creation of all reports. The DMU responds to county, state and federal information

requests related to child welfare. The DMU also works with the Department of Information technology on system design and requirements.

### **Round One of the CFSR**

SWSS system could readily identify the status, demographic characteristics, location, and goals for the placement of every child who was (or within the immediately preceding 12 months, had been) in foster care. Michigan did not address this item in the PIP.

### **Measures of effectiveness**

There are variations between counties in the extent to which information is complete, accurate and current. Many caseworkers wait to enter information into SWSS until the time that their service plans are due; thus in many instances SWSS is only updated when the worker must complete an investigation report or a service plan. This causes a delay in entering information regarding placement changes, face-to-face contact information, goal changes, and visitation information. DHS workers update the child's placement in SWSS when a child is moved in order to generate a payment to the new provider.

The manual process for entering child placing agency data into SWSS creates an information bottleneck that can affect the daily monitoring of a child. This also causes a delay in entering information regarding placement changes, face-to-face contact information, goal changes, and visitation information. Private agencies do not always notify DHS when a child has moved because payments are sent to the agency rather than the foster home. Some counties use a caseworker visit form or other forms to update information in SWSS on a monthly basis. The use of this form is optional.

Staff participating in focus groups stated the system has come a long way since the implementation of SWSS FAJ. They also stated that DHS has made continual improvements to the system since they first implemented SWSS. Overall, they believe that the system is not user friendly.

Focus group participants reported areas of redundancy in data entry with the required inputs resulting in processes that take too long to open a case and complete a service plan. Caseworkers do not need to complete all screens at one time; however, there are situations in which staff gathers additional information and the system will not allow saving the portion of data that they have entered. They also reported delays in receiving assistance from the Helpdesk. Finally, supervisors reported that SWSS CPS needs to be more interactive to permit supervisory monitoring and oversight; specifically, it needs to notify a supervisor immediately if the worker has not made the required home visits or face-to-face contact with the child within policy parameters. Supervisors also report they spend time manually collecting data for management activities that should be reported from SWSS or the data warehouse.

### **Tracking and Reporting Capacity**

DHS utilizes reports to monitor timely completion of service plans and permanency goals. DMU staff has also created a series of 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. The Reunification Alert report is also being used to improve Michigan's performance in this area. Reference Item 8 Reunification, Guardianship, or Permanent Placement with Relatives for more information.

Currently, the Data Warehouse collects a full data set from SWSS in the program areas of CPS, foster care, adoption and juvenile justice. CPS data did not feed into the Data Warehouse until SWSS CPS rolled out statewide in November 2007. JJOLT and JAIS data is not in the Data Warehouse; this causes a problem in tracking data on juvenile justice cases. DMU and DIT staffs are working on integrating the juvenile justice data to improve cross-system reporting. DMU and DIT staffs are currently developing a data reporting structure that will enable local offices to track performance. The reports will become automated production reports that will be available to counties monthly utilizing Business Objects / Web intelligence. Other competing system priorities have delayed this project, (e.g. the SWSS interface with the new public assistance application used by DHS, Bridges, and the rewrite of the foster care payments system).

### **Collaboration**

The DMU staff is reinstating the SACWIS Information Data Management Applications Council (SIDMAC), which will consist of representatives from various county offices, private providers and other stakeholders such as the courts, DIT staff and the Foster Care Review Board. A charter was developed with the goals and scope of this teams and its purpose is, "...a formal workgroup whose members will define and prioritize future SACWIS system functionality". They will also review reporting requirements on behalf a variety of constituencies and will make recommendations for report development based on various group's needs for information.

The Michigan Court Improvement Project (CIP) is presently using its federal Data Sharing and Analysis Grant in working collaboratively with the DHS to establish the collection of and reporting on statewide data that is necessary to evaluate the case review process. DHS signed a data sharing agreement with the State Court Administrative Office in June 2008. The data grant funds are being used initially for court and DHS data analysis in three pilot counties, Genesee, Oakland and Saginaw. The data grant supports building an infrastructure utilizing technology to identify common goals and complementary goals of the court and DHS child welfare. Once the pilot counties have implemented a data sharing plan focused on improved court performance for children, the data project will be expanded statewide. The timeline for this interface system being operational is by fiscal years 2011-2012.

### **Strengths**

SWSS can readily identify the status, demographic characteristics, location, and goals that workers have entered into the system. All DHS staff receives training as new workers in how to use SWSS. SWSS has reports and ticklers that facilitate daily case management for caseworkers. Finally, DHS has integrated all Structured Decision Making tools into SWSS.

The birth match process demonstrates best practice data management for public information technology and is SACWIS compliant. Reference Item 2: Repeat Maltreatment for more information on the Birth Match process.

### **Challenges**

The inability of private CPA staff to enter data into SWSS FAJ is a barrier to accurate data reporting and tracking.

Because of the conversion to a new CPS system, there were problems submitting NCANDS data for fiscal year 2007. Michigan submitted an alternative data source, the Protective Services Management Information System (PSMIS), for the CFSR 2007 safety data. Michigan submitted the fiscal year 2008 alternative safety data to the Children's Bureau on January 27, 2009. Michigan plans to submit a National Child Abuse and Neglect Data System (NCANDS) child and agency files for fiscal year 2008 by July 2009.

DHS is addressing the current inability to pull adoption AFCARS data from the SACWIS system. Adoption AFCARS data elements are being added into SWSS and DHS has completed business requirements. Development and submission of the adoption AFCARS from SWSS is targeted for completion in the fourth quarter of 2009.

DHS is also working with the National Resource Center (NRC) for Data and Technology to fix the errors in the foster care AFCARS file. For the AFCARS 2009 "A" foster care and adoption file submissions:

1. The total number of foster care records submitted = 24,663 with error percentage in the following data fields:
  - a. Most recent periodic review date (element 5) = 5.35 percent.
  - b. Computer generated date (element 57) = 7.25 percent.
2. The total number of adoption records submitted = 1313, with zero error percentage.

For the FY 2008 AFCARS submissions, the CFSR Data Profile includes the following errors:

1. Missing discharge reasons: 120 cases, at the 1.3 percent error rate – Michigan is under the 2 percent warning.
2. The Foster Care file has a different count than the Adoption File of (public agency) adoptions (N= adoption count disparity): 99 cases, 3.6 percent fewer in the foster care file.

The federal Children's Bureau data team sent Michigan a list of the dropped cases to determine the problem. The dropped cases are most likely a report timing issue. Because of the paper reporting process for adoption AFCARS, there is a discrepancy between the time the cases are reported in the foster care AFCARS file with a discharge reason of 'placed for adoption' and when they are reported in the adoption file, with a discharge reason of 'finalized adoption'.

### **Promising approaches**

The Settlement Agreement requires the Michigan to have a SACWIS-compliant child welfare application by October 2012. In September 2008, DHS received notification from the Administration for Children and Families that they were reclassifying Michigan's SWSS system as not compliant with the Statewide Automated Child Welfare Information System requirements due to numerous critical deficiencies.

For Michigan to become SACWIS compliant, private CPA staffs must have access and update capability to SWSS. The state SACWIS system needs to be the single point of data entry for both public and private agency users. Michigan plans on having an ACF approved plan by March 2010.

Moreover, DHS, in conjunction with private CPAs, is developing performance-based contracting (PBC) outcomes and related data reporting for private CPA and residential care providers.

## **B. Case Review System**

### **Item 25: Written Case Plan**

Does the State provide a process that ensures that each child has a written case plan to be developed jointly with the child, when appropriate and with the child's parent(s) that includes the required provisions?

#### **Policy**

A service agreement must be completed for all CPS cases, which are opened as a Category I or II, with the exception for cases where the children are in out-of-home placement (CFP 714-1). The service plan must meet the needs identified from the risk assessment, the Family Assessment of Needs and Strengths, the Child Assessment of Needs and Strengths and the safety assessments. The worker should engage the family in the identification of needs, as well as the development and implementation of any service plan/agreement (CFP 714-1).

As required by Public Act 224 of 1988, (MCL 712A.13a), a DHS-65, the Initial Service Plan (ISP) for children in foster care must be prepared within 30 calendar days after the removal date of the child. The ISP records information about the family and child(ren) through completion of a social history and the Family and Child Needs and Strengths Assessments (CFF 722-8). The assessments of the family include: family history, a self assessment, resources available to the family, and an assessment of needs and strengths. In completing the Family Assessment of Needs and Strengths, the worker will need to complete one for each parent, if they reside in separate households.

Foster care workers must complete the Updated Service Plan (USP) within 120 calendar days of the acceptance date and every 90 days thereafter or more frequently, if necessary, to ensure coordination with court hearings (CFF 722-9). The written information must be obtained from a variety of sources and reports (i.e., field visits, caseworker visits, reports from placements, schools, employers, training programs or counseling services). Information from collateral contacts must be summarized in the ISP, USP and any other required written reports. In addition to the written information, a needs and strengths reassessment for the child and family must be completed and a reunification assessment and/or a safety assessment must be completed as necessary (CFF 722-9).

Casework services are directed toward resolving the problems or conditions that resulted in a child's removal from his/her home. When the presenting problem has been identified, and goals for resolution have been established and agreed upon, the foster care worker can more successfully direct efforts to help the child and family work toward resolution of the presenting problem(s). Efforts to resolve the presenting problem(s) must be documented in the service plan presented to the court to facilitate the determination of reasonable efforts.

The juvenile justice worker must also develop the Initial Service Plan (ISP) within 30 calendar days of the date the court order was signed removing the child from the home, which is referred to as the acceptance date. The Updated Service Plan (USP) must be completed within 120 calendar days of the acceptance and every 90 days thereafter. The information for the report is obtained from a variety of sources and reports, i.e., field visits, personal contacts, reports from placements, schools, employers, training programs or counseling services (JJ2 230). The worker is responsible for the following forms: The Initial Service Plan, Updated Services Plan, Supplemental Updated Services Plan (completed when a youth is in residential treatment) and the Youth Security Level Matrix for Re-offenders (JJ3 230).

For children whose goal is adoption the adoption worker must complete the DHS-1927, Child Adoption Assessment, within 45 days of case assignment. The assessment includes medical, emotional, developmental and educational information on the child. The assessment also includes historical information about the child and biological family. The adoption worker must update and verify that the information provided through the foster care ISP and USP is correct. Additional information is added as required on the assessment form (CFA 300).

Documentation of interstate compact cases including consideration of interstate placement must be included in the child's service plan. Reasonable efforts must be documented to consider interstate placements as a part of concurrent planning and during permanency planning decisions. Efforts to facilitate timely interstate placements must be included in service plans.

## **Practice**

Prior to developing the service plans, foster care workers must review the current Children's Protective Services (CPS) record and any other CPS files on the victim and the parent(s) (CFF 722-6). If the child was previously in foster care, the foster care worker must make and document efforts to locate and obtain the closed CPS and foster care case record(s). All former records must be reviewed and evaluated for:

- Patterns of abuse history for both the victim and the parent(s).
- Parental compliance, participation and benefit of prior services.
- Identification of relatives or significant others that could be used as a support system to the child or as possible placement.

Results of the review and evaluation of closed CPS and foster care case files must be documented in the Initial Service Plan under family social history and assessment.

The ISP presents identifying and demographic information, the reasons why the children were brought into care and efforts to prevent removal, a social history of the family, efforts to identify and locate absent parents, contacts the caseworker has made on behalf of the children and families (including visits to the foster home and with the parents), child foster placement information, sibling visits if the children are not placed in the same home, a compilation of previous services provided the family, identification of the permanency planning goal, and the services necessary to achieve the permanency planning goal.

The child's family, the child, and the foster parent and/or relative caregiver must be offered the opportunity to provide input into the ISP, and workers must document the input in the plan. Both legal parents, custodial and non-custodial, must be given an opportunity to provide input into the service plan and to participate in services. If a father is putative, he must establish legal paternity prior to participating in the service plan. If a legal parent does not participate in development of the plan because the caseworker has not located that parent, the caseworker must document in the service plan what steps have been taken, according the Absent Parent Protocol, to locate that parent. The caseworker must follow the Absent Parent Protocol throughout the life of the case until that parent is located. Ongoing endeavors to locate the absent parent are required until the parent is located or the case is closed.

The USP is prepared by the foster care worker within 120 calendar days of the children's removal and every 90 days thereafter. The plan documents demographic information, information about why the children were brought into care and any subsequent CPS investigation since the children were brought into care. It includes:

- The permanency plan progress made toward alleviating presenting problems.
- Services and support provided to the parents and their response to the services and support. Barriers to reunification or to achievement of the permanency plan.
- A parenting time assessment.
- Reasons to continue children in out-of-home placement or to change the permanency plan.
- Efforts to identify and locate absent parents.

- Contacts the caseworker has made on behalf of the children and families including visits to the foster home and with the children and parents.
- Child foster care placement information.
- Child safety and well being issues.
- Services provided to the children based on each child's basic and special needs.
- The child's response to those services.
- The parents' assessment of their progress towards achieving the goals outlined in their service plan.

The Parent Agency Treatment Plan (PATP) and Service Agreement provides information on services and the specific goals for the parent(s), child(ren), foster parent's/relative caregivers, and the foster care worker. The treatment plan and services agreement should be specific to the individual needs of the family and child (ren), express their viewpoints and written in a manner easily understood by the family with expected outcomes clearly defined. The completed PATP should blend required formal services with family-centered decisions.

The Permanent Ward Service Plan (PWSP) is used by the foster care worker to record the progress of services and ongoing planning for all permanent ward, MCI wards and permanent court wards. The PWSP may be used as a revised case service plan in court reviews by adjusting the time frame for completing it to coincide with the schedule for court reviews. The PWSP identifies the approved permanency goal, contains a clear description of the actions to be taken and the services to be provided by the agency to achieve the goal, and "real time" timelines for achievement.

The child and the foster parent and/or relative caregiver must be offered the opportunity to provide input into the plan, which should be documented in the plan. At a minimum, the foster parent/relative caregiver(s), foster child (ren) and legal parents must be visited by the supervising agency FC worker monthly. The supervising agency must institute a flexible schedule to provide a number of hours outside of the traditional workday to accommodate the schedules of the individuals involved.

SWSS generates a tickler showing that the ISP is due 30 days after the acceptance date. SWSS also generates a tickler showing that a USP is due 90 calendar days from the ISP due date and every 90 days thereafter. Overdue ticklers are sent to the supervisor.

The initial, updated and permanent ward service plans must all identify the permanency planning goal. Reference Item 7, Permanency Planning for additional information.

### **Round One of the CFSR**

The Final Report of the 2002 Child and Family Services Review for Michigan indicated under item 25 the following areas of nonconformity:

1. Case plans are not being consistently developed jointly with children and parents, contrary to DHS policy requiring joint case plan development. Frequently case plans are not signed by the parents.

2. Fathers are not being engaged in treatment planning.
3. Case plans are often generic.

Michigan's PIP included the following action items:

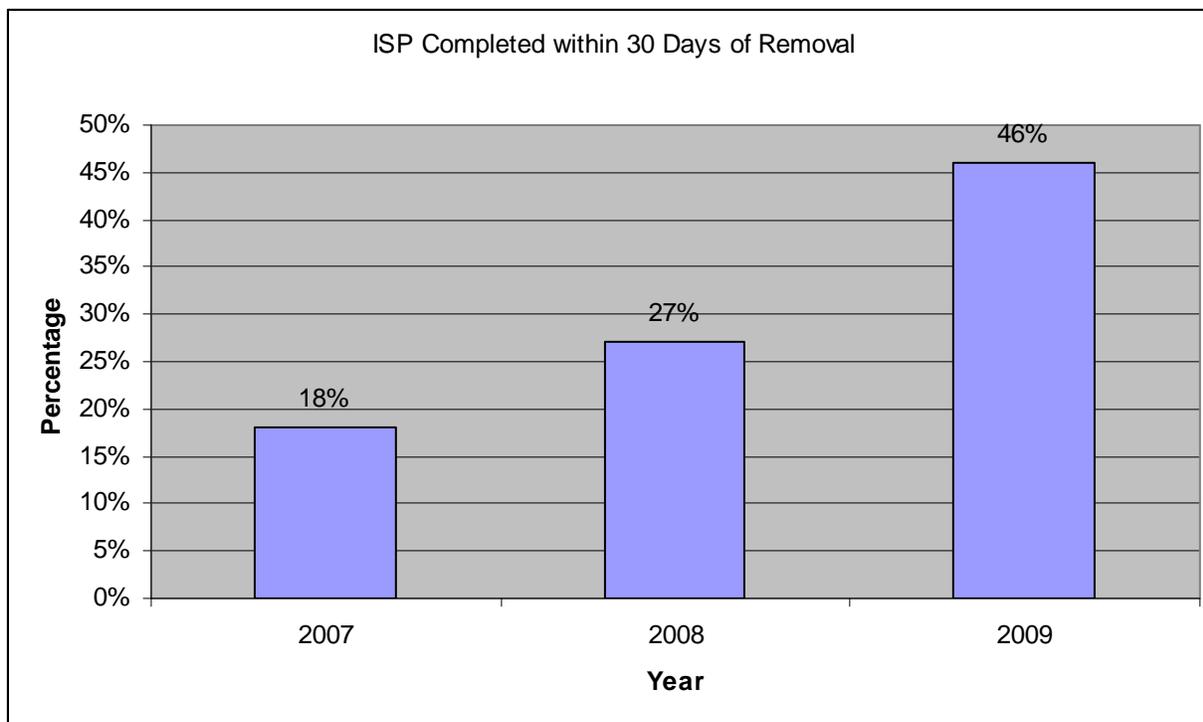
- DHS will implement the Absent Parent Protocol. Completed as shown in the sixth quarter report.
- DHS will amend policy to require contacts with the non-custodial parent to ensure the involvement of both parents in the case plan. Completed in June of 2005 based on information provided by the state during the annual review in June of 2005.
- DHS will require increased supervisory monitoring of case plan development to ensure involvement by parents and children. Caseworkers will document diligent efforts to engage parents in developing case plans. Completed in June of 2005 based on information provided by the state during the annual review in June of 2005.
- DHS will amend USPs to include a place for parents' comments on their progress in achieving mutually agreed upon goals. There is no further information on this topic.

### **Measures of effectiveness**

Compliance with the case plan development requirements is monitored at the local level. A case reading form is used for foster care, adoption and CPS cases that track compliance at the state level with the timeframes for completing service plans. Supervisors must review case plans before signing them.

In targeted foster care case readings, eighty-four percent of the foster care cases had an ISP that was completed according to policy; however, only fifty-one percent were completed within the required timelines.

Compliance with the case plan requirements can be monitored at the local level utilizing the SWSS system for DHS-supervised foster care and some juvenile justice cases. This following chart shows statewide compliance with completing the foster care and juvenile justice ISP within required timeframes for DHS-supervised cases:



\*2009 data through May 30, 2009.

From April 1, 2008 to May 30, 2009, for DHS-supervised foster care and juvenile justice cases, in 33.64 percent of cases, the worker completed the Updated Service Plan every 90 days.

For CPS initial investigations, information from the SWSS system indicates:

	<b>2008</b>	<b>2009*</b>
Completed within 30 days of the complaint date	57%	60%
Exception request within 30 days of the complaint date	9.2%	4.4%
Exceptions completed in the timeframe	48%	47%

For CPS updated service plans, information from the SWSS system indicates:

	<b>2008</b>	<b>2009*</b>
Completed within 90 days from the complaint date and every 90 days thereafter	24%	46%

\* 2009 data through June 30, 2009.

Targeted foster care case readings indicate that:

- 72 percent of the foster care cases had a USP that was completed according to policy, and 66 percent were completed within the required timelines.

- Caseworkers involved the mother in developing the ISP in 51 percent of the cases reviewed and in 45 percent of cases reviewed in developing the USP.
- Fathers were involved in development of the ISP in 35 percent of the cases, and the USP in 34 percent of the cases.
- 49 percent of children over age 14 had input into their case plans.

Targeted adoption case readings found that 43.5 percent of the adoption cases had a USP that was completed according to policy and within required timeframes. In addition, 63.7 percent of the CPS cases had a USP that was completed according to policy and within required timeframes.

In a report developed by DHS titled “Michigan Department of Human Services Survey of Parents involved in the Foster Care and Juvenile Court” dated January 2009, nearly half the parents with children in foster care reported that they were not involved in service planning. Forty-nine percent responded that they were not asked to help decide what services they needed to have their children returned to them.

In interviews conducted with parents who had their children remaining in their home with CPS involvement, 61 percent reported that they had input regarding the services they received.

The Michigan Foster Care Review Board, which reviews a random sample of about 10 percent of the children in foster care, found that only twenty percent of the cases reviewed had parent signatures on the services plans, less than five percent had foster parent signatures, and very few had signatures of youth older than 14 years of age. There were no reasons for the lack of signature documented in the plans.

Further observation by the board revealed that non-custodial fathers are rarely identified as being involved in the case planning process. Furthermore, case plans continue to be generic, with little specificity in goals and outcomes and with a lack of “real time” timelines for goal achievement. The board also noted that the vast majority of case plans they reviewed did not have supervisory signatures.

Private child placement agencies do not have access to SWSS, which leads to DHS purchase of service monitors entering information into SWSS after they receive reports from the agency. This frequently causes a delay in data on timeliness of case plans being entered into SWSS.

### **Strengths**

DHS policy places an emphasis on family involvement in case planning and has made efforts to educate workers regarding the importance of family involvement. The Team Decision Making process has provided a consistent venue for involving parents, age-appropriate youths and foster parents in the development of service plans. Reference Item 17 for Team Decision Making information.

## **Challenges**

Although there is variation in this practice across caseworkers, parents and youths are not regularly involved in the case planning process. In many cases, the Parent-Agency Treatment Plans and Services Agreement section of the service plan are not signed by the parent. Many service plans do not address the individualized needs of families and children. Families tend to receive the same services without attention to specific needs.

Sufficient efforts are not being made to engage fathers in planning, particularly when they are not living with the mother and the children or if they are perceived to be difficult.

## **Item 26: Periodic Reviews**

Does the State provide a process for the periodic review of the status of each child, no less frequently than once every 6 months, either by the court or by administrative review?

### **Policy**

The Michigan Juvenile Code, MCL 712A.1 *et seq.*, as amended, grants local courts authority over all phases of child abuse/neglect and delinquency proceedings in the state. Child protection proceedings are conducted by the Family Division of the Circuit Court in each county or venue of the state. The Family Division was created by Public Act 388 of 1996 to preside over divorce, paternity, adoption, juvenile justice, child abuse, neglect, and custody proceedings.

The court reviews the status of children brought into the care and supervision of DHS due to abuse and/or neglect until DHS achieves a federally approved permanency plan for the child. The exception is “placement with a fit and willing relative” where the court will continue to review that case until the child is 18 years old or, in the case of a child who has been assigned to the Michigan Children’s Institute, 19 years old.

Subsequent to the termination of parental rights, the court may choose to commit the child to the Michigan Children’s Institute (MCI) superintendent but will continue required case reviews until permanency is established for the child. The MCI superintendent, pursuant to MCL 400.201, acts as a guardian for the child until the child achieves permanency.

Michigan Compiled Laws (MCL) and Michigan Court Rules (MCR) provide the framework for periodic review. MCL 712A.18f, MCL 712A.19 and MCL 712A.19c and MCR 3.973 to 3.975 provide policy, timelines, and hearing requirements for the initial dispositional hearing and dispositional review of children who remain in the home and children placed in foster care.

The court must hold a dispositional hearing within 28 days of the completion of the adjudication trial or plea to determine what measures the court will take or require to address the issues that brought the child under the court’s jurisdiction.

MCL 712A.18f requires that “Before the court enters an order of disposition in a proceeding under section 2(b) of this chapter, the agency shall prepare a case services plan that shall be available to the court and to all the parties to the proceeding.” MCR 3.973(F)(2) requires the court to examine the case services plan before establishing a dispositional order. The case services plan is the Initial Services Plan described in Item 25, including the Parent Agency Treatment Plan – Services Agreement. The court will order compliance by the parents and agency with all or part of the plan and make a determination as to whether “reasonable efforts” were made by the DHS or private child placing agency to maintain the child safely in the home.

A Dispositional Review Hearing is required every 182 days from the child’s removal from home and every 91 days thereafter for the first year. After the first year, a Dispositional Review Hearing must be conducted every 182 days. The hearing permits the court to review the progress made by the agency and, in the case of a permanency plan of reunification, the progress of the parents to achieve timely permanency as well as to evaluate the safety, placement stability, and well being of the children and parents. This includes a review of the case services plan prepared by the assigned caretaker and information provided by the children’s assigned lawyer guardian *ad litem* (LGAL). The LGAL, according to MCL712.A.17d, is required to visit with or observe the child before most scheduled hearings, assess the child’s needs and progress, and provide feedback to the court based on their independent investigation of the child’s best interest with regard to the permanency plan, child safety and service provision.

The court must consider any written or oral information concerning the child from the child's parent, guardian, custodian, foster parent, child caring institution, or relative with whom the child is placed, in addition to any other evidence offered at the hearing.

Issues, which must be reviewed at the hearing, include:

- The services provided or offered the child and parent/guardian or legal custodian.
- Whether the child, parent, guardian, or legal custodian benefited from services provide/offered.
- The extent of parenting time provided including reasons why it cannot be more frequent or is not occurring.
- Likely harm to the child if the child continues to be separated from the parent.
- Likely harm the child may experience if the child is returned to the parent’s care.

Following the hearing, the court may:

- Order the child to be returned home.
- Change the child’s placement.
- Modify the dispositional order.
- Modify any part of the case service plan.
- Enter a new dispositional order.
- Continue the prior dispositional order.

Post Termination Review Hearings (PTR) must be conducted within 91 days from the date of the order terminating parental rights and at least every 91 days for the first year and every 182 days thereafter. If the child is residing with a fit and willing relative, or has

a permanency plan of Another Planned Permanency Living Arrangement (APPLA), the hearing must be conducted every 182 days thereafter for the first year, and every 182 days thereafter. The PTR allows the court to review the progress made by the agency to achieve the permanency plan as well as to evaluate the safety, placement stability and well being of the child and caregivers. This includes a review of the case services plan prepared by this assigned caseworker and information provided by the children's assigned lawyer guardian *ad litem*.

The court must review the following during post-termination review hearings:

- The appropriateness of the permanency planning goal.
- The appropriateness of the child's placement in foster care.
- The progress/reasonable efforts being made by the agency to place the child for adoption or in another permanent placement in a timely manner.

At review hearings for juvenile justice youths, the court also reviews reports submitted by the DHS or a private CPA and the youth's residential provider, if applicable. The court considers the youth's placement, the youth's direct participation, services being provided to the youth, and the progress of the youth in those services.

### **Practice**

Practice in most courts is to conduct a dispositional hearing on the same day as a plea is accepted or as soon after a trial as possible.

Legal representation requirements for respondents and children outlined in MCL 712A.17c and MCL 712 A.17d, which prescribes the duties and responsibilities of attorneys assigned to children.

DHS may request or contract with the local prosecutor's office for legal representation; in Wayne County the state Attorney General provides this service.

Family Treatment Drug Courts are now in operation in Cass, Genesee, Saginaw, Hillsdale, and Eaton Counties, with Michigan planning courts for Kalamazoo and Bay Counties. Cass, Genesee, Bay, and Saginaw Counties participated in the Bureau of Justice Assistance (BJA) training series and received a federal implementation grant. A multi-county jurisdiction in rural northern Lower Michigan has developed a protocol that significantly changes the way foster care and protective services workers interact with local substance abuse service providers. The purpose of the Family Treatment Drug Courts is to assess parental drug and alcohol use, connect parents to timely and appropriate services, and develop a docket approach that enables the court to monitor parental progress toward treatment goals. The focus of the courts is reunification, whenever possible.

### **Legal and Judicial Training**

The Governor's Task Force on Children's Justice, which is Michigan's Children's Justice Act funding recipient, collaborates with The State Court Administrative Office (SCAO) the Prosecuting Attorney's Association of Michigan and Children's Charter of the Courts

of Michigan to fund and provide training and other opportunities to court, legal and DHS staffs. These efforts include:

- L-GAL/Parents' Attorneys Trainings: At least two training sessions for legal guardians *ad litem* and parents' attorneys are planned per year for the future, depending on continuing need and interest. It has been suggested that holding the training regionally with cross-professional county teams may be a more effective way of distributing information and enhancing cross professional communication and efforts.
- Prosecutor/Attorney General Training: One training is planned each year for the future, depending on continued need and interest.
- Specialized Training for Legal Professionals: Between April 29, 2009 and June 4, 2009, six CFSR regional trainings were conducted for state and tribal judges and court staff to inform the courts about their role for the upcoming CFSR, which is scheduled to take place in the fall of 2009. "Representing Parents in Child Protective Proceedings: How Effective Advocacy Can Further the Best Interests of Children", will be offered in each even year.
- Children's Charter of the Courts of Michigan Contract: In February of 2009, the Task Force approved a contract with Children's Charter of the Courts of Michigan to provide for an update and conversion to an electronic version of a publication entitled, "Guidelines to Achieving Permanency in Child Protective Proceedings", commonly known as the "Yellow Book". The publication is a recognized resource for courts, attorneys, child welfare advocates, Court Appointed Special Advocates, and child welfare professionals. It is currently in its fourth edition. The purpose of the contract is to update the Yellow Book with statute changes, as well as convert the paper book to an electronic format.
- Child Welfare Law Journal: The Task Force approved funds to provide partial funding for the publication and quarterly distribution of the Child Welfare Law Journal. The Journal focuses on an interdisciplinary approach to child welfare. The Journal's content revolves around practice issues and is distributed to professionals working in the field of child welfare, including social workers, DHS county offices, attorneys, psychologists, and medical professionals.
- Yearly Summit: The theme for the 2009 Summit will center on infant and child brain development, and the impact of child abuse on brain development. Dr. Bruce Perry from the Child Trauma Academy in Houston, Texas, will be the featured speaker. Although the agenda is not yet complete, there will be a session on the Michigan Early On program, a session regarding neuroscience issues in older children and how it affects their ability to participate in legal decision-making, as well as a session on pending child welfare legislation in Michigan and the impacts of the legislation if enacted.
- Ongoing Training:
  - Contract with the PAAM to provide ten mandated reporter trainings around the state.
  - Support of local DHS offices across the state in their efforts to train school, medical, law enforcement, and other personnel in their communities.

- Continuing collaboration with the Michigan Department of Education and the Michigan Public Health Institute to educate and train school personnel in each school district in Michigan regarding mandated reporter responsibilities.
- Handling the Child Welfare Cases – Applying the Law to Practice (for LGALs/parent's attorneys).
- Handling the Child Welfare Cases – Applying the Law to Practice (for prosecuting attorneys and Attorneys General).
- Representing Parents in Child Protective Proceedings: How Effective Advocacy Can Further the Best Interests of Children.
- Medical Issues in Child Maltreatment: Things Judges and Lawyers Want to Know but Never had a Chance to Ask.
- Representing Parents in Child Protective Proceedings: How Effective Advocacy Can Further the Best Interests of Children.
- Post Termination Proceedings – Post Termination Reviews and Adoption.
- Michigan's Forensic Interviewing Protocol for Legal Professionals.

### **Round One of the CFSR**

Michigan was found to be in conformity with this requirement. This item was not addressed in Michigan's PIP.

Michigan Public Act 200 of 2008, which became effective July 11, 2008, requires that, when conducting a permanency planning hearing, the court must try to ascertain the child's views regarding the child's permanency plan. The legislature enacted this law in response to the federal Child and Family Services Improvement Act of 2006, which required states to develop procedural safeguards to ensure that courts conduct age-appropriate consultations with foster children.

### **Measures of effectiveness**

The Foster Care Review Board data from 2007 identified ninety-four percent of cases reviewed had timely periodic reviews.

Targeted case readings indicated that periodic reviews were conducted on time in ninety-two percent of the cases read.

Michigan presently has no statewide system to track the quality, effectiveness or timeliness of periodic reviews, other than the Foster Care Review Board that monitors timeliness of dispositional, post termination and permanency planning hearings. Michigan presently has no statewide tracking of the participation by parents, foster parents, relative care givers, and child/youth involvement in periodic reviews.

### **Collaboration**

The Foster Care Review Board provides independent reviews of a random case sampling of children in the foster care system to monitor and evaluate the court and DHS and private CPA efforts to address the vital areas of safety, timely permanency, and child and family well being.

The boards consist of citizen volunteers from each county in the state who are recruited, screened and trained by State Court Administrative Office. The FCRB also reviews cases when requested to do so by parties to a case where there is a significant or ongoing concern in one of the three areas referenced above. Once cases are selected, they are reviewed every six months until permanency is achieved. The board provides written findings and recommendations to the local court and providing agency, as well as the DHS for their review and consideration.

### **Strengths**

Michigan statutes and court rules require more frequent court review than is required by federal standards.

### **Challenges**

The SCAO Judicial Information System identified a significant disparity in judicial caseloads throughout the counties in Michigan with jurists in larger counties having significant larger caseloads. Presently there are no standard training /experience requirements for judicial officers and attorneys involved in child abuse and neglect cases exist.

### **Promising Practices**

- In September 2008, SCAO published protocols for conducting effective post termination review hearings.
- The recently published “State Child Improvement Task Force Report and the 2007 Foster Care Review Board Annual Report” recommended mandatory training requirements for judicial officers and attorneys handling child abuse/neglect cases.
- The CIP is developing best practice standard recommendations regarding the quality and depth of hearings
- The CIP is developing judicial bench cards for improving the quality and comprehensiveness of all required hearings.
- The CIP is working with the American Bar Association to develop training and best practices for representation of parents.
- The CIP is planning a training and development of best practice protocols for involving children and youth in the court process.
- DHS is increasing the use of “parent partners” or “parent alumni” to assist/support parents in navigating the system and maximizing their constructive involvement in the case review process.

### **Item 27: Permanency Hearings**

Does the State provide a process that ensures that each child in foster care, under the supervision of the State, has a permanency hearing in a qualified court or administrative body not later than 12 months from the date that the child entered foster care and no less frequently than every 12 months thereafter?

## Policy

MCL 712A.19a and MCR 3.976 require that a permanency planning hearing be conducted within 12 months of a child's removal from the home and then at least every 12 months thereafter. A hearing must be held within 28 days after a judicial finding that reasonable efforts are not required in specified circumstances that are defined in MCL 722.638 and MCL 712A.19a(2).

The court must obtain the child's views regarding the permanency plan in a manner appropriate to the child's age. The State Court Administrative Office (SCAO) recommends that each child be offered the opportunity to attend the hearing and speak openly in court. If the child declines this offer, then courts must adopt more flexible consultation methods based on the specifics of the case. Some examples of consultation methods might include:

- Allowing the child's lawyer guardian *ad litem* to communicate the child's opinions to the court.
- Allowing the child's caseworker to communicate the child's opinions to the court.
- Allowing the child to express an opinion in writing to the court, LGAL, or caseworker.

At the permanency planning hearing, the court must determine whether the agency has made reasonable efforts to finalize the permanency plan, and identify and document in the court order specific efforts made. In addition, the court must determine:

- 1). If a child should return home. At the conclusion of the hearing, the court must order the child returned home unless it determines that the return would cause a substantial risk of harm to the life, physical health, or mental well being of the child. Failure by the parent(s) to comply substantially with the case service plan is evidence that the return of the child to the parent may cause a substantial risk of harm to the child's life, physical health or mental well being. In addition, the court must consider any condition or circumstance of the child that may be evidence that a return to the parent would cause a substantial risk of harm to the child's life, physical health or mental well being.
- 2). If the court determines at a permanency planning hearing that the child should not be returned home, the court may order the agency to initiate proceedings to terminate parental rights. If the child has been in foster care under the responsibility of the state for 15 of the most recent 22 months, the court must order the agency to initiate proceedings to terminate parental rights. The petition must be filed no later than 28 days after the date the permanency planning hearing is concluded. The court is not required to order the agency to initiate proceedings to terminate parental rights if one or more of the following apply:
  - a). The child is being cared for by relatives.
  - b). The case service plan documents a compelling reason for determining that filing a petition to terminate parental rights would not be in the best interest of the child. A compelling reason not to file a petition to terminate parental rights includes, but is not limited to any of the following:
    - i). Adoption is not the appropriate permanency goal for the child.
    - ii). No grounds to file a petition to terminate parental rights exist.

- iii). The child is an unaccompanied refugee minor as defined in 45 CFR 400.111.
  - iv). There are international legal obligations or compelling foreign policy reasons that preclude terminating parental rights.
  - v). The state has not provided the child's family, during the period set in the case service plan, with the services the state considers necessary for the child's safe return to his or her home, if reasonable efforts to reunify the family are required.
- 3). If the court does not return the child to the parent, guardian, or legal custodian, and if the agency demonstrates that termination of parental rights is not in the best interest of the child, the court may:
- a). Continue the placement of the child in foster care for a limited period to be set by the court while the agency continues to make reasonable efforts to finalize the court-approved permanency plan for the child.
  - b). Place the child with a fit and willing relative.
  - c). Upon a showing of compelling reasons, place the child in an alternative planned permanent living arrangement.
  - d). Appoint a juvenile guardian for the child pursuant to MCL 712A.19a and MCR 3.979.

The court must articulate the factual basis for its determination in the court order adopting the permanency plan.

### **Practice**

The hearing may be held concurrently with a review hearing or post-termination review hearing. This is recommended and observed as best practice in Michigan. Specific findings regarding reasonable efforts must be documented in the order at those hearings.

Michigan statute does not require a PPH for juvenile justice youth. However, some courts do hold a PPH for these youth. Other courts believe that they do not have the statutory authority to do so. Michigan has no data on the number of courts that are conducting PPH for juvenile justice youth.

### **Round One of the CFSR**

The Final Report of the 2002 Child and Family Services Review for Michigan indicated under item 27 the following areas of nonconformity:

- Statewide Assessment found that 59 percent of cases had a PPH in accordance with the 12 months timeframe established by the state.
- Stakeholders expressed concern that although a PPH may be held on time; they often do not focus on permanency issues.

Michigan's PIP required the following action steps:

- In Wayne County, where DHS is represented by the Attorney General's office, Permanency Planning Hearing (PPH) will be scheduled and held in accordance with the Juvenile Code requirements, completed.
- The SCAO will issue an administrative order to ensure court compliance with the statutory requirements for PPH.
- The supervising agency will be responsible for advising the court of the requirement for the PPH at the conclusion of the review hearing preceding the PPH.
- Michigan will request and utilize the National Resource Center on Legal and Judicial Issues as a consultant to aid in determining where state policies and procedures may be streamlined to facilitate improvements.
- Michigan will seek the support and involvement of the Governor's Task Force on Children's Justice to engage in a process on how improvements can occur.

### **Measures of effectiveness**

Federal regulations require that a judicial determination regarding reasonable efforts to finalize the child's permanency plan must be obtained within 12-months of a child's entry into foster care and at least once every 12-months thereafter. The 2006 title IV-E secondary eligibility review revealed that these determinations were obtained on a timely basis, and often were occurring earlier than when due.

Michigan presently has no statewide data provided by SCAO reflecting timeliness of permanency planning hearings. However, the Court Improvement Program's *Data Sharing and Analysis Grant* is beginning to track this information. The first group of pilot counties has begun collecting data. This implementation will be extended to the other pilot counties this fiscal year, and will ultimately include all courts in the state that utilize the state Judicial Information System (JIS) court data management system. The present goal of the JIS Director is to have courts statewide that are not on the system to become so, and begin providing required data as soon as possible.

Foster Care Review Board data from 2007 indicates that of the cases they reviewed, PPH were conducted on time in 96 percent of the cases.

Regarding evaluative data that measures the effectiveness of permanency hearings to promote timely achievement of permanency, data composites produced through AFCARS indicate the following as of March 30, 2009, the following:

- Medians length of stay in foster care: 17.1 months.
- Exits to reunification in less than 12 months: 47 percent.
- Exits to adoption in less than 24 months: 30.6 percent.
- Exits to permanency prior to the 18<sup>th</sup> birthday for children in care 24-plus months: 27.6 percent.

The targeted foster care case readings reflected that 84 percent of the cases had a timely permanency planning hearing. This is not consistent with information pulled from of SWSS FAJ, which indicates that as a Michigan only has 54 percent of first permanency planning hearings within twelve months of the acceptance date (45 percent

for Wayne County and 60 percent for the rest of the state). For ongoing permanency planning hearings after the first year, there was an 87 percent follow-up PPHs for subsequent 12 month periods. One reason for this may be that in Wayne County, if a child is picked up due to a writ, a preliminary hearing may not occur for 30 days. SWSS FAJ tracks the permanency planning hearing from the date of the preliminary hearing.

### **Strengths**

- Leadership provided by Supreme Court Justice Maura Corrigan, who has established a number of initiatives to improve court performance and leadership within the permanency planning process, including a “Permanency Options Workgroup” to identify and address system-wide barriers to safe and timely permanency of children. This workgroup produced substantial legislation to increase options for and decrease barriers to permanency, including legislation that resulted in the availability of subsidized guardianships and the authorization of concurrent planning.
- The Michigan Probate Judges Association is placing increased importance on continuous improvements in the court’s management of child abuse and neglect cases.

### **Challenges**

- Court personnel focus group surveys indicate concern that workers do not make timely referrals or involve parents in services in a timely manner to promote reunification.
- Need for judicial training to promote a case flow management process that “frontloads” services to parents to help promote reunification, or to make early decisions on an alternative permanency plan when parents are not engaged in efforts to reunify them with their child.
- Limited availability of necessary services for parents early in the reunification process and long waiting lists for services that do exist.
- Lack of parenting classes/courses/coaching that is specific to the parent’s individual needs and that provides for parent-child interactive instruction and evaluation.

### **Promising approaches**

- Implementation of concurrent planning pursuant to MCL 712a.19(12)-(13).
- Provision of funding and establishment of a statute and statutory guidelines for legal guardianships, both pre- and post-termination of parental rights, MCL 712a.19a(7)-(15); MCL 712A.19c(2)-(13); and MCL 722.871-881.
- Implementation of statutory requirement that court consider the child’s opinion in establishing a permanency plan. MCL 712a.19a(3). An administrative memorandum was issued by the SCAO providing courts with guidance and recommendations regarding implementation of this statutory requirement. Related training is planned in 2009.
- In 2007, Justice Maura Corrigan proposed to initiate infant mental health assessment and intervention services in Michigan for infants and toddlers before the courts for abuse/neglect following the example of the Miami-Dade Family

Court and other programs around the country. In response to Justice Corrigan's visionary encouragement, courts in Wayne, Genesee, and Midland counties are now organizing to improve court-ordered services and outcomes for infants and toddlers. As part of this effort, the Michigan Association for Infant Mental Health, in partnership with the Michigan Department of Community Health and professionals working in other service systems, supported the development of a guide for judges, court personnel, child welfare professionals, and infant mental health specialists to help families in the court system negotiate the court process with the least negative impact on their minor children.

- Livingston County has received a Model Court Grant. The Model Courts Project was established by the National Council of Juvenile and Family Court Judges (NCJFCJ) to provide judges, attorneys, and numerous other professionals who work in the courts and child welfare agencies, with practical, concrete, and effective tools for improving court performance in the handling of child abuse and neglect cases. Model Courts are courts throughout the nation, funded through a grant from the NCJFCJ. The court applies for the grant, and upon receiving it agrees to participate in assessing their policies and practices with the NCJFCJ best practices bench book "Resource Guidelines 4" and then to pursue related reform, developing and implementing new policies, practices, and pilot programs which will not only speed cases to permanency, but also provide high quality attention and services to children that focus on the safety and well being of the children in care, and to work more collaboratively with the local child welfare agency. Working with the NCJFCJ, and other Model Courts throughout the nation the Model Court continually assesses its child abuse and neglect case processing, examine barriers to timely permanency, develop and institute court improvement plans, and collaborate within their jurisdictions to bring about meaningful and sustainable systems' change. The use of the term "model" is not meant to imply that the Model Courts have achieved ideal practice or created the perfect system. Rather, the Model Courts serve as models for facilitating systems change and developing best practices for management of child abuse and neglect cases throughout the nation.

### **Item 28: Termination of Parental Rights**

Does the State provide a process for Termination of Parental Rights (TPR) proceedings in accordance with the provisions of the Adoption and Safe Families Act (ASFA).

#### **Policy**

In accordance with ASFA, Michigan requires caseworkers to file a petition to terminate parental rights and concurrently identify, recruit, process, and approve a qualified adoptive family for an abandoned infant, for a child assaulted by a parent or a child whose parent killed or assaulted another child, and for a child in foster care for 15 of the most recent 22 months, unless a compelling reason exists.

MCL712A.19b and MCR 3.977 provide requirements regarding the termination of parental rights. MCL712A.19b provides for the court to conduct a hearing only upon petition of the prosecuting attorney, child's attorney, child placing agency, guardian,

custodian, “concerned person”, or Children’s Ombudsman, to determine if the parental rights to a child should be terminated and the child placed in the permanent custody of the court. MCL 722.638(1)(2), requires CPS workers to file a termination petition in the event of “aggravated circumstances”.

If a petition to terminate parental rights to a child is filed, the court may suspend parenting time for a parent who is a subject of the petition. MCR 3.977(C)(2) requires hearings on petitions seeking to terminate parental rights to be given the highest possible priority consistent with the orderly conduct of the court.

MCL 712A.19b(3) identifies the statutory grounds for termination of parental rights. The court must order termination of the parental rights and must order that additional efforts for reunification of the child with the parents not be made if the court, on the basis of clear and convincing evidence, finds that one or more facts alleged in the petition are true and that termination of parental rights is in the child’s best interests. This order is required within 70 days of the beginning of the hearing.

The decision to terminate or not terminate parental rights must be accompanied by findings of fact and conclusions of the law prepared by the court citing the statutory basis for its order.

The court may also issue an order terminating parental rights following a voluntary release of the child by the parent pursuant to MCL 710.28 and DHS policy CFA 220. Following the termination of parental rights, the court may either commit the child to the state MCI Superintendent under MCL 400.203 for adoption planning and care and supervision, or maintain legal authority and continue the child with the local DHS for care, supervision, and adoption planning.

MCL 712A.21(1), MCR 3.993, MCR 7.204(A)(1)(c), and MCR 7.205(F)(5) provide requirements for the appeal and/or reconsideration of a circuit court order terminating parental rights. Parents/respondents have 14 days from the order terminating parental rights to file with the Michigan Court of Appeals. Late appeals must be filed within 63 days after the entry of the order. In 2008, 99% of the appeals were filed within the 14-day timeframe. Subchapter 7.300 of the MCR governs appeals to the Michigan Supreme Court, which may review a case pending in the Court of Appeals or after a Court of Appeals decision.

### **Practice**

Anecdotal information and surveys with court personnel and caseworkers indicate that termination of parental rights is typically not pursued prior to the 12-month statutory deadline for the PPH, unless it is a mandatory petition for termination at the initial removal. This may be based on the belief that parents are to receive this amount of time before the permanency plan may be changed.

The process for writing a termination petition varies by county. In many counties, caseworkers will draft a termination petition and turn it in to the prosecutor for approval

before submitting the petition to the court. In other counties, the prosecutor will meet with the caseworker to review case information and the prosecutor will draft the termination petition.

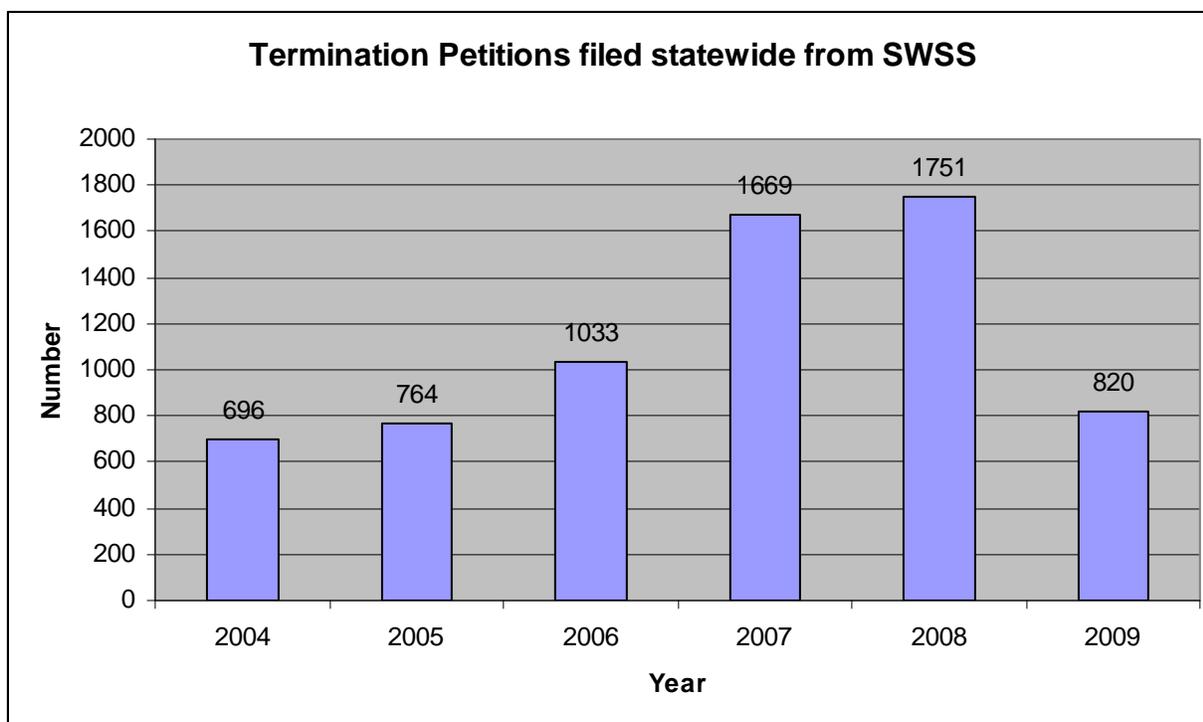
When a caseworker files a termination petition, this is entered into the legal section of SWSS. At this time, SWSS FAJ sends an automated referral to the adoption supervisor.

### Round One of the CFSR

Michigan was found to be in conformity with the requirements of this item. Michigan did not include this item in its PIP.

### Measures of effectiveness

The following chart shows the number of termination petitions filed statewide:



2009 data is through May 31, 2009

Of the cases where a termination petition has been filed, 63.7 percent of them were filed within 15 months of the child's removal from home.

In Michigan, for temporary neglect court wards who have been in care for at least 15 of the last 22 months without termination of parental rights, the following compelling reasons were utilized:

- 1,374 children are age 14 or older and refuse to consent to their adoption.
- 855 children are in custodial care and services have not been completed.
- 410 youth are age 18 or older.

- For 685 children the supervising agency has not yet provided the services detailed in the prior service plans to make reunification possible.
- For 173 children the parent suffers from a chronic illness and the child is unable to return to home but there continues to be a close relationship between the child and parent.
- For 156 children there are financial benefits to maintaining parental rights.
- For 303 children there is an appropriate kinship caregiver to care for the child and the kinship caregiver is not willing to adopt the child.
- Nine children are unaccompanied refugee minors.
- 4,366 children had other compelling reasons listed.

For youths who were dual wards (temporary court ward neglect and court ward delinquent) and had been in care for at least 15 of the last 22 months without termination of parental rights the following compelling reasons were given:

- Eight children are age 14 and older and refuse to consent to their adoption.
- Six children are in custodial care and treatment services are not completed.
- One youth is over the age of eighteen.
- For two children the supervising agency has not yet provided the services detailed in the prior service plans to make reunification possible.
- For two children the parent suffers from a chronic illness and the child is unable to return to home but there continues to be a close relationship between the child and parent.
- For three children there are financial benefits for the child to maintain parental rights.
- Six children had other compelling reasons listed.

For youths who were dual wards (temporary court ward neglect and state ward delinquent) and had been in care for at least 15 of the last 22 months without termination of parental rights the following compelling reasons were given:

- Three children are age 14 and older and refuse to consent to their adoption.
- One child is in custodial care and treatment services are not completed.
- Two youths are over the age of eighteen;
- For one child the parent suffers from a chronic illness and the child is unable to return to home, but there continues to be a close relationship between the child and parent.
- Two children had other compelling reasons listed.

In 2008, 99 percent of the appeals were filed within the 14-day timeframe. Subchapter 7.300 of the MCR governs appeals to the Michigan Supreme Court, which may review a case pending in the Court of Appeals or after a Court of Appeals decision.

Neither the SCAO nor the DHS were able to provide data or information regarding compliance with requirements for termination of parental rights. However, as previously noted, the CIP data and analysis grant is currently developing related measures.

### **Factors affecting performance**

There is a common misperception among Michigan caseworkers and courts that a petition for termination of parental rights should not be filed before the 12 month point. This causes many cases to linger that could have been resolved much sooner.

### **How children in care 15 of the last 22 months are identified**

If a child has been in out-of-home care for 15 of the last 22 months and a termination petition has not been filed, SWSS will remind the caseworker when they enter the legal section that the child has been in care for 15 of the last 22 months and ask if the caseworker is going to file a termination petition. If the caseworker indicates that they are not going to file a termination petition, they must enter compelling reasons. Please refer to Item 7 for more information on compelling reasons.

### **Common circumstances for exceptions to filing for TPR**

There are only three exceptions to filing for termination when a child has been in care 15 of the last 22 months:

- The child is placed with a relative.
- The caseworker documents a compelling reason not to file a petition for TPR.
- The caseworker has not provided the services, identified in the case plan, necessary to make the home safe for the child's return within the time frame specified in the case plan.

The Indian Child Welfare Act (ICWA) applies to Indian children when considering a petition to terminate parental rights. The worker can make a determination not to file a termination of parental rights petition in a specific case if one of the exceptions identified below exists:

- A relative is caring for the child.
- The worker has documented in the case plan a compelling reason for determining that filing a petition to terminate parental rights would not be in the best interest of a child (see Item 7 for compelling reasons).
- The worker has not provided services to the Indian child's family that is necessary for the safe return of the Indian child to their home.

Indian children, who are members of, or who are eligible for membership in an Indian tribe, frequently fall within one of the exceptions to the termination of parental rights filing requirement of ASFA. PPHs should take place within the time scheduled by ASFA. However, the decision concerning the permanency plan for the Indian child must continue to be governed by the requirements of ICWA.

### **How exceptions are reviewed, documented and made available to the courts**

When a decision is made not to file for termination of parental rights for a child who has been in care for 15 of the last 22 months, the reasons for this decision must be documented in the service plan in the recommendations to the court section. This service plan must be approved by supervision and submitted to the court.

### **Impact of the court and legal system**

In June 2003, in response to a termination of parental rights case that was in the Michigan Appeals system for more than two years, Michigan Supreme Court Justice Elizabeth Weaver created a proposal to impose time limits on delay in the Michigan Supreme Court of Appeals regarding termination of parental rights cases. The proposal states that such cases will not spend more than 35 weeks in the Michigan Court of Appeals and no more than 13 weeks in the Michigan Supreme Court.

### **Strengths**

At the time of the CFSR in 2002, the average time to disposition of appeal of termination of parental rights was 329 days. Through statutory and court rule amendments, and actions initiated by the Michigan Supreme Court at that time, wherein each case's progress is closely monitored weekly on a special docket of the Court of Appeals and Supreme Court, the average time has steadily decreased, with the average time to disposition in 2008 being 217 days. This is a remarkable accomplishment considering the Court of Appeals and Michigan Supreme Court must process over 600 TPR cases annually.

### **Challenges**

Appeals can delay the length of time to adoption for children in foster care.

### **Item 29: Notice of Hearings and Reviews to Caregivers**

Does the State provide a process for foster parents, pre-adoptive parents, and relative caregivers of children in foster care to be notified of, and have an opportunity to be heard in any review or hearing held with respect to the child?

### **Policy**

MCR 3.921 (B) identifies foster parents, pre-adoptive parents, and relative caregivers as persons to be notified by the court of scheduled hearings. The related court rules for each hearing provide for the court to consider any information from the persons notified at the hearing.

### **Practice**

SWSS FAJ generates a letter to the care provider that notifies them of the hearing.

### **Round One of the CFSR**

The Final Report of the 2002 Child and Family Services Review for Michigan indicated under item 29 the following areas of nonconformity:

1. There is inconsistent notification of foster parents, pre-adoptive parents and relative caregivers for review hearing due in part to a lack of clarity regarding the responsibilities and process for notifying those parties.
2. Stakeholders suggested that foster parents do not attend hearings because workers do not encourage them to attend.
3. When foster parents do attend court hearings, some courts do not allow them to participate.

4. There is general agreement that foster parents are not clear about their rights or expectations regarding participation in review and permanency hearings.

Michigan’s PIP included the following:

- Supervising agencies will generate a Notice of Court Hearing to caregivers. Completed based on information provided by the state during the annual review in June 2005.
- SCAO will explore the possibility of developing a court rule that would encourage courts to provide foster parents, pre-adoptive parents and relative caregivers input at review and PPH.

Achievements include revisions of related court rules – MCR 3.920, MCR 3.921 (B)(2), MCR 3.976 and MCR 3.978. CIP training for judges regarding involvement of foster parents in court hearings was provided. The memorandum of understanding between SCAO and DHS ensures that DHS provides timely notice to the foster parents, pre-adoptive parents and relative caregivers.

In April 2008, SCAO and DHS entered into a memorandum of understanding that requires DHS, upon receipt of notice by the court of a hearing in a child protective proceeding, to provide notification to foster parents, pre-adoptive parents, and relative caregivers of each hearing, which must include, date, time and location.

This has since been codified in foster care policy, CFF Item 722-10.

**Measures of effectiveness**

Targeted case reading results indicated that, in only 36 percent of the 1,221 cases read, a notice of hearing was provided to the foster parent or relative caregiver. Foster parents participating in focus groups indicated that they received notice of reviews and hearings regarding the children in their care. Many caseworkers indicated that due to the volume of their caseloads, that this was one area needing improvement. Judges in some cases do not let children attend hearings.

A survey of foster parents indicates:

<b>Review Processes</b>	<b>Sample Group</b>	<b>Native American Population</b>
The percentage of foster parents who do not know what the Foster Care Review Board (FCRB) is.	28.7	35.7
Of those knowing about the FCRB, the percentage who know how to contact the board.	54.9	33.3
Percentage indicating either “yes” or “sometimes” that they receive advance notice of court hearings for the children in their care.	88.8	92.9
Percentage indicating either “yes” or “sometimes” the foster care workers asks for their opinion about the child’s	68.9	57.1

Review Processes	Sample Group	Native American Population
service plan before court hearings.		
Percentage indicating either “yes” or “sometimes” they have a chance for their opinion to be heard at court hearings.	55.0	35.7
Percentage indicating either “yes” or “sometimes” that they talk to their child’s attorney about the case plan for the children in my care.	74.1	64.3
Percentage indicating either “yes” or “sometimes” that foster children in their home are able to present their opinions in court.	76.3	55.6

### **Involvement of foster parents, pre-adoptive parents, and relative caregivers**

The Safe and Timely Interstate Placement of Children Act of 2006 requires state courts “to ensure that foster parents, pre-adoptive parents and relative caregivers of a child in foster care under the responsibility of the state are notified of any proceeding to be held with respect to the child”. The Michigan Supreme Court complied with the federal requirement by amending Michigan Court Rule (MCR) 3.921. To facilitate this process the foster care worker is required to provide notification of all child protective proceedings to foster parents, relative caregivers and pre-adoptive parents. The Notice of Hearing, DHS-715 is used to send notification of court hearings.

The Notice of Hearing must contain the following:

- Name and address of current placement.
- Name of child(ren) who will be reviewed at the court hearing.
- Date and time of court hearing.
- Complete court address.
- Date written comments and materials from foster/adoptive parent are due.
- Any additional foster care worker comments, if applicable.
- Foster care worker name, agency, complete address and telephone number.

SCAO recommends that for compliance with the time-of-service requirement in MCR 3.920, courts should provide notice of the hearing to DHS in timely manner (e.g. 28 days prior to the hearing) in order for a notice of hearing to be given to foster and adoptive parents within the time required in the court rule. If the court provides notice of hearing to the foster care worker in a timely manner, the Notice of Hearing must be sent to the foster/adoptive parents no later than seven calendar days prior to the hearing.

Caseworkers must ensure that foster parents are aware that they have access to the child’s lawyer-guardian *ad litem*. Staff is to facilitate communication between the foster parents, the child, and the lawyer-guardian *ad litem*.

### **Strengths**

Michigan requires that foster parents, pre-adoptive parents and relative caregivers receive notification of all review hearings and permanency planning hearings and have any written or oral information about the child in their care considered by the court. Michigan's SACWIS system generates a letter to the care provider that notifies them of the hearing.

### **Challenges**

Michigan needs to enhance training to assist foster parents in effectively interacting with the court on behalf of the children placed in their care.

### **Promising Practices**

Increased recognition by the courts statewide of the need and benefits of having input from the foster parents/relative caregivers.

## **C. Quality Assurance System**

### **Item 30: Standards Ensuring Quality Services**

Has the State developed and implemented standards to ensure that children in foster care are provided quality services that protect the safety and health of the children?

#### **Child Welfare Reform**

Since Ismael Ahmed was appointed DHS director in September 2007, reforming the child welfare system has been one of his key priorities. Two significant events occurred since Director Ahmed's tenure began that have already had significant impact upon the way DHS provides services to child welfare clients.

- The first was the *Dwayne B. v. Granholm, et. al.* lawsuit, in which DHS reached an historic Settlement Agreement with Children's Rights, Inc.
- The second reform Director Ahmed initiated was the Child Welfare Improvement Task Force.

Reference the Introduction section for additional information on these reform efforts.

#### **Standards for Foster Homes and Institutions**

Public Act 116 of 1973, (MCL 722.111 *et seq.*), also known as the Child Care Organizations Act, provides for the protection of children placed out of their own home through the establishment of standards of care for child placement agencies, institutions and family foster homes. The Act also contains penalties for noncompliance with promulgated administrative rules. Michigan has Administrative Rules that govern the following:

- Child Placing Agencies (Rule 400.12101-400.12713).
- Foster Family Homes and Foster Family Group Homes (Rule 400.9101-400.9506).
- Child Caring Institutions (Rules 400.4101-4666).

Public Act 116 and the licensing rules are in accord in national standards. They ensure the safety and health of children and youths in the state. Reference Item 41 Standards for Foster Homes and Institutions for additional information.

### Unusual incident Reporting

Licensing Rules for Foster Family Homes and Foster Family Group Homes for Children require foster parent to notify the supervising agency immediately in the event of the following unusual incidents:

- The death of a foster child.
- The removal or attempted removal of a foster child from a foster home by any person not authorized by the supervising agency.

A foster parent notifies the supervising agency within 24 hours of the following unusual incidents:

- Determining that a foster child is missing.
- Any illness that results in inpatient hospitalization of a foster child.
- Any accident or injury of a foster child that requires medical treatment by a licensed or registered health care person.
- A foster child's involvement with law enforcement authorities.

Each agency has a substitute care policy that contains provisions for all of the following:

- Qualifications for substitute caregivers.
- Conditions under which foster parents may utilize substitute care.
- Notification of the agency, by the foster parent, before the beginning of any planned absence that requires substitute care for a period of 24 hours or more.
- Notification of the agency, by the foster parent, within 24 hours of any unplanned absence which requires substitute care for a period of 24 hours or more.

Under current licensing rules, criminal history and central registry checks are not required for substitute caregivers. Most agencies perform clearances on the identified substitute caregiver.

For information regarding foster parent participation in safety classes reference Item 34.

### Private Agencies

Contracted private child placing agencies are subject to the same policy requirements as the local DHS office.

### DHS Purchase of Services (POS) Monitoring Workers

The DHS POS workers monitor DHS policy and contract compliance of the private child placing agencies and child caring institutions for individual foster care cases. The workers ensure that the agency staff completes the required service plans and treatment plans, and they approve or disapprove the service plans for each child. They also enter case information and data into the SWSS FAJ application. Areas of

disagreement are normally handled at the local level. However, issues may be escalated to Field Operations and the Child Welfare Contract Compliance Unit staffs.

#### Monitoring Private Foster Care and Residential Contracts

The Child Welfare Contract Compliance Unit staff review each private child placing agency and residential foster care agency under contract with DHS at least once a year, and conduct investigations as needed. Investigations are conducted when there is an alleged contract violation or an alleged violation of the licensing rules.

The unit has established a number of processes to increase the ability of DHS to monitor the quality of service contractors provide. It has completed a draft policy and procedures manual that will serve as a guide to contract monitoring. The manual will contribute to the consistent application of review processes as well as increase transparency of the work done in the division and provide clear guidelines when considering initiating adverse contract action. The Council on Accreditation for Children and Family Services accredits 78 private agencies in Michigan.

#### Substantiated Abuse/Neglect and Use of Corporal Punishment in Foster Care

To ensure child safety, DHS will give due consideration to any and all substantiated incidents of abuse, neglect and/or corporal punishment occurring in placements licensed and supervised by a contract agency at the time of processing its application for licensure renewal. The failure of a contract agency to report suspected abuse or neglect of a child to DHS results in an immediate investigation to determine the appropriate corrective action, up to and including termination of the contract or placement of a provider on provisional licensing status, and a repeated failure to report within one year shall result in termination of the contract.

Michigan licensing rules require any child placing agency (CPA) or child caring institution to report suspected abuse and/or neglect to the Bureau of Child and Adult Licensing. CPS policy also requires the CPS worker to make a referral to Bureau of Child and Adult Licensing (BCAL) when a child in foster care is reported as abuse and/or neglected by a licensed foster parent. BCAL and contract compliance unit staffs work together to investigate these allegations when the agency is a contracted private CPA.

Licensing receives an automated list of all individuals who are licensed foster parents or are adults living in a licensed home, whose names were placed on the CPS Central Registry the preceding week as perpetrators of child abuse or neglect. In fiscal year 2009, BCAL has received matched 83 perpetrators to licensed foster parents. This information exchange occurs once a week. When a match is found, BCAL sends a letter to the certifying CPA advising them that the foster parent or adult member of the foster home has been named as a perpetrator. BCAL copies the PDS manager on the letter. The letter advises the CPA director that a foster home complaint investigation must be opened immediately and that being named as a perpetrator of child abuse or neglect requires a recommendation of license revocation. BCAL send this letter to ensure that

the CPA is aware that a CPS investigation has occurred with one of their licensed foster homes.

Michigan licensing rules also require an investigation when there are allegations of the use of corporal punishment in a licensed foster home or a child-caring institution. They also require the CPA to report immediately the death of any child in care to the BCAL.

Michigan law, in MCL 722.118a (1) requires the DHS to make an onsite evaluation of a child care organization (which includes a CPA) at least one time per year. During each onsite evaluation, the child welfare licensing consultant reviews a random sample of both children's files and certification (foster home licensing) files. As part of the sample of certification files, complaint investigations are always reviewed. If either a child's file or a certification file has information regarding suspected use of corporal punishment, the consultant will review the investigation by the CPA.

When BCAL determines that a licensed child placing agency or institution failed to comply with the reporting requirements established in the Child Protection Law, they will substantiate a licensing violation and appropriate licensing action will be taken based on the substantiated noncompliance. When PSD determined that a PAFC or RFC Contractor has failed to comply with the reporting requirements established in the Child Protection Law, PSD will substantiate noncompliance with the applicable contract and will determine appropriate contract action, up to and including termination of the contract. Should PSD determine the contractor has failed to report an allegation of child abuse and/or child neglect a second time within one year, the PSD Manager will advise the contractor that a recommendation to terminate the contract will be submitted to the director of the Child Welfare Improvement Bureau. PSD will initiate adverse action will per PSD policy.

Licensing rules also require that a CPA develop a behavior management policy that is positive and consistent based on each child's needs, stage of development and behavior. The plan must promote the child's self-control, self-esteem and independence. The rules prohibit physical force, excessive restraint, or any kind of punishment inflicted on the body, including spanking. Foster care policy item CFF 722-2 requires supervising agencies to have a behavior management policy that identifies appropriate and specific methods of behavior management consistent with licensing rules.

#### Unlicensed Relative Placements

Current policy (CFP715-2) requires that prior to placement of a child with an unlicensed relative, a basic safety assessment must be completed utilizing the Initial Relative Safety Screen (DHS-588). The basic assessment consists of:

- A home visit.
- A statewide criminal history clearance on all members of the household including adolescents and children.
- Central registry clearance on all members in the household 18 years of age and older.

- Discussion regarding licensure.

Placement is prohibited if:

- Any member of the household (adult or juvenile) has a felony conviction for any of the following:
  - Child abuse/neglect.
  - Spousal abuse.
  - A crime against a child or children (including pornography).
  - A crime involving violence, including rape, sexual assault or homicide.
- Physical assault or battery for which there is a felony conviction in the last five years.
- A drug related offense for which there is a felony conviction in the last five years.
- An adjudicated sex offender (adult or juvenile) resides in the home.
- An adult member of the household is listed as a perpetrator of abuse or neglect on central registry.

If a member of the household has a felony conviction for physical assault, battery or a drug-related offense from more than five years ago or any other conviction that requires further assessment, the CPS or foster worker evaluates this information to determine whether or not there are safety issues that must be addressed. S/he documents the rationale for placements and obtains signature approval from the county director or district manager before allowing a child to be placed in the relative's home. This documentation must describe and support the basis for the approval, and why the child is safe in the relative's home.

#### Service Provision Monitoring

Becoming a counseling contractor for DHS involves the submission of an application and supporting documents to the DHS Office of Contracts and Rate Setting (OCRS). DHS local offices often use private contractors to deliver counseling services to eligible clients. Caseworkers cannot make a referral to a counselor unless the counselor has a fully executed contract with DHS. Applicants must meet various criteria (Masters Degree, malpractice insurance, local DHS need, etc.) before OCRS will approve a counselor for a contract. Along with documentation of education and insurance, OCRS must receive approval from one or more DHS county offices that they have a need for additional service providers and are interested in having a new contract developed.

Effective April 1, 2004, Office of Contracts and Rate Setting requires all applicants for counseling contracts (whether as a contractor or subcontractor) to obtain two additional clearances prior to contract approval. To complete the contract process, the office must receive:

- A CPS Central Registry clearance from the local DHS office for each individual to provide services under the contract. In order to be eligible for a contract, the name of the intended contractor must not appear on this listing.
- A National Child Protection Act clearance for each individual to provide services under the contract. This clearance is through a fingerprint process.

The caseworker and the casework supervisor monitor service delivery and beginning in 2009, the Child Welfare Contract Compliance Unit of the Child Welfare Improvement Bureau will be conducting quality reviews on the provision of services through the Families First of Michigan (FFM) program. Prior to 2009, FFM was monitored by staff specialists in the Community Support Services Division of the Children's Services Administration. Monitoring includes a review of cases through case reading and the completion of monitoring reports on any cited deficiencies.

The county director (or the county child welfare director in the Urban counties) is responsible for assuring that the Strong Families/Safe Child plan complies with the program standards and supports the requirements of the Settlement Agreement.

#### Caseworker Qualifications

To implement the child welfare reforms effectively, all DHS child welfare workers must have a bachelor's degree in social work or a related human services field. Since January 2009, child welfare supervisors must have a Master of Social Work degree in Social Work or an equivalent degree. Current DHS supervisors with less than 18 months of experience as a supervisor are required to earn a master's in social work or a master's degree in a comparable/equivalent field by October 2012. The DHS Director may grant exceptions for persons who have demonstrated the knowledge, skills and abilities necessary to be an effective supervisor.

#### Caseload Ratios

High caseloads contribute to negative outcomes for children. Over the coming five years, DHS will continuously examine child welfare caseloads to avoid ratios that exceed the targets set forth below.

#### Supervisors:

Each foster care, adoption, CPS, licensing, and POS monitoring supervisor will be responsible for the supervision of no more than five caseworkers. DHS will achieve this standard as follows:

- By January 2010, 50 percent of foster care, adoption and CPS supervisors will supervise no more than five caseworkers.
- By January 2011, 95 percent of foster care, adoption and CPS supervisors will supervise no more than five caseworkers.
- By January 2011, 50 percent of licensing and purchase of service monitoring supervisors will supervise no more than five caseworkers.
- By January 2012, 95 percent of licensing and purchase of service monitoring supervisors will supervise no more than five caseworkers.

#### Foster Care Workers:

Each foster care worker will have a caseload of no more than 15 children. DHS will achieve this standard as follows:

- By November 15, 2008, 95 percent of foster care workers will have caseloads of no more than 30 children and 60 percent of foster care workers will have caseloads of no more than 25 children.

- By October 2009, 70 percent of foster care workers will have caseloads of no more than 22 children.
- By October 2010, 80 percent of foster care workers will have caseloads of no more than 20 children.
- By October 2011, 95 percent of foster care workers will have caseloads of no more than 15 children.

Adoption Workers:

Each adoption worker will have a caseload of no more than 15 children. DHS will achieve this standard as follows:

- By February 2009, 60 percent of adoption workers will have caseloads of no more than 25 children.
- By April 2009, 95 percent of adoption workers will have caseloads of no more than 30 children.
- By October 2009, 70 percent of adoption workers will have caseloads of no more than 22 children.
- By October 2010, 80 percent of adoption workers will have caseloads of no more than 20 children.
- By October 2011, 95 percent of adoption workers will have caseloads of no more than 15 children.

CPS Investigation Workers:

Each CPS worker assigned to investigate or assess allegations of abuse or neglect will have a caseload of no more than 12 open cases. DHS will achieve this standard as follows:

- By April 2009, 95 percent of investigation/assessment staff will have no more than 16 open cases.
- By October 2009, 60 percent of investigation/assessment staff will have no more than 14 open cases.
- By October 2010, 80 percent of investigation/assessment staff will have no more than 13 open cases.
- By October 2011, 95 percent of investigation/assessment staff will have no more than 12 open cases.

CPS Ongoing Workers:

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

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

#### Purchase of Service (POS) Monitoring Workers:

Each POS monitoring worker will have a caseload of no more than 45 cases. DHS will achieve this standard as follows:

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

#### Licensing Workers:

Each licensing worker will have a caseload of no more than 30 cases. DHS will achieve this standard as follows:

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

Managers conducted a caseload hand count in October 2008 for both DHS and private CPA staffs. Based on that caseload count, DHS added staff for fiscal year 2009 to comply with the October 2009 goals resulting in several hundred new services workers being hired. DHS achieved its goal that 60 percent of its caseloads not exceed a 25:1 ratio for DHS cases and 95 percent of the caseload meets the 30:1 ratio. Private child placing agencies are also compliant with these caseload ratios. DHS will continue to monitor the caseloads of its local offices and private agencies.

#### Medical and Dental Health

Current foster care (CFF 722-6) and juvenile justice (JR3 311, 313, and 330) policies and licensing rules provide general health requirements for DHS and private CPAs to ensure that each child has:

- A physical examination within 30 days of initial foster care placement.
- A dental exam within 90 days of placement if the child is 4 years old or older.
- Current immunizations.
- The death of a foster child.
- The removal or attempted removal of a foster child from a foster home by any person not authorized by the supervising agency.

Only the child's parents may consent to non-emergency elective surgery unless the court has terminated parental rights. If the parent's whereabouts are unknown, the supervising agency must obtain a court order. For Michigan Children's Institute (MCI) and state wards, only the MCI Superintendent has the authority to consent to non-emergency elective surgery. Only the Family Division of the Circuit Court with jurisdiction has authority to consent for permanent court wards. The foster parent, relative caregiver and unrelated caregivers are authorized to secure routine, non-

surgical medical care and emergency medical or surgical treatment for the child while in care using the DHS-3762, Consent to Emergency Treatment.

Reference Item 22, Physical Health of the Child for additional information.

#### Consent for Psychotropic Medication

Current policy states that the supervising agency has the authority to consent for psychotropic medications for MCI wards without consent from the MCI Superintendent. However, a designee from the supervising agency is required to sign an informed consent for each psychotropic medication prescribed to a foster child. The caseworker files a copy of this consent in the case file, along with documentation in the child's Medical Passport. Reference Item 22 Physical Health of the Child for information on the medical passport. The Settlement Agreement requires court approval in these situations and policy will change in order to be compliant with the Settlement Agreement.

If psychotropic drugs are prescribed for continued use upon discharge from a hospital or because of outpatient treatment, parental consent is required. If the parents are unavailable to give consent or refuse to consent, the worker must consult with legal counsel who will file a motion in court requesting consent from the court. The caseworker files a copy of the signed informed consent in the child's case file, along with documentation within the child's Medical Passport (DHS-221). A foster parent or relative caregiver may not sign consents for psychotropic medications.

For temporary wards, the supervising agency must obtain parental informed consent for each psychotropic medication that will be administered to their child while in foster care. An informed consent is one that is obtained after adequate disclosure of proposed treatment and risks. If the parent(s) is not available, a caseworker may sign for psychotropic drugs as a condition of admission for an emergency psychiatric hospitalization for temporary court wards. Per the Settlement Agreement, DHS policy will be revised to require court approval for the administration of psychotropic medication.

#### Caseworker Visits

Required contacts on in-home cases vary depending on the risk level. If the risk level is low, CPS workers must have one face-to-face contact with the family and one collateral contact per month. If the risk level is moderate, CPS workers must have two face-to-face contacts with the family and two collateral contacts per month. If the risk level is high, the CPS worker must have three face-to-face contacts with the family and three collateral contacts per month. If the risk level is intensive, the CPS worker must have four face-to-face contacts with the family and four collateral contacts per month (CFP 714-1).

For foster care, during the first month of out-of-home placement, the worker must have two face-to-face contacts with the child. At least one of those contacts must occur in the residence of the child. The worker must also have two phone contacts with the child during that first month. During subsequent months, the worker must visit the child at

least once a month regardless of placement type. The visit must take place in the child's placement at least every other month. Upon return home, the worker must have weekly face-to-face contact with the children during the first month of reunification. During subsequent months, the worker must have face-to-face contact with the children at least twice a month in the home (CFF 722-6).

The minimum requirements for juvenile justice contact are:

- Monthly visits when the ward is in family foster care, residential care or in a permanent placement (e.g., a parent, relative or independent living) with the majority of visits occurring in the residence of the ward.
- When the ward is in detention in the local county, the caseworker must visit the youth within 72 hours of placement, and monthly face-to-face contact and one phone call per month thereafter.
- Youth placed in an out-of-county detention center must be visited monthly and a monthly telephone call.
- Youths may contact the caseworker at any time via telephone or letter.

If required contacts are not made, the caseworker must document the reason for not making the contact in the case file. Reference Item 19 Caseworker Visits with Child for additional information.

#### Psychiatric Hospitalization

To prevent unnecessary placements in psychiatric facilities, the placement of any child in a Medicaid funded psychiatric facility requires a certification of need for the inpatient psychiatric services. Either the local Department of Community Health, for elective admissions, or the psychiatric hospital for emergency and urgent admissions, grant approval for placement.

#### Placement Limitations

Per the Settlement Agreement, current DHS policy (CFP 715-2) limits the number of children in a foster home to no more than three foster children or no more than a total of six children including the foster family's natural or adoption children. Exceptions to the number of children in a foster home based on sibling status must have the approval of the supervisor. Exceptions that are not the result of sibling status require approval by the county director. Exceptions to these limitations may be made, on an individual basis, when it is determined to be in the best interest of the child(ren) being placed. Placement cannot be made until the exception approval process is complete. No placement will have more than three children under the age of three.

#### Detention

Caseworkers are not to use secure detention or jail for neglect/abuse wards, unless a petitioner has filed a delinquency complaint or petition and the judge has issued an order for detention. If DHS becomes aware of an abuse/neglect ward who is in a detention setting, the worker must move the child within five days unless the court orders otherwise.

### Absent Without Legal Permission

The Absent Without Legal Permission (AWOLP) procedure helps to ensure the stability of the placement and states if the child fails to return to his/her placement at an agreed upon time, the provider must notify law enforcement and the supervising agency within one hour after the expected return home time (CFF 722-3 and JJ4 410). The foster care worker must notify the court of jurisdiction, parents (if appropriate) and child's lawyer-guardian *ad litem* within 24 hours of receiving notification of a child's absence from home without permission. The foster care worker must enter the child's information in SWSS, complete an apprehension order and ensure the child is entered on LEIN. The child's information is also forwarded to the Child Locator Unit. The Child Locator Unit reviews the case record to ensure all the information is complete and decides if the child will be placed on the DHS' public Child Locator Web site. Diligent search efforts must begin within two business days of notification.

Diligent search efforts include: review of case records to identify information of potential family and friends, contacts with the child's last school attended and the local school district to verify the child attendance and whether the child has enrolled in a new school. The worker must review the child's medical passport and medical records to identify outstanding medical needs and medication needs and the case manager notifies the corresponding physician and pharmacy. The worker must complete diligent search efforts at least quarterly and all efforts are documented in the child's case service plan. Some county courts hold monthly AWOLP hearings to review efforts to locate the child. The court will hold monthly hearings until the child is located.

Furthermore, the Supreme Court entered Administrative Order 2002-4 in November 2002 requiring circuit courts to review the cases of children who are AWOLP. Michigan implemented a comprehensive web-based database in 2007 and 2008 that allows each county to immediately update its new AWOLP information and enable the state Supreme Court to receive daily reports. The reports detail each child who is missing, each child who has been located and salient information about hearing dates and placements. A state Supreme Court justice personally monitors the reports and places conference calls, along with SCAO staff, to courts with increased number of AWOLP children or other issues of concern.

### **Round One of the CFSR**

In Round 1 of the CFSR, reviewers rated this item as a strength because Michigan has developed and implemented standards to ensure that the child welfare system provides children in foster care quality services that protect the safety and health of children. Michigan did not address this item in the PIP.

### **Strengths**

Michigan has clearly defined licensing standards, policy and procedures, including contract procedures that ensure child safety. DHS also has procedures in place for medical and dental treatment, along with consent for medical treatment and psychotropic medication. DHS and SCAO have also collaborated on procedures for handling children who are AWOLP.

### **Item 31: Quality Assurance System**

Is the State operating an identifiable quality assurance system that is in place in the jurisdictions where the services included in the Child and Family Services Plan (CFSP) are provided, evaluates the quality of services, identifies the strengths and needs of the service delivery system, provides relevant reports, and evaluates program improvement measures implemented?

#### Bureau of Juvenile Justice

The Quality Assurance Unit within the Bureau of Juvenile Justice conducts semi-annual reviews of its seven residential facilities to ensure compliance with policy. These facilities house both DHS-supervised and court supervised juvenile justice youths. The Quality Assurance Unit conducts follow-up visits when they make findings of non-compliance to verify that corrective action plans are implemented.

The BJJ Quality Assurance Unit also monitored compliance with the Memorandum of Understanding (MOU) between the State of Michigan and the United States Department of Justice (DOJ) regarding the Constitutional Rights of Incarcerated Persons Act (CRIPA) at W.J. Maxey Training School. (This facility houses juvenile justice youths under the supervision of DHS and the courts.) In January of 2008, DOJ modified the MOU indicating that the State of Michigan achieved compliance in five juvenile justice areas. In September 2008, DOJ indicated that the State of Michigan achieved compliance in Education. Monitoring activities included:

- Facility review based on incident reports.
- Observations and reviews of Individual Education Plan meetings and education records.
- Reviews of medical and mental health practices.
- Unannounced facility visits and observations of due process hearings.
- Youth interviews.

#### Local DHS Office Case Readings

Local DHS supervisors also conduct three case readings per caseworker, per quarter. Local offices send a summary of these case readings to the DHS Field Office Administration for review. Quarterly reports include:

- The number of service workers supervised during the quarter and the number of cases reviewed per worker.
- A description of the sampling method used.
- A description of the areas that were targeted and the reason for targeting those areas.
- A summary and evaluation of the case reading results.
- An overall summary of policy strengths and weakness by program area.

Reference the Introduction section for additional information on the data collection from these reviews for the CFSR Statewide Assessment.

### Office of Family Advocate

The Office of Family Advocate in DHS reviews cases and makes recommendations regarding policy, law and practice. The office reviews high-profile media and child death cases, cases involving citizen and client complaints and cases wherein a legislator files a complaint/inquiry. On average, it responds to 500 citizen, client and legislative complaints per year.

The office also reviews child fatalities that occur during an active foster care case. It has reviewed 79 cases involving children who died in foster care between April 1, 2005 and December 31, 2008. It is also responsible for receiving and tracking child death alerts from the local offices to ensure that notice is timely, accurate and in compliance with DHS policy. The staff works with DHS Field Operations and Urban Field Operations to provide specific training to counties who are found to have additional training needs because of Office of Children's Ombudsman's reports or citizen complaints.

### Office of the Children's Ombudsman

The Office of Family Advocate is the DHS liaison to the Office of Children's Ombudsman that investigates complaints regarding children supervised by DHS, and private child placing agencies. The Ombudsman reviews case files and conducts interviews with various people involved with the case. If it identifies concerns during a case investigation, the Ombudsman issues a report of findings and recommendations, which outlines alleged violations of law, policy and practice. Typically, its reports focus on issues that affected child safety, permanency and well being. They send each report to the Office of Family Advocate and the local DHS office or the private CPA. The family Advocate coordinates with involved DHS and private CPA staffs to respond to these reports.

In fiscal year 2008, Office of Family Advocate (OFA) records indicate that the Office of Children's Ombudsman (OCO):

- Initiated 17 preliminary investigations.
- Opened 127 investigations.
- Requested response to five requests for action.
- Requested response to 49 reports of findings and recommendations.
- Affirmed DHS actions in 66 cases.
- Resolved three investigations as administrative resolutions. The OCO may close a case as an "exceptional closing" if it determines that one or more of the following conditions exist:
  - The complainant's issues have been resolved by a change in policy or law.
  - The outcome of the case will not be affected by further investigation.
  - There is no indication from the complainant that further investigation should be pursued.
  - The issues in the investigation have been previously investigated and addressed in annual reports.
  - The DHS or the private CPA is currently addressing the issues.

DHS also works in conjunction with the Ombudsman to improve child welfare policy and practice. The children's ombudsman produces an annual report,<sup>6</sup> which includes recommendations for legislative and policy changes in the areas of CPS, foster care, adoption and child welfare system issues. DHS responds to the recommendations and the report is published. The published report is provided to the governor, DHS director, the Michigan legislature and is made available to the public. The statistics for fiscal year 2007 noted:

- 45 percent of investigations resulted in no adverse findings.
- 39 percent of investigations resulted in concerns.
- 16 percent of investigations were resolved by DHS or the private agency or the OCO determined that no further action was needed.

#### Child Welfare Contract Compliance Unit

The Child Welfare Contract Compliance Unit within the Bureau of Child Welfare Improvement reviews each private child placing agency and residential foster care (RFC) agency with whom DHS contracts to provide foster care, adoption and supervised independent living services. Each agency is reviewed once a year. For additional information, reference Item 30, Standards Ensuring Quality Services.

#### Foster Care Review Boards

The FCRB provides independent reviews of a random case sampling of children in the foster care system to monitor and evaluate the court and DHS and private CPA efforts to address the vital areas of safety, timely permanency, and child and family well being. Reference Item 26 Periodic Review and Item 7 Permanency Goal for Each Child for additional information on the review boards.

#### CPS Peer Review Process

Starting in 1999, the CPS Peer Review process reviewed CPS cases for policy and procedure compliance. The reviews involved case readings, worker observations and interviews. The interview included workers, supervisors, managers as well as customers. Comparative data was provided to the CPS Policy Office and Field Operations on an annual basis. The data included findings of low policy compliance in the areas of policy, child safety and structured decision making. The CPS Policy Office reviewed the information to determine whether policy changes were necessary. Field Operations used the information to assist the counties with enhancing performance where improvement was indicated. Michigan discontinued the peer review process in 2005 due to budgetary constraints.

#### CFSR Program Improvement Plan (PIP) Reviews

Michigan closely replicated the CFSR onsite as a means of measuring PIP progress. The review teams consisted of a reviewer who had done a review before and a reviewer who had not. Local level stakeholders were also interviewed. There were 15 cases included in each review, except for the Jackson County review. A total of 194 CPS and foster care cases were reviewed during the PIP period.

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<sup>6</sup> Annual reports can be found at: <http://www.michigan.gov/oco/0,1607,7-133-3195---,00.html>.

The following sites were reviewed:

- August 2004 – Jackson County
- November 2004 – Saginaw County
- February 2005 – Wayne (South Central)
- May 2005 – Macomb County
- August 2005 – Wayne (North Central)
- November 2005 – Genesee County
- February 2006 – Wayne (Western Wayne)
- May 2006 – Oakland County
- August 2006 – Ingham County
- December 2006 – Muskegon County
- May 2007 – Wayne (North Central)
- June 2007 – Kent County
- August 2007 – Berrien County

After August 2007, DHS discontinued the CFSR PIP reviews because of a lack of staffing capacity to perform the reviews. Furthermore, the child welfare reform efforts and the planning for the new Data Management Unit and the Quality Assurance staff were considered as a viable option for replacement.

#### Federal Compliance Office

Finally, the Funding Unit staff within the Federal Compliance Office provides direct support and consultation for the Wayne County title IV-E contract. DHS has facilitated coordination between Wayne County DHS and the County of Wayne to ensure that the county is implementing the contract with adequate controls and quality assurances. Prior to the creation of this unit in 2008, the foster care program office monitored this contract.

#### Continuous Quality Improvement Process

Recognizing the need for a robust quality assurance system, in December 2008, DHS established the Quality Assurance Unit within the Child Welfare Improvement Bureau. This unit's primary objective is to implement a Children's Services Continuous Quality Improvement (CQI) program in the state. The unit is responsible for monitoring performance expectations internally and with contracted service providers using performance indicators. DHS Quality Assurance staff has shared the continuous quality improvement plan with Peter Watson from the National Resource Center for Organization Improvement.

Along with the Data Management Unit, the Quality Assurance Unit is compiling a comprehensive statewide data profile that will define a baseline for ongoing qualitative and quantitative measurement of program outcomes. The data profile will illustrate specific county level data. These data sets serve as performance indicators of departmental program outcomes and federally mandated CFSR goals of safety, permanency and well being. From this data profile, it will be possible to define acceptable thresholds for each indicator on a statewide level as well as individual

county or office level. The performance results along with case reading and special review data are used to make informed decisions about policy, process, program effectiveness, and deficits.

### **Practice**

Local office DHS supervisors, the Office of the Family Advocate and the Quality Assurance Unit use the policy office approved forms for the case readings. The family advocate and Quality Assurance staffs also use specially developed forms for special case reviews.

The Children's Rights Settlement Agreement resulted in a major change of oversight by Field Operations Administration (FOA). A separate children's services administration was established in Genesee, Kent, Macomb, Oakland and Wayne Counties and placed under the Urban Field Operations in Children's Services Administration. The remaining 78 county DHS offices were placed under the Child Welfare Field Operations Administration for the operation of the children's services programs. Field Operations Administration retained responsibility for the operation of cash assistance and adult services programs in all 83 counties.

Oversight of the children's services programs in the local offices is done by monitoring the information that is available by identified electronic reports and by receiving and reviewing direct reports from the local offices. This information is used to help county offices maintain the highest possible quality of service delivery. The Field Operations staff are the first response for county DHS administrations when needs arise locally. They facilitate the development of corrective action plans when needed with identified problems. These corrective actions are typically done when:

- A local DHS office receives provisional licensing approval from reviews completed and reported by the Bureau of Child Welfare Licensing staff.
- Local office supervisory case reading reports identify policy issues to be clarified.
- Targeted case reading initiatives identify potential case problems.
- Office of Family Advocate and the Office of the Children's Ombudsman include investigation findings and recommendations that require attention.
- The Foster Care Review Board report states findings that are barriers to the child achieving permanence.
- FOA staff identifies local issues from other interaction with the county offices or from customers of the local offices.
- Audit Findings identify compliance issues to be resolved.
- The CFSR PIP included needed corrections at the local office level, either individually or collectively.

FOA staff monitors the local office progress with these corrective action plans until the desired status is achieved.

The Children's Rights Settlement Agreement includes specific issues in the provision of children's services that require higher FOA administrative or program office approval and other aspects of upward reporting. FOA communicates with the local offices about

these issues, monitors the reporting, obtains the needed approvals, and notifies the local offices of the results.

### **Round One of the CFSR**

In Round 1 of the CFSR, reviewers rated Item 31 as a strength because Michigan had a multi-level quality assurance system comprised of both internal and external components, which evaluated the quality of services, identified strengths and needs, provided relevant reports and evaluated program improvement measures that DHS implemented. Michigan did not include this item in the PIP.

### **Strengths**

DHS is committed to fostering a continuous quality improvement culture of learning, growing, and ongoing improvement throughout the all levels of the DHS.

### **Challenges**

Since the end of the CFSR PIP period, DHS has not had a robust quality assurance process. However, with the implementation of the Quality Assurance Unit, further enhancement of DHS' continuous quality improvement process plays a critical role in carrying out and fulfilling the DHS mission.

### **Promising approaches**

Currently, the DHS Quality Assurance Unit consists of nine Quality Assurance Analysts (QAA) who perform a wide range of functions. By December 2009, one analyst will be strategically located in each of the five urban counties, as well as other local offices in each geographic region based on child welfare population and program participation. The analysts coordinate and create mechanisms for the tracking, reporting and analysis of data for all youths who are provided services within the county. The analysts prepare quarterly continuous quality improvement reports and monitor data on an ongoing basis to ensure that quality targets are being met.

DHS will conduct special reviews of certain higher risk cases. Five high-risk categories require special review; they are:

1. Children who have been the subject of an allegation of abuse or neglect in a foster home or residential care setting whether licensed or unlicensed, between June 2007 and September 2008, and who remain in the facility or home in which the maltreatment is alleged to have occurred.
2. Children who have been the subject of three or more reports alleging abuse or neglect in a foster home, the most recent of which reports was filed during or after July 2007, and who remaining the foster home in which maltreatment is alleged to have occurred.
3. Children who have been in three or more placements, excluding return home, within the previous 12 months.
4. Children who have been in residential care for 12 months or longer.
5. Children who are in unrelated caregiver placement, defined as an unlicensed home in which the caregiver is not a relative of the child but has been approved a placement resource because of prior ties to the child and/or the child's family.

The Quality Assurance Unit prioritized special reviews of the high risk group of children from category 1. Thirty-four children in the following counties, Alpena, Cass, Genesee, Gratiot, Jackson, Kent, Lake, Macomb, Mason, Mecosta, Oakland, Ogemaw, Van Buren, and Wayne, were reviewed

The reviews began in February 2009 and were completed in June 2009. The reviews were conducted by a multi-disciplinary team with experienced staff from Quality Assurance, Field Operations and the Bureau of Child and Adult Licensing (BCAL) staff. The team used the “Children’s Protective Services Case Record Review” (DHS-870), the “Children’s Foster Care Case Reading Form” (DHS-148), along with the “New CPS Complaints When a Child Is in Foster Care”, and a specific case narrative guide. BCAL also conducted a review of the licensing file. A summary report is being drafted with recommendations from the Quality Assurance Unit; it will be shared with the local office management for feedback and the development of local office quality improvement plans, if necessary.

For the additional special review categories, reviews of children meeting the criteria will occur every 90 days throughout the next year, and continue, if indicated, by a lack of progress toward significant improvement in outcomes. Progress toward achievement of the identified outcomes will be tracked and reviewed monthly. DHS will use the results of the special reviews to help diagnose systemic strengths and weaknesses. The conclusions of these reviews will be used both as part of the continuous quality improvement model in the field, and as part of the Child Welfare Training Institute curriculum.

## **D. Staff and Provider Training**

### **Item 32: Initial Staff Training**

Is the State operating a staff development and training program that supports the goals and objectives in the CFSP, addresses services provided under titles IV-B and IV-E, and provides initial training for all staff who deliver these services?

#### **Policy**

All staff must receive legally mandated, relevant, and responsive research-based training in the competencies required for performing their job. Current Michigan Civil Service Commission specifications for Services Specialists require staff hired for Children’s Protective Services (CPS), foster care, or adoption programs to successfully complete an initial training program that includes at least 270- hours of competency-based classroom and field (“on the job”) training. Training requirements for private agency staff, detailed in each purchase of service contract, are identical to those for DHS staff and initial training for all staff is administered through the Child Welfare Training Institute (CWTI). Section 705 of the Administrative Handbook requires competency-based core curricula for all child welfare staff, including juvenile justice case managers.

When DHS created a new Children's Services Administration in 2008, the CWTI was re-organized to this new Children's Services Administration. CWTI is now comprised of two training units and one curriculum development/technical assistance unit. Training through the CWTI ensures child welfare caseworkers in Michigan are fully prepared to carry out the responsibility of keeping children safe from abuse and neglect. DHS and private agency caseworkers, juvenile justice caseworkers, and family preservation providers receive training on the laws, programs, policies, and philosophy of Michigan's child welfare system to ensure standardized service application and delivery for both DHS and private agencies. Rule 209 of the Licensing Rules for Child Placing Agencies also details critical training requirements.

All CPS workers and DHS and private agency foster care and adoption caseworkers must have a bachelor's degree in social work or a related human services field. Since January 2009, newly-hired or promoted child welfare supervisors must have a Master of Social Work or comparable degree. Current DHS supervisors with less than 18-months of experience as a supervisor as of October 2008 are required to earn a Master of Social Work or a master's degree in a comparable field by October 2012. Private agency supervisors also must comply with these requirements. The DHS director may grant exceptions to the requirement for a master's degree for current supervisors who have demonstrated the knowledge, skills, and abilities necessary to be an effective supervisor.

### **Practice**

During 2008, initial training for CPS and DHS and private agency foster care caseworkers consisted of a combination of classroom and field work comprising an eight-week pre-service institute. Until April 2009, adoption caseworkers participated in a 13-or 14-day "core training" as their initial training. Until October 2008, DHS CPS, foster care, and adoption caseworkers did not carry a caseload, even a training caseload, until their initial training was completed. Private agency staff, however, as permitted under purchase of service contracts with DHS, in many cases carried a full caseload pending attendance at and completion of initial training.

The pre-service institute (PSI) was enhanced as of January 2009 and now is a full time nine-week training program for newly hired CPS and foster care workers and a full time eight week training program for newly hired adoption workers to prepare them to assume a child welfare caseload. Added or expanded PSI training modules include engaging absent parents utilizing the *Michigan Absent Parent Protocol*, constitutional rights of parents, Indian Child Welfare Act, mental health, and substance abuse. Three weeks of the PSI are "field weeks" with assigned tasks and supervisor oversight to integrate material taught in the classroom with casework practice. PSI will be offered a minimum of six times in 2009. As part of a pilot, several private agency staff has been trained to be CWTI trainers for foster care initial (PSI) training. With the addition of private agency CWTI trainers, CWTI is offering additional initial training opportunities for private agency foster care staff. All lesson plans and requirements, including passing the competency-based written examination, are identical to CWTI-led trainings.

PSI course subject matter includes:

**CPS, Foster Care and Adoption**

- Orientation.
- Confidentiality and Ethics.
- Constitutional Rights.
- Cultural Diversity.
- Engaging Children and Families.
- Family Preservation.
- Poverty.
- Indian Child Welfare Act (ICWA).
- Mental Health.
- Substance Abuse.
- Domestic Violence.
- Child Trauma.
- Sexual Abuse.
- Medical Findings.
- Working Safe Working Smart.

**CPS Only**

- Intake.
- SWSS Intake (utilizing SACWIS system).
- Conducting Investigations.
- Forensic Interviewing.
- Safety/Risk Assessment.
- Family Assessment of Needs and Strengths (FANS) and Child Assessment of Needs and Strengths (CANS).
- Services.
- Assessments on SWSS.
- Case Decision-Making.
- Five Categories – Perpetration Notification.
- Ongoing Case Management.
- Case Closure.
- Removal.
- Law Enforcement Information Network (LEIN).
- CPS Legal Process.
- Petition Writing.
- SWSS Legal/Transfer to Foster Care.
- Mock Trial/Legal Testifying.
- Individual Assessments (of trainee).

**Foster Care Only**

- Foster Care Legal.

- On-Line Manual /Policy.
- Confidentiality /Release of Information.
- Entry into Care.
- Grief/Loss /Attachment /Separation.
- CPS to FC Transfer.
- Court Orders /Findings.
- Legal Status (Wardship).
- Visitations /Worker Contacts.
- Parenting Time and Planning.
- Permanency Planning.
- MEPA /IEAP.
- Placement /Replacement.
- Foster Care Review Board and Office of Children's Ombudsman (OCO).
- Medical /Education Issues.
- Policy and Licensing.
- Absent Parent /Protocol.
- Structured Decision-Making Overview.
- Intro to SWSS Family.
- FANS /CANS.
- Initial Service Plan (ISP).
- Parent-Agency Treatment Plan (PATP).
- Goal and Plan Development.
- Service Referrals.
- Updated Service Plan (USP).
- Safety Assessment.
- Return Home.
- Children Missing from Care or Absent Without Legal Permission (AWOLP).
- Termination of Parental Rights /Permanent Ward Service Plan.
- Forensic Interviewing for Foster Care.
- Lesbian, Gay, Bi-Sexual, Transgender and Questioning Youth (LGBTQ).
- Funding and Payments.
- Government Benefits.
- FC Payments and Determination of Care (DOC).
- Non-Scheduled Payments (Goods and Services).
- Mock Trial.

**Adoption Only**

- Permanency.
- Safety and Well-Being.
- Timeliness to Adoptions.
- Maintaining Extended Family Relationships.
- Diligent Efforts to Seek Extended Family.

Beginning April 2009, each trainee receives a competency-based performance evaluation, which includes a written examination. The performance evaluation includes classroom work, written assignments, supervisor assessment, in-class tests, and the written examination. The written examination questions are related to the specific competencies and materials taught in the PSI.

As part of initial training, the local DHS office or private agency may assign a trainee specific tasks or activities in connection with a case that is the primary responsibility of an experienced caseworker and may assign responsibility for a "training caseload" to the trainee. A "training caseload" is a maximum of three cases that may be assigned during the caseworker's initial training at the caseworker's supervisor's discretion and under the supervisor's close supervision. Before assuming any other casework responsibilities, including the assumption of a caseload other than a training caseload, the caseworker must demonstrate an appropriate level of knowledge and ability to meet the case practice expectations by passing the performance evaluation. DHS contracts with private agency adoption providers require, as of August 2009, private agency adoption workers must have successfully completed initial training before assuming more than a three-case training caseload. Similar contract provisions are in place for private agency foster care providers as of June 2009.

Child welfare staff transferring between programs is required to take a Program Specific Transfer Training (PSTT) as their initial training for that new position. This training ranges from 10-days (CPS, foster care) to 14-days (adoption note: the adoption PSTT until April 2009 was known as "adoption core training" and was the only initial training offered for new adoption staff, whether transferring from another child welfare program or coming onboard with no child welfare casework experience). PSTT has typically been offered on an "as-needed" basis given the varying demand.

The Office of Professional Development (OPD) offers the New Supervisor Institute (NSI). This program is offered at least four times each year for all new DHS supervisors. It uses a "teaching organization" approach in which local and central office managers, who have been identified as agency leaders, train new supervisors. Subject matter experts from Central Office also train parts of NSI. While NSI is not mandated for child welfare supervisors, since it does not offer a child welfare-specific curriculum, it is highly recommended as initial training to occur within the first few months after assuming a supervisory position.

In FY 2008, CWTI offered a two-day CPS supervisor training for all CPS supervisors. Beginning in April 2009, a new 40-hour child welfare supervisor training is required for all DHS and private agency supervisors. The training consists of two days of general supervisor training and three days of program specific training. A group consisting of representatives of public and private agency foster care workers, supervisors, program managers, staff from Michigan State University's School of Social Work, and the Office of the Children's Ombudsman worked with CWTI to develop the lesson plans.

Effective April 2009, all staff promoted/hired to a child welfare supervisory position after that date must complete the supervisory training program and pass a competency-based performance evaluation based on that training within three months of assuming the supervisory position. All DHS child welfare supervisors must complete this supervisor training by July 2010 and all private agency child welfare supervisors must complete the training by April 2011. The competency-based performance evaluation must include a written examination. Any supervisor who fails to achieve a passing grade on the competency-based examination within two attempts, including a passing grade on its written portion, is required to complete an additional remedial training before being eligible to take the written examination again. This remedial training must occur within 45- days. Failure to pass the performance evaluation on a third attempt makes the individual ineligible for further service as a child welfare supervisor.

CWTI also delivers Family Preservation Service (FPS) training to private agency contract staff who provides in-home crisis intervention, support services or reunification services to families. These service programs include: Families First of Michigan (FFM), Family Reunification Program (FRP), Family Group Decision Making (FGDM), and Families Together Building Solutions (FTBS). FPS trainings focus on research-based service delivery methods consistent with the philosophy of strength-based, solution focused techniques.

As specified in the family preservation contracts with individual private agencies, employees may not be assigned cases until they completed the core training for their position. In addition, training on domestic violence, substance affected families, self-awareness and domestic violence laws must be completed within one year of completing the core training.

Initial training for DHS juvenile justice case managers is a 10-day PSST offered on an "as-needed" basis. Most Michigan juvenile justice workers are court employees who are trained by the State Court Administrative Office-Michigan Judicial Institute. Topics covered in juvenile justice PSST include, legal issues, report writing, funding sources, role of the case manager, SWSS, Indian Child Welfare Act, and others.

In addition to the initial training provided by CWTI for foster care caseworkers, staff in treatment foster homes must complete 30-hours of treatment foster care pre-service training using a curriculum that meets the requirement of the Foster Family-Based Treatment Association program standards and that has been approved, in writing by the Bureau of Child Welfare and Foster Care Program Office, before assuming any supervision responsibilities.

As provided by Rule 128 of the Licensing Rules for Child Caring Institutions, child caring institution staff (CCI) must complete an orientation program and 50-hours of training in the first year of employment. There is a list of required training topics in Rule 128. Each institution is responsible for providing training to its staff.

The DHS Bureau of Children and Adult Licensing (BCAL) trains certification supervisors and workers as provided under Rule 305 of the Licensing Rules for Child Placing

Agencies. There are two training sessions that are offered for certification workers and supervisors: a three-day classroom training session on the certification process offered monthly and a two-day classroom training on investigating complaints in foster homes offered every other month. Each class is limited to 25 participants. Participants are tested at the beginning and the end of each class and must achieve a score of 70% on the post test to pass the class. BCAL works co-operatively with the Child Welfare Training Institute and refers staff for other classes, such as Forensic Interviewing.

The Permanency Planning Unit staff developed a specialized permanency training curriculum as initial training for the DHS permanency planning assistants and permanency planning specialist staff. DHS staff developed the curriculum in conjunction with the Child Welfare Resource Center at Michigan State University. The three-day training provides information and skill building in areas related to interviewing children and adolescents, family finding strategies, initial contact, case file mining, and key permanency principles. Training of private agency staff is also occurring to ensure they conduct the same intensive work for children and youth under their case management. For additional information on permanency staff, reference Item 10, Adoption.

The Federal Compliance Unit training developed and implemented initial training for child welfare funding specialists.

The Office of Professional Development also offers the New Director Institute for new DHS directors only. This six-day program is designed to provide new directors with the information needed to successfully perform executive-level competencies and provide detailed information about the functioning and services available from DHS administration. DHS administrative experts teach the course, as well as guest speakers, experienced directors and managers. They use the “teaching organization” concept to provide information on the rules, regulations and requirements of law and policy. Experienced directors and guest speakers share best practices in an effort to help new directors adjust to the operational demands of the position.

### **Round One of the CFSR**

In Round 1 of the CFSR, reviewers rated this item a strength because Michigan has a statutorily mandated initial orientation program which is competency-based and outcome focused. Michigan did not address this item in the PIP.

In 2008, CWTI, formerly the Child Welfare Institute, was organizationally moved into the Children’s Services Administration from the Field Services Administration. The director of CWTI is part of the Children’s Services Administration Cabinet and CWTI has become more closely involved with the interplay between policy and program development and training issues.

In addition, family preservation training, previously also under the Office of Training and Staff Development, and residential juvenile justice training, previously under the Bureau of Juvenile Justice, came within the new CWTI. Training modules on team decision-making (TDM) will also be under the purview of CWTI. A new curriculum development

unit was created and trainers increased from 19 to 30 in anticipation of increased training needs for child welfare staff. These restructuring and expansion efforts were the result of the settlement agreement and the Child Welfare Improvement Task Force's Change Priority number 8.

### **Measures of effectiveness**

In FY 2008, the CWTI pre-service institute (PSI) was an eight-week training that was required of all CPS and foster care new hires.

CWTI offered nine classes of CPS PSI in FY 2008, with 119 trainees completing training. Upon completion of the PSI, trainers determined that trainees were able to assess families and develop investigation reports and service plans as provided under Michigan's Child Protection Law and CPS policy. Additionally, trainees learned how CPS interfaces with the court system, including petition and report writing. In FY 2008, 266 DHS and private agency foster care new hires completed the eight-week PSI.

For program specific transfer training (PSTT) in FY 2008, 51 staff completed the CPS PSTT, 78 trainees completed the foster care PSTT and five trainees completed the juvenile justice PSTT.

For family preservation training in FY 2008, a total of 1,482 class-hours were offered in both the program core and special topics. For Families First (FFM), 30 courses were offered and 335 trainees were trained. For the Family Preservation Program (FRP), 19 courses were offered and 164 trainees were trained.

In 2008, 141 staff members received training developed and implemented by the Federal Compliance Unit for child welfare funding specialists and 30 services specialist assistants were trained. Ninety-nine permanency planning assistants and 173 permanency planning specialists were trained between March-June 2009. In FY 2008, BCAL trained 129 employees in Foster Care Home Licensing Certification. In addition, 103 employees completed training in Complaint Handling. To date in FY 2009, 166 employees have completed training in Foster Care Home Licensing Certification. Eighty-eight employees have completed Complaint Handling Training.

A standard first level evaluation is administered on the final day of every course offered by the CWTI. This evaluation requests trainees' input on the relevancy of course content and collateral materials and satisfaction with the trainer's knowledge and delivery of the subject matter. The majority of the evaluation is comprised of a scaling tool with "1" being the lowest satisfaction level and "5" being the highest level of satisfaction with the training. Overall, CPS, foster care, and adoption pre-service/initial training, supervisor training, and family preservation core training course evaluations have received an average score of "4" and above, indicating a high level of satisfaction by the trainees.

The competency-based written examination is prepared by the JJOLT/Omni Track Plus learning management system and randomly chooses and places questions on the test

so no two tests are the same. This capability greatly reduces the risk that test scores may be compromised by the sharing or copying of test questions. CWTI private agency-led foster care trainees follow the same competency-based performance evaluation and test scores are similar between CWTI-led and private agency-led training. Since the inception of the competency based exams, 221 trainees have completed the exam. Only one trainee did not pass the exam on the initial round (this individual completed the test a second time and passed). The average overall score on the competency-based exam is 88.6%. If a DHS or private agency caseworker does not successfully complete initial training, including passing the competency-based written examination, the caseworker cannot assume a child welfare caseload.

All 52 of the supervisors who have participated in the 40-hour training in 2009 passed the competency-based written examination with at least a 70% score. The average overall score on the competency-based exam is 89.7%. If a DHS or private agency supervisor does not pass the competency-based written examination, the supervisor has additional opportunities to take the examination. Supervisors who are unable to pass the examination after several attempts will not continue to serve as child welfare supervisors.

DHS held focus groups with DHS and private agency staff and management throughout the state in 2008. Focus group participants noted they felt the on-the-job portion of the initial training was very beneficial. Many participants reported that they found their instructors to be supportive and that they had mentors in the workplace that provided additional assistance during on-the-job training. Participants who had recently completed training said the “training caseload” was beneficial to them. Focus group participants said pre-service training provided a good foundation, which needs to be followed-up by trainings that are more specialized.

### **Capacity to track staff that is meeting training requirements**

CWTI has also been transitioning from the use of Registrar learning management system to JJOLT/Omni Track Plus (OTP). This new system enables CWTI to track and report training data and now allows private child placing agency trainees to register online. In addition, it allows CWTI staff to track an individual trainee’s registration, attendance, performance and completion of all future CWTI training.

The Purchase of Service Division and Bureau of Child and Adult Licensing (BCAL) each have access to OTP so that they can monitor training. The Purchase of Service Division monitors training for every worker. BCAL staff conducts random training checks during the annual CPA licensing evaluation.

### **Collaboration**

CWTI expanded its collaboration with public and private partners in FY 2008 by continuing the Child Welfare Training Advisory Committee. The committee is comprised of various public and contract agency partners, university staff and other stakeholders. The charge of the committee is to review Michigan’s current child welfare training program and to make recommendations for improvement. Special focuses include

developing and planning the implementation of contract agency train-the-trainer sessions for CWTI pre-service training and exploring training issues faced by rural and northern counties and how best to address them.

### **Strengths**

Child welfare staff must have a bachelor's degree in social work or a related human services field. Supervisors must also have a Master of Social Work or a related master's degree. Furthermore, upon completion of the initial/pre-service training, staff has a good understanding of DHS policy. Supervisors, and in several DHS offices, peer mentors, provide oversight and on-the-job training. Moreover, all CPS, foster care, and adoption staff must pass a competency-based training evaluation, including a written examination, to assume a full caseload.

### **Challenges**

While CWTI has consistently been able to determine data about individual staff participation in CWTI training, CWTI has not been able to adequately determine the "universe" of staff needing a particular training and tracking whether that has occurred. Although the new OTP learning management system, in conjunction with increased data-sharing within the Children's Services Administration, and a closer relationship with DHS Human Resources and the private agencies, is allowing CWTI to obtain far more information, and verification of that information, than in the past, there have been significant challenges to determine who the "universe" of staff is and how to ensure that all staff receive the necessary training. Because of these challenges, for past training, CWTI is not able to accurately determine the percentage of staff needing specific training that have completed that training or to track the time between hire and completion of initial training.

Due to a department-wide Bridges rollout for financial services training, classrooms at the Office of Professional Development learning centers were often unavailable. This resulted in a significant delay in releasing the 2009 training schedule and resulted in several last minute venue changes when sites previously reserved for CWTI trainings were needed for Bridges training. These challenges resulted in delayed confirmation letters for trainees and limited CWTI's ability to provide training in a geographically-responsive manner.

### **Promising approaches**

A meeting of the Child Welfare Training Advisory Committee is scheduled in August 2009 and will focus on a review of pre-service training including content, duration, and delivery modalities to better serve the needs of caseworkers and children and families. Additional improvements the Child Welfare Training Institute are making include:

- Race equity is a key issue for CWTI. All curricula are currently being reviewed for any needed modification. This review will also cover other issues such as gender and sexual orientation and a more concentrated focus on engaging parents, children, and other family members.
- CWTI has contracted with a noted expert in child welfare and child trauma to offer a trauma-informed perspective in all pre-service institute training beginning

in June 2009. This perspective will provide caseworkers with an understanding of the dynamics surrounding children and trauma as well as how to address the needs of traumatized children.

- CWTI is also exploring ways to incorporate aspects of pre-service training requirements into a child welfare specialty curriculum that will be offered through Michigan schools of social work.
- Private agencies will be submitting regular reports at least quarterly providing information about new foster care and adoption hires with the date of hire, degree, and when they assumed more than three cases. DHS CWTI will also gather data about new supervisors with this report.
- CWTI plans to begin conducting second level evaluations to assess trainee learning of the trained material in FY 2010. This would involve interviewing/surveying the trainees' direct supervisors approximately 30- days after the completion of a training. This will provide CWTI with valuable information as to the efficacy of the training and what strengths and weaknesses exist. After the second level evaluation process is in place and running smoothly, CWTI plans to implement a third level evaluation to assess whether "transfer of training" has occurred, that is, how much or how well the new knowledge, skill, and attitudes acquired result in on-the-job behavior and casework practice. Empirical evidence is the most effective means to measure the application of a particular skill or attitude. This data can be gathered by "shadowing" caseworkers and reading case files. Third level evaluations are more time-intensive to complete, but provide the best information regarding the strength or weakness of a training program. CWTI staff will share the results with the Child Welfare Training Advisory Committee, DHS field and program offices and other stakeholders to develop an ongoing quality improvement strategy.

### **Item 33: Ongoing Staff Training**

Does the State provide for ongoing training for staff that addresses the skills and knowledge base needed to carry out their duties with regard to the services included in the CFSP?

#### **Policy Description**

Under DHS reform efforts, all caseworkers must receive a minimum number of hours of in-service training annually, as follows:

- CPS workers:
  - At least 16-hours in FY 2009.
  - At least 24-hours in FY 2010.
  - At least 32-hours for FY 2011.
  - At least 40-hours annually thereafter.
- Foster care and adoption workers:
  - At least 24-hours for FY 2009, for DHS workers.
  - At least 24-hours for FY 2010, for private CPA workers.
  - At least 40-hours annually thereafter.

- Licensing Rules for Child Placing Agencies, Rule 209, also requires foster care and adoption caseworker and supervisors to attend not less than 14- hours of training annually.
- Child caring institution (CCI) staff must have 25-hours of training per year after the first year of employment, as required by Rule 128 of the Licensing Rules for Child Caring Institutions.

DHS requires private agency staff to meet the same ongoing training requirements as DHS staff. DHS provides training opportunities to private agency staff.

### **Practice**

Child Welfare Training Institute (CWTI) is expanding the in-service training available to staff to support a well-trained child welfare workforce. The seven Michigan universities with graduate social work programs have developed a DHS approved in-service track of continuing education offerings for both DHS and private agency child welfare staffs. A large array of in-service options are provided and updated regularly on the CWTI web site. CWTI is particularly cognizant of the need to offer in-service training options in various parts of the state and via distance or e-learning to enhance accessibility. CWTI was recently approved as a continuing educating unit (CEU) provider for licensed social workers and can provide free CEUs for certain training.

CWTI provides several of its pre-service institute (PSI) courses as in-service options for workers for whom the course would not otherwise be required. Some of these topics include:

- Foster Care Legal Process.
- Transitioning Youth to Independence and Adulthood.
- Making the Most of Parenting Time.
- Engaging Relatives.
- Parent Resources for Information Development and Education (PRIDE).
- Advanced Interviewing and Investigation Techniques.
- Constitutional Rights of Parents.
- CPS Legal Process.
- CPS Forensic Interviewing.
- Domestic Violence.
- Engaging the Family.
- Indian Child Welfare Act (ICWA).
- Medical Findings of Child Abuse and Neglect.
- Mental Health.
- Child Trauma.
- Mock Trial.
- Self-Awareness.
- Joint Legal.
- Cultural Competence.
- Substance Abuse.
- Time Management.

- Working Safe Working Smart.
- Poverty.
- Family Preservation.
- Making Visits Count.
- Involving Fathers.

For family preservation staff, special topic courses were offered in FY 2008. Some classes were required and others were recommended. Representative topics included:

- Behavior by Design.
- Helping Families with Mental Illness.
- Incest – Affected Families.
- Lesbian, Gay, Bisexual, Transgender and Questioning Youth.
- Personal Safety for Workers.
- Substance Affected Families.
- The Impact of Domestic Violence.
- The Money Whisperer.

In addition to being available to family preservation staff, these trainings are open for attendance by private agency and DHS workers to support their ongoing training needs. Family preservation trainers also provide technical assistance and informal training to family preservation staff to support family preservation efforts.

To supplement the initial training provided for staff in treatment foster homes, these staff must complete a minimum of 24-hours of annual training that meets the requirement of the Foster Family-Based Treatment Association.

CWTI has collaborated with Michigan graduate schools of social work to provide in-service trainings throughout FY 2009 and this partnership will continue to be refined. FY 2009 trainings are representative of future topics and include:

- Traumatic Stress and the Social Work Practitioner: Coping Effectively with the Cost of Caring.
- Substance Abuse and Child Welfare: Advances in Research and Practice.
- Grief and Loss: Working with Children and Youths.
- Relationship Based Assessment, Referral, and Intervention for Families of Infants and Toddlers At-Risk for Neglect.
- Intersection between Child Welfare and Overrepresentation of Children of Color.
- Private Logic of Youth in Foster Care.
- Grief and Loss Experiences in the Child Welfare System: Implications for Helpers.
- The Effects of Sexual Abuse on Adolescent Sexuality.
- Legal and Social Work Ethics: When World Views Collide.
- Cultural Humility: A Paradigm Shift in How to Work with Diverse Populations.
- Working with Hard-to-Reach Families.
- Effective Assessment and Crisis Interventions for Traumatized Children.

- Neurodevelopmental Impact of Fetal Alcohol Exposure and Trauma: Understanding Difficult Behaviors.
- Successful Strategies for Working with Lesbian, Gay, Bisexual, Transgender and Questioning Youth in Out-of-Home Placement.
- Addressing Issues Affecting Adult Survivors of Childhood Abuse and Neglect.
- Getting Back to Basics: Engaging Challenging and Resistant Children, Adolescents and their Families.
- Cultural Competence in the New Millennium: Addressing the Changing Demographics of Southeast Michigan's Child Welfare System.
- Trauma Sensitive Intervention with Children and Families.
- Working through an Ethical Lens: Decision Making with Children, Youths and Adults.

Joint training through the Court Improvement Project (CIP) is also available to courts, DHS, and private agency staff. During 2008, the Child Welfare Services (CWS) division of the State Court Administrative Office (SCAO) provided numerous free live and Web-based trainings. A luncheon Web cast series, designed to reach a larger audience than might be able to attend a live training, addressed topics including:

- AWOLP Update: Children Missing from Care.
- Court Agency Collaboration in Child and Family Services Reviews.
- Self-Inflicted Violence.
- Reducing Trauma to Children during Removal and Replacement.
- Improving the Legal System's Approach to Lesbian, Gay, Bisexual, Transgender, and Questioning of Youth in Foster Care.

Coordination with the SCAO Child Welfare Services also continued with regard to training and preparation for the title IV-E federal review. SCAO Child Welfare Services and DHS co-presented title IV-E training for 594 court and DHS participants across the state in January, February, and March 2009.

The Governor's Task Force on Children's Justice, administered through DHS, developed an interagency agreement with SCAO Child Welfare Services to provide child welfare training to child welfare professionals through established and developing curricula, training modules, conferences, interactive web casts and video presentations. The ability to write, print, distribute, and implement protocols, resource guides, practice manuals, and other materials related to this training is also part of the interagency agreement. These trainings include court, DHS and private agency staffs. Topics offered over the last two years include:

- Michigan's Forensic Interviewing Protocol for Legal Professionals.
- Concurrent Planning: A Unified Approach for Providing Permanency to Children.
- Legal Issues Regarding Fathers' Involvement.
- Implementing the Absent Parent Protocol and What to Do About Incarcerated Parents.
- Engaging Fathers: Resources and Programs for Full Engagement.
- Addressing Invisible Injuries: Child Neglect, Exploitation and Emotional Abuse.

The Office of Professional Development also offers the following classes to DHS staff that are relevant to child welfare caseworkers and supervisors:

- Customer Service Excellence Training – This two-day training focuses on improving internal and external customer service. Training involves identifying the customer conditions, adapting, and personalizing the delivery of service to suit the customer. Trainees are taught positive self-talk, effective listening and questioning skills and appropriate interaction strategies to increase customer satisfaction.
- Managing Customer Service Excellence – This is a one-day training designed for supervisors and managers of staff who have attended Customer Service Training. It includes exercises and coaching techniques to reinforce skills and sustain continued application of Customer Service training concepts back in the office.
- Working Safe/Working Smart – This one-day training program on workplace safety is offered in the classroom or via videoconference. The focus of the training is interaction of agency staff with clients or the general public. The overriding theme is how to plan for individual safety when resources are limited, yet action is needed. The training identifies techniques for field safety, office safety and interviewing. It will increase the knowledge and skills of staff in recognizing emotionally charged situations. This includes early risk assessment, prevention of exacerbation, and using appropriate referrals. The training focuses on the use of non-physical crisis intervention methods to defuse aggressive or hostile behavior (note: this one-day training, as tailored specifically to a child welfare audience, is a mandatory part of CWTI pre-service training).
- “Quick Knowledge”- Web-based trainings on topics including Building a Successful Team, Achieving Consensus, Dealing with Difficult Customers, and more are additional ongoing training options for DHS staff.

CWTI may identify training needs in a multitude of ways including responses to:

- Particular issues or themes (such as child death cases in the media)
- Legislative mandates
- CFSR/PIP deficiencies
- Recommendations from reports or entities like the Court Improvement Program, Child Welfare Improvement Task Force, Interdepartmental Task Force on Services to At-risk Youth Transitioning to Adulthood, etc.
- The CWTI director’s or other DHS assessment that a training tool on a particular topic may be useful or critical.
- Needs identified by county directors, CWTI trainers, trainees themselves, or other stakeholders.
- Office of Children’s Ombudsman or Foster Care Review Board annual report recommendations.

### **Round One of the CFSR**

During Round 1 of the CFSR, reviewers rated this item a strength because Michigan has in place an ongoing training program for staff commensurate with their duties. Michigan did not address this item in the PIP.

### **Measures of Effectiveness**

In FY 2008:

- 295 staff was trained in advanced interviewing and investigation techniques.
- 367 staff was provided specialized domestic violence training.
- 23 CPS supervisors completed program-specific supervisor training.
- Seven staff received training in forensic interviewing, in addition to those who received forensic interviewing training as part of their pre-service institute training.
- Three staff received “Medical Finding in Child Abuse and Neglect Cases” training, in addition to those who received this training as part of their pre-service institute training.
- Three staff received training regarding the foster care legal process, in addition to those who received legal process training as part of their pre-service institute.
- 62 staff members completed Advanced Indian Child Welfare Act training.
- 44 staff members completed training on “Going to Court: Issues of Culture, Ethics, and Practice”.

Overall, CPS, foster care, and adoption “special topics” ongoing training and family preservation “special topics” training course evaluations have received an average score of “4” and above, indicating a high level of satisfaction by the trainees.

### **Capacity to track staff that is meeting training requirements**

DHS rolled out Omni Track Plus (OTP), a web-based learning management system in March 2009. Staff and supervisors are able to use the new OTP system to enable them to efficiently register for and track staff training. DHS county offices and private providers are required to submit records on Omni Track Plus attesting to the completion of in-service training requirements.

### **Collaboration**

DHS and CWTI continue to train in collaboration with the Michigan Association for Foster, Adoptive and Kinship Parents, the Michigan Federation for Children and Families, the Michigan Public Health Institute, the Michigan Association for Infant Mental Health, the Prosecuting Attorneys Association of Michigan (PAAM), SCAO Child Welfare Services and the Governor's Task Force on Children's Justice. CWTI works closely with the Tribal/State Partnership to ensure both that CWTI curriculum covers all salient issues and to expand training opportunities for tribal social services staff to participate in certain CWTI trainings. DHS and private agency staff have been able to attend many conferences and other trainings with no registration fee thanks to their collaborative efforts.

In addition, Child Welfare Training Institute (CWTI) collaborated with the seven Michigan universities with graduate programs in social work to provide free in-service training opportunities for DHS child welfare staff in FY 2009. As part of the department's reform efforts, CWTI is expanding its ongoing training opportunities and is working with many other entities to promote and offer a wide variety of in-service training. CWTI made the Michigan State University Supervisory Training curriculum available on-line. The Drug Endangered Children course was lecture and discussion format and made available on DVD. An Effective Petition Drafting Course was developed and implemented in FY 2008 and CWTI will distribute DVDs in 2009.

For additional information on collaboration, reference Item 32, Initial Staff Training.

### **Strengths**

DHS monitors the ongoing training for DHS and private agency caseworkers and supervisors. BCAL monitors the training requirements during its annual reviews of all child-placing agencies. Ongoing training opportunities are available including conferences and joint training between DHS, law enforcement, and the court. The Prosecuting Attorneys Association of Michigan (PAAM) provides training on forensic interviewing. PAAM provides these trainings in a variety of communities throughout the state to alleviate concerns regarding travel restrictions.

DHS offers ongoing training on a variety of topics including the Indian Child Welfare Act, substance abuse dynamics, child management, sexual abuse, children on medications, mental health issues, and court procedures. DHS offers focused training to build skills in conducting comprehensive assessments, engaging difficult parties, managing purchased services, forensic interviewing, mediation and negotiation. Court, law enforcement, and tribal personnel also attend some of these trainings.

### **Challenges**

While CWTI has consistently been able to determine data about individual staff participation in CWTI training, CWTI has not been able to adequately determine the "universe" of staff needing a particular training and tracking whether that has occurred. Although the new OTP learning management system, in conjunction with increased data-sharing within the Children's Services Administration, and a closer relationship with DHS Human Resources and the private agencies, is allowing CWTI to obtain far more information, and verification of that information, than in the past, there have been significant challenges to determine who the "universe" of staff is and how to ensure that all staff receive the necessary training. Because of these challenges, for past training, CWTI is not able to accurately determine the percentage of staff needing certain training that have completed ongoing training.

With the current economic climate in Michigan and the reduction of DHS funds in combination with other cost saving measures, funds for trainee travel for ongoing training have been limited. Michigan continues to experience severe budget challenges, which has necessitated ongoing efforts to provide quality training opportunities while reducing costs, including having a greater reliance on technology to deliver previously

trainer-led courses.

The Governor's Task Force on Children's Justice (Task Force) identified a need for assistance with travel costs for child welfare trainings and approved the use of Children's Justice Act funds to allow DHS staff to attend any Task Force-funded and endorsed training (SCAO-CWS and PAAM). For FY 2009, the Task Force also extended this funding to private agency and tribal caseworkers. Nonetheless, trainee travel costs for other ongoing training options continue to be a significant challenge.

Child Welfare supervisors are now required to have or acquire a Master of Social Work or related field to serve as a first-line supervisor. Due to budget constraints, funding for the title IV-E partial tuition refund program for staff working on child welfare related MSW degrees was eliminated in 2007. The Office of Professional Development previously administered this program. CWTI will administer it in the future and is actively working on procedures for implementation in 2010 when it is anticipated that the program will go in to effect. However, once implemented, funds will be restricted only to those supervisors who need to acquire a master's degree and will not be available to other staff until the economic climate improves.

### **Promising Practices**

CWTI trainers, as initial (PSI) training duties allow, are each researching two or more in-service/ongoing training modules/topics to be developed and implemented in FY 2010.

CWTI collaborates with external partners to develop and implement stand alone in-service training for caseworkers and supervisors for the future. Topics may include effective caseworker visits, successfully working with parents, engaging fathers, relative caregivers, and foster/adoptive parents, specialized education, mental health, domestic violence and substance abuse issues.

CWTI is working to develop training for relative caregivers, foster and adoptive parents, court personnel, child welfare attorneys, and court appointed special advocates (CASA). While CWTI has long partnered with the SCAO-CWS to develop and implement cross professional training for caseworkers, court personnel, lawyers, CASAs, and related child welfare stakeholders, such as FCRB members and Office of Children's Ombudsman investigators, new partnerships will be forged to provide training to the underserved resource families, including relative caregivers, foster, and adoptive parents who provide safety, nurturance, and permanency for children. Prominent in this training will be tips to facilitate these resource families' serving as mentors to and partners with the biological parent, when appropriate, to increase children's well being in out-of-home placement, assist with reunification efforts and support other permanency options when reunification is not feasible.

### **Item 34: Foster and Adoptive Parent Training**

Does the State provide training for current or prospective foster parents, adoptive parents, and staff of State-licensed or State-approved facilities that care for children receiving foster care or adoption assistance under title IV-E? Does the training address

the skills and knowledge base that they need to carry out their duties with regard to foster and adopted children?

### **Policy**

DHS must place children in approved foster homes where the foster parents and adoptive parents have satisfactorily completed orientation and pre-service training curriculum. However, DHS or a private child placing agency may place a child in an unlicensed home for the purposes of adoption if all of the following conditions have been met:

- The adoptive parents have received orientation.
- An evaluation of the prospective adoptive parents has been completed.
- Supervisory approval of the placement has been documented.
- The adoptive petition has been filed with the court.

While there are not a set number of hours for orientation training, not more than 6 hours of orientation can be included in the initial 12 hours of training. Child Placing Agency rules state that the following must be covered during orientation:

- Purposes of foster care.
- Characteristics and needs of the children placed by the agency.
- Attachment and separation issues.
- Impact of fostering on the foster family.
- Role of the foster family.
- Licensing process.
- Grievance procedure.
- Importance of a child's family.
- Parent and sibling visits.
- Agency foster care policies and procedures.
- Agency foster parent training requirements.
- Supportive services and resources.
- Provisions of the children's ombudsman act.
- Provisions of the child protection act.

Licensing rules require all child placing agencies to have a training plan and document all training received by each foster parent. Each agency tracks the orientation and training for foster and adoptive parents. An agency shall develop a foster parent-training plan with the participation of foster parents. The foster parent-training plan shall provide for all of the following:

- The individual training needs of the foster parents
- The foster parent must complete not less than 12 hours of training no later than the end of the original six-month licensing period and before the placement of a child.
- No less than an additional 12 hours of training during the next two years after the original licensing period and not less than six hours of training annually, thereafter.

The initial hours of training, which are specified above, address all of the following areas:

- Characteristics and needs of children.
- Safe sleep practices for infants.
- Effective parenting.
- Behavior management.
- Importance of the foster child's family.
- Role of the agency.
- Emergency procedures, first aid, and fire safety.
- Preparation of the foster child for independence.

During the first six months of the licensing process and before a child is placed, the foster parent must receive 12 hours of training. During the next two years, the foster parents must attend at least 12 additional hours of training, and no less than six hours annually thereafter. All foster and adoptive parents are required to attend classes and successfully complete training in first aid and CPR. Licensing rules do not require any ongoing training requirements for adoptive parents; however, Michigan provides training opportunities if adoptive parents wish to participate.

Unlicensed relatives, who are going through the licensing process with either DHS or a private child placing agency, must meet the same training requirements as non-related foster parents.

Child caring institution (CCI) staff receives 50 hours of initial training at the start of their employment; staff is required to complete 25 hours of training every year thereafter.

The Bureau of Adult and Child Licensing (BCAL) will review a random sample of foster home records in both DHS and private child placing agencies and will check for compliance with the training rule. BCAL will also review personnel files for DHS, child caring institutions and private child placing agency staff in order to check training records. While BCAL does not keep records on the number of homes or personnel files reviewed, training compliance has not been an issue and is rarely cited. In the event that a foster home, DHS or a private CPA is cited for a rule violation for not complying with the training rules, BCAL can modify the license to a provisional.

### **Practice**

All prospective foster (relative and non-relative) and adoptive applicants are required to attend the Foster/Adopt PRIDE (Parents' Resource for Information, Development, and Education) training. The adoptive parents must attend the first 12 hours for approval to adopt. There are nine different sessions of PRIDE, they include:

- Session One – Connecting Pride.
- Session Two – Teamwork toward Permanence.
- Session Three – Meeting Developmental Needs- Attachment.
- Session Four – Meeting Developmental Needs- Loss.
- Session Five – Strengthening Family Relationships.
- Session Six – Meeting Developmental Needs- Discipline.

- Session Seven – Continuing Family Relationships.
- Session Eight – Planning for Change.
- Session Nine – Taking PRIDE- Making an informed Decision.

Prior to a child's placement, sessions 1 through 4 and session 6 must be completed. The remainder of the sessions will need to be completed by the anniversary of the foster parent being licensed. The PRIDE sessions fall in line with the time and content requirements noted in policy. DHS staff and private CPA staff and/or appropriate combinations of staffs deliver the PRIDE training. Michigan State University provides PRIDE training to some areas in the state, and is looking to extend this program throughout the state.

To ensure curriculum compliance with training the PRIDE sessions, the Child Welfare Training Institute (CWTI) conducts train-the-trainer in a four-day session. This training targets staffs of both DHS and private CPAs. Individuals attending are licensing workers and are responsible for the training of prospective foster/adoptive and kinship caregivers in compliance with Michigan's Licensing Rules for Foster Family Homes and Foster Family Group Homes for Children. After completing the training, a CWTI master trainer observes trainer(s) conducting a Foster/Adopt PRIDE session. The master trainer evaluates the presenting trainer and grants approval status upon a successful presentation in accordance to the standards set by the Child Welfare League of America.

Foster parents receive ongoing training through community forums, the statewide foster parent association, the Michigan Association of Foster, Adoptive and Kinship Parents' annual statewide training conference, online training such as "Foster Parent College" parenting conferences and resource library materials in local DHS offices. Local offices collaborate with private agencies to provide advanced foster parent training. Combinations of counties/agencies from foster parent training coalitions may deliver training or the local DHS office may deliver training.

While the ongoing trainings are not required for adoptive parents, they are informed about training opportunities. In a survey of adoptive parents, it was reported that the adoptive parents who indicated the need for more help, the following need/areas ranked in the top three:

- Managing child behaviors.
- Getting DHS adoption subsidy program services.
- Locating mental health services.

For information on foster and adoptive parent support and mentoring, reference Item 44, Diligent Recruitment of Foster and Adoptive Homes.

Training requirements are the same for all foster parents, except for individuals interested in becoming treatment foster parents. Treatment foster parents to provide family-based treatment to children with serious to severe emotional and behavioral disturbances. Prior to placement, treatment parents (including both partners of a couple)

shall successfully complete at least 30 hours of pre-service training, in addition to the general foster care training requirements. Pre-service training requirements for treatment foster care parents must include, but shall not be limited to the following components:

- Policy, procedures and practices for ensuring privacy of child and family information.
- The needs and common behaviors of children with a history of child abuse and neglect, including sexual abuse.
- Psychotropic and other medication: administration, monitoring, recording, secure storage, medication side effects and procedures for reporting side effects, medication reviews and the role of the treatment foster care parent in medication reviews.
- Legal issues, philosophy and characteristics of the court/child welfare system, including abuse/neglect allegations and the reporting process.
- Parenting skills, behavioral management and de-escalation techniques.
- Crisis prevention and intervention.
- The significance of the birth family, value of visitation, importance of attachment and strengthening family relationships, and impact of separation, grief and loss issues for children in foster care.

The Bureau of Juvenile Justice (BJJ) Training Unit offers training for all DHS facility staff to ensure compliance with State of Michigan licensing requirements. The Training Unit provided 5210 hours of training to 848 employees. Trainings for 2007-08 included: Anger Replacement Training, CPR, Crisis Intervention, Report Training, Physical and Mechanical Restraint, and Suicide Prevention training, as well as many other topics. Child Welfare Training Institute provides training for child caring institution (CCI) staff. CWTI trains CCI staff on a variety of topics, such as adolescent substance abuse, relapse prevention, professional boundaries, and limit setting, suicide prevention and team building.

### **Round One of the CFSR**

During Round 1 of the CFSR, reviewers rated this item as a strength because Michigan provides training for current or prospective foster and adoptive parents that addresses the skills and knowledge base needed to carry out their duties with regard to foster and adopted children. Michigan did not address this item in the PIP.

### **Measures of effectiveness**

To date Michigan has 286 approved PRIDE trainers. CWTI staff conducted eleven PRIDE train-the-trainer sessions in FY 2008.

In a survey of foster parents, they reported:

<b>Foster Parent Survey</b>	<b>Respondents</b>	<b>Native American Respondents</b>
Percentage of respondents who reported a need for training in the following areas (only the top four are reported):		
1. Child emotional concerns	36.9	50.0
2. Effective discipline	34.8	37.5
3. Stress management	32.4	50.0
4. Child development/behavior	31.5	50.0

Other comments from the survey related to foster/adoptive parent training needs include:

- *None of the training prepared us for attachment disorder. There are no good trainings offered on this topic in the area.*
- *The private CPA I am licensed through has an excellent training program. They are always willing to find training information on any subject you request.*
- *More training for new foster parents is necessary. They have to be taught that love is not the cure for these children alone.*

<b>Training, Services and Support (Continued)</b>	<b>Sample Group</b>	<b>Native American Population</b>
Percentage indicating their agency provides training three or more times per year	73.7	71.4
Of those attending trainings, the percentage indicating that the trainings were helpful (somewhat or to a large extent)	95.3	100.0
Single biggest challenge as a foster parent, top two responses for Sample Group		
1. Children's behavior	22.5	
2. Financial	16.7	
Single biggest challenge as a foster parent, top two responses for Native American Population		
1. Agency workers		26.7
2. Parenting time		20.0

In a mail survey of adoptive parents:

Additional Training and Information	Percentage of Respondents
Percentage indicating they did NOT need any additional training or information PRIOR to the adoption:	40.1
Of those indicating the need for additional training and information PRIOR to the adoption (from a list), the top four areas of need (garnering 30% or more each) were:	Training or information needed
1. Michigan’s adoption subsidy programs	41.8
2. Attachment issues my child might have or develop	39.9
3. Overcoming childhood trauma	37.7
4. The effects of separation and loss for children	31.0

During a focus group, foster parents indicated that the initial training included the basic skills and knowledge for being a foster parent. One foster parent liked the use of actual foster parents to share experiences. Another foster parent felt it was very theoretical and that the ongoing training was more helpful. One foster parent suggested that the training include more information about foster parent expectations.

The attendees all felt that they enjoyed the ongoing training and stated that it was beneficial. However, they suggested that Michigan could improve the training program by:

- Considering providing training online.
- Making training more accessible in the rural areas so that families do not have to drive long distances to attend.
- Providing training at a variety of times; (e.g. weekend, at night).
- Periodically asking foster parents what topics they are interested in for their ongoing training needs.
- Conducting needs assessments of exiting foster parents or ask Michigan Adoption Foster and Kinship to seek input on training topics.

**Strengths**

There are numerous training options available in the community for training for foster parents to maintain licensing requirements. Training resources include coalitions between DHS and private agencies that provide ongoing training as well as statewide foster and adoptive parent conferences. Michigan State University has a kinship resource center, which offers child development training for relative caregivers as well as foster parents. The use of the PRIDE orientation training ensures consistent training for all foster and adoptive parents.

### **Challenges**

Distance to a training site and the times that a training is offered can be an obstacle for foster and adoptive parents. Relatives interested in becoming a foster parent have indicated the number of training hours required is often a barrier to becoming licensed.

### **Promising Practices**

The DHS Foster Care Program Unit plans to include relative caregivers and adoptive parents in foster parent training. Birth parents, teens and sibling groups will give presentations as part of the orientation or the initial foster parent training.

The Child Welfare Training Institute also plans to expand training to foster and adoptive parents per P.L. 110-351.

## **E. Service Array and Resource Development**

### **Item 35: Array of Services**

Does the State have in place an array of services that assess the strengths and needs of the children and families, that determine other services needs, that address the needs of families in addition to individual children to create a safe home environment, that enable children to remain safely with their parents when reasonable, and that help children in foster and adoptive placements achieve permanency?

Michigan continues to offer a broad array of services to meet the identified family and child needs. These services range from family preservation programs to post-permanency and transition services for youth who are leaving the foster care system. Since the last review, Michigan has retained its service provision goal to ensure that families receive services that are strength-based, community-driven, family-oriented and have demonstrated effectiveness.

Michigan's Strong Families/Safe Children program, its Title IV-B subpart 2 program, and the Child Protection Community Partners (CP/CP) and the Child Safety and Permanency Plan (CSPP) allocations provide financial resources to local communities for program development and implementation of services according to locally determined needs. This model is dependent upon a shared sense of vision and responsibility by the key community stakeholders as well as the service providers. Michigan's Multi-Purpose Collaboratives facilitate the development of a local vision and plan. Reference Item 38, State Engagement in Consultation with Stakeholders for additional information on the MPCBs.

DHS has various appropriations that are resources for the purchase of services to help meet the needs of at-risk families. Local office resources such as Child Safety Permanency Planning (CSPP) and a large percentage of the Strong Families/Safe Children (SF/SC) funds are family preservation funds intended to serve the higher or highest risk families. CP/CP funds are state legislated and allocated to counties for services to CPS Category III and IV families at risk of child abuse and neglect. The state commits temporary assistance for needy families (TANF) funds for CP/CP services.

SF/SC funds are used for collaborative planning and delivery of community-based family support, family preservation, time-limited reunification, and adoption promotion and support services.

**Progress made on SF/SC specific program goals/objectives:**

<b>Measure</b>	<b>2005</b>	<b>2 0 0 6</b>	<b>2 0 0 7</b>	<b>2008</b>	<b>2 0 0 9</b>
Percent of reported SF/SC service outcomes meeting or exceeding planned service goals.	81%	85%	87%	88%	Goal by 2009 was 84% Achieved
Percent of SF/SC service outcomes achieving Child Safety goals.	84%	89%	87%	85%	Goal by 2009 was 85% Achieved
Percent of SF/SC service outcomes achieving Permanency goals.	79%	85%	88%	89%	Goal by 2009 was 88% Achieved
Percent of SF/SC service outcomes achieving Improved Family Functioning goals.	81%	83%	86%	90%	Goal by 2009 was 83% Achieved

In fiscal year 2008, title IV-B(2) funds purchased a reported 380 individual community-based services applicable to the four PSSF federal service categories. Four hundred fifty-four individual outcomes were reported for these varied community-based services. Outcomes for services were developed to affect positive changes for service participants, defined as families, parent(s), children and youth. SF/SC services statewide served a reported 28,477 Michigan customers in FY 2008.

County Child Care Funds are also available for In-Home Care (IHC) services as an alternative to removal from the child's home to detention or other out-of-home care. Eligible children include those who are under the jurisdiction of the court. The IHC early return option may be used to accelerate the early return of a youth from family foster care, institutional care, or other out-of-home care when the case identifies an early return goal and the services are provided to members of the child's family. DHS may also provide IHC services for CPS category I, II or III cases to prevent the removal of the children from their home. The county must have all IHC contracts processed through the county's formal contract approval procedures. Non-scheduled payments cannot be made to cover basic family needs unless they are otherwise unavailable through public assistance programs. Examples of IHC services include: clothing, household items, furniture for kinship care providers, flexible funding for Wraparound services, outreach and clinical counseling for neglect and delinquent youth, parent aide services, parenting classes, and transportation assistance for parents to facilitate visitations with youths in out-of-home care.

The State Emergency Relief (SER) and family reunification services programs assist CPS workers in avoiding a removal or foster care workers in facilitating family reunification. The following families are eligible for these services:

- CPS families at imminent risk of experiencing a removal.
- Families who have one or more children in care (DHS or private agency supervised).
- Relative care situations, if the permanency plan is placement with a fit and willing relative.

Payment from Family Reunification funds may be used for food, clothing and shelter when denied by SER and for security deposits, appliances, furniture and household items that are not covered by SER, plus transportation assistance so long as the CPS or FC worker certifies that these services are needed to avoid a removal.

The Bureau of Juvenile Justice administers the Juvenile Justice and Delinquency Prevention Act (JJDP) and the Juvenile Accountability Block Grant (JABG) from the Office of Juvenile Justice and Delinquency Prevention (OJJDP). The bureau awards grants to local units of government, private and non-profit providers. Examples of the types of grants include: reintegration programs to assist youths in returning to their communities, drug testing and problem solving mental health courts, diversion programs, gender specific services and truancy prevention initiatives. They also plan to award two Disproportionate Minority Contact intervention projects in Oakland and Ottawa counties, five prevention grants targeting counties with high dropout rates and model prevention program grants.

### **Public Assistance Benefits**

Relatives who are caring for foster children are eligible to receive Family Independence Program benefits. They are also eligible for Child Development and Care (day care) benefits, if they are working or attending school.

A parent of a dependent child in foster care may be eligible to receive Family Independence Program benefits up to 12 months when there is a plan to return the child to the parent's home.

Public assistance recipients are eligible for the Jobs Education and Training (JET) program.

### **Transportation Services**

The Volunteer Services Program in each local office provides volunteer transportation for health screening, dental clinics, foster care, juvenile justice, and some special transportation needs.

### **Round One of the CFSR**

The 2002 CFSR rated Item 35 as a strength because the state has in place an array of services to meet the needs of children and families.

## **General Services**

Substance Use Disorder Services: Inpatient and outpatient substance use disorder services are provided by local agencies and hospitals. Public Act 164 of 1997 requires substance use disorder agencies that have a waiting list for services to give priority to a parent whose child has been removed or is in danger of being removed due to a substance use disorder.

Some Michigan communities have developed or are developing family drug treatment courts (FDTC) within their family court system. The purpose of family drug treatment courts is to better coordinate services and improve systematic response to children and families with substance use issues who are involved with the child welfare system. Reference Item 26 Periodic Reviews for information on the Michigan drug courts.

Eaton and Saginaw counties developed a protocol between DHS, the court and the Substance Abuse Coordinating Agency to address substance use disorders for families in the child welfare system. Crawford and Alpena counties are holding community forums to develop a protocol. Isabella County received a Fetal Alcohol Spectrum Disorder grant and will be holding a forum this year to develop a Substance Abuse Task Force.

Ingham County contracts with their substance abuse coordinating agency, Central Diagnostic and Referral Services (CDRS), to conduct substance use assessments and case management services for child welfare families.

The Parent-Child Assistance Program (PCAP) is conducted with pregnant or postpartum women in residential or outpatient alcohol treatment or substance treatment where women also drink at risk levels. The program uses an intensive paraprofessional home-visitation model over a 3-year period. A pilot program is operating in Allegan, Berrien, Kent, Muskegon and Ottawa counties.

DHS caseworkers in CPS and foster care screen families for potential substance use disorders using the Family Assessment of Needs and Strengths and refer them for assessment and treatment when appropriate. SF/SC, CSPP, CPCP and IHC fund are used by the local DHS office to purchase fair market rate contracts with local counselors specializing in substance use disorders. Purchased services may include a substance use assessment and/or ongoing therapy. A Substance Use Assessment collects detailed information to determine whether an individual has a condition or meets the diagnostic criteria for a given disorder. It may also determine appropriate treatment plan and level of care.

Drug testing is used by caseworkers to evaluate the risk of leaving the children in the home with a parent who has a substance use disorder and to monitor a parent's compliance with treatment when determining if it is safe to return a child home. Drug testing is not used punitively. It is a tool to assess risk and safety. Some substance abuse programs administer drug screens as a component of the treatment. DHS can contract with laboratories to conduct drug screening. Either the child welfare or substance use

disorder system can request a drug test. Regardless of which system requests the test, information is shared across systems.

Counseling and Mental Health Services: SF/SC, CSPP, CPCP and IHC funds are used by the local DHS office to purchase fair market rate contracts with local counselors. The contracts provide services for less high needs children and they also provide family counseling services.

The Michigan Department of Community Health (DCH) services include 18 inpatient health plans, which include one or more Community Mental Health Service Programs. A total of 46 community programs operate in Michigan. Inpatient services are available for children with a serious emotional disturbance, adults with severe mental illness and child and adults with developmental disabilities. Community based services are available to the same group of individuals. These mental health services are not limited to child welfare families.

Local DHS offices also use local funding sources to match Mental Health Block Grant funds to provide system of care services to children and families. Examples of these services include: wraparound, infant mental health, and screening of mental health needs for juvenile justice youths. DCH also administers the home and community-based services waivers for children with serious emotional disturbance (SWDW). To be eligible, the child must meet the current DCH contract criteria and be at risk of hospitalization in a state psychiatric hospital. In fiscal year 2009, Michigan has also appropriated \$3 million dollars for mental health services to match the state Medicaid funds. Reference Item 23 Mental and Behavioral Health of the Child for additional information.

Treatment Foster Care: DHS is piloting Treatment Foster Care (TFC) in Genesee, Macomb, Oakland and Wayne counties. Treatment Foster Care is a family based service that provides individualized mental health treatment for children and their families. TFC services are directed towards diverting children from placement in a residential setting or assisting a child after discharge from a residential setting. The treatment foster family is viewed as the primary locus of intervention with children in their care. It is a family setting that seeks to integrate with, rather than replace, treatment services provided outside of the home. Treatment is delivered through service interventions provided by treatment foster program staff and external resources with the child, identified permanent placement and treatment foster parents.

Sex Offender Treatment: The DHS Appropriations Act prohibits expenditures (including staff time) from state funds to preserve or reunite a family when there is a substantiated sexual abuse case, unless there is a court order to the contrary, if either of the following would result from that expenditure:

- A child would be living in the same household with a parent or other adult who has been convicted of criminal sexual conduct against a child.

- A child would be living in the same household with a parent or other adult against whom there is a preponderance of evidence conclusion of sexual abuse against a child.

This law does not prohibit DHS from expending funds for counseling services for the child victims. DHS also provides sex offender treatment to DHS supervised juvenile justice youths in a residential or a community setting.

### **Prevention Programs**

The following prevention programs are not used exclusively for families in the child welfare system. However, they are available services that families and children may utilize.

Family Resource Centers (FRCs): These centers are a community-based collaborative model comprised of DHS and community agency staff housed within schools to coordinate services to families including financial assistance. Each FRC developed service goals that are shared by families, the community, school and other partner agencies. These centers serve as “one stop shops” for family services located within or near a neighborhood school. There are currently 66 FRC sites in operation, including two newly opened sites. A full evaluation of the FRC initiative is planned for 2009.

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

Priority schools with FRCs are significantly more likely to meet federal adequate yearly progress (AYP) expectations enough years in a row to move completely off the priority schools list (40 percent of FRC-linked schools compared to 10 percent of non-FRC linked schools). Partner agencies who locate services within FRCs have reported significantly improved outcomes for children and families due to the increased accessibility of services.

### Domestic Violence Services

Child welfare families may also receive domestic violence services. DHS contracts for domestic violence shelter and support services for:

- Emergency shelter and related services (counseling, information, referral, and advocacy) to victims of domestic violence and their children.
- Rape prevention and services (counseling, advocacy, public awareness, emergency intervention services) to victims of sexual assault, their family members and/or their significant others.
- Transitional supportive housing and supportive services (transitional housing, counseling, transportation, financial/specific assistance, employment services, health care, and client development seminars).

Circle of Parents®: The Children's Trust Fund (CTF) continued to serve as the lead agency for the Circle of Parents® initiative, implemented in October 2006. Circle of Parents® provides an opportunity for parent involvement, leadership and support. Its purpose is to create or incorporate shared leadership and strong parenting skills into an existing community support group for all parents, but especially for those at risk for neglect or abuse. There are still 11 Circle of Parents® statewide program sites with multiple groups operating at most sites. In FY 2008, approximately 163 parents/caregivers and 75 children participated in the program, and one new group started.

Zero to Three: Zero to Three programs are more uniform than CTF direct service programs, and outcomes are categorized by legislative requirements. Grantees are required to describe their evaluation process including identified, measurable performance objectives for each time-oriented outcome, how they will be measured, and how they integrate with the Zero to Three secondary prevention indicators. Outcomes are measured using three main data collection tools, quarterly data collection forms, the Adult Adolescent Parenting Inventory-Bavolek (AAPi-2), and an analysis of CPS involvement. The initiative has found these evaluation activities to be highly effective in demonstrating the return on investment and effectiveness of these prevention programs. In each quarter of FY 2008, Zero to Three programs served an average of 2,886 families of which 2,644 (91.6 percent) had three or more CAN risk factors. These families represented 3,320 children (2,229 newly enrolled) each quarter. For each quarter, the program served 283 expectant mothers and 391 newly enrolled expectant mothers. The majority of participants are female (95.3 percent), white (77.1 percent), and adults (93.2 percent).

Children's Trust Fund: CTF award grants to service provided who served 2,945 families in FY 2008. Their programs served 3,551 adults and 8,569 children (including 508 special needs children). Direct service grantees delivered 58,553 direct prevention services. (Note: each individual service delivery equals one prevention service.) Of this total, 47.93 percent was for one-on-one counseling, 10.41 percent was for home visits, 6.91 percent was for respite care services, 3.72 percent was for referrals, 3.44 percent was for resource coordination, 3.44 percent was for workshops, and 3.43 percent was for childcare services. The remaining services were for parenting classes, group counseling, screening, transportation, prenatal services and other direct services.

In FY 2008, CTF funded 33 direct service grantees that served 32 of Michigan's 83 counties. In FY 2008, CTF worked extensively with three counties to establish a local council in their communities. By the start of FY 2009, CTF was funding 72 local councils in 82 of Michigan's 83 counties. By statute, local councils develop and facilitate collaborative community prevention programs.

Teen Parent Program: The Teen Parent Program is a comprehensive community-based service that addresses the risk factors associated with teen pregnancy and parent. The purpose of the program is to discourage repeat pregnancies and enhance parenting, self-esteem and self-sufficiency skills. It assists teen parents in developing employment

skills, achieving high school completion and preventing the incidence of child abuse and neglect. The program operates via contract with 23 sites in 20 counties. The specific counties served by the program are Berrien, Calhoun, Chippewa, Clare, Genesee, Ingham, Jackson, Kalamazoo, Kent, Lake, Macomb, Montcalm, Muskegon, Newaygo, Oakland, Ogemaw, Ottawa, Saginaw, Van Buren, and Wayne, which is home to four sites. The Teen Parent program funding was cut for fiscal year 2010.

Proud Fathers and Proud Parents Programming: Michigan's Proud Fathers and Proud Parents (PF/PP) are two distinct healthy relationship-based parenting programs designed to improve outcomes for children and create safe family environments. The Michigan Healthy Marriage and Responsible Fatherhood Initiatives seek to develop collaborative partnerships that enhance and support active, positive male parent involvement, co-parenting efforts, and the encouragement of healthy, long-term adult relationships of couples. The programs emphasize a nurturing parenting style, while discouraging fear-based parenting. The focus is on building strong individual relationships within the family in order to foster effective child rearing strategies.

- The Proud Fathers (PF) Program offers a 14-week, group-based service for fathers or other male caretakers. The program focuses on positive and active father involvement as well as promoting positive co-parenting strategies, regardless of the parents' relationship status. PF also features an employment component. The topics of anger management, substance abuse and domestic violence are included as potential barriers to children attaining healthy outcomes.
- The Proud Parents (PP) Program offers a ten-week, group-based service for couples. These services focus on strengthening co-parenting efforts and supporting long-term healthy marriages and adult relationships.

Data from PF/PP participant evaluations in 2008 includes:

- Eighty-four percent reported that they had improved their parenting skills.
- Eighty-six percent reported an increased confidence in parenting.
- Eighty-eight percent reported that their ability to listen to their child/children improved.
- Ninety-four percent reported that they would recommend PF/PP to someone else.

In fiscal year 2008, 13 service providers offered the PF/PP program in 36 Michigan counties. Michigan used Temporary Assistance for Needy Families (TANF) funds for these programs; however, the funding has been cut for fiscal year 2010.

Homemaker and Indian Outreach Services: In select counties throughout the state, staff provides unique services to a localized client population. The homemaking service activity includes direct assistance to teach necessary skills to individuals and families with household management problems and to maintain, strengthen and safeguard their functioning. Special services can include child care and modeling of parenting skills, meal planning and preparation, household cleaning and maintenance, consumer education, budgeting and teaching household management skills.

Indian outreach workers assist Native American families in Michigan to attain self-sufficiency. The program focus is to preserve, rehabilitate, strengthen and reunite families. Indian Outreach workers provide information and referral services, homemaker services, serve as a liaison between the Native American community, state and local agencies, Indian centers, schools and the non-Native American community. They strengthen families and encourage independence through the provision of culturally relevant services that enhance the family's ability to meet their financial, medical and social needs. The Indian Outreach worker also assists in the provision of services to families that meet the standards established in the Indian Child Welfare Act (ICWA) for the preservation of Native American families.

### **In-Home Services**

Prevention services: There are 35 CP/CP funded DHS prevention worker limited-term positions among the counties. These workers provide casework services and referrals to community-based services to prevent the removal of children from their home.

Families First of Michigan (FFM): Is a statewide program that provides pre-placement crisis intervention to keep children safely in their own homes. DHS contracts with private providers for this service. FFM provides direct support to DHS Children's Protective Services, Foster Care, Adoption, and Juvenile Justice and accepting referrals from specific domestic violence programs and Native American Tribes. Intervention services include teaching parenting skills, budgeting skills, housekeeping skills, counseling, family assessment, advocacy and making appropriate use of community resources.

The intervention specialists work with families for ten or more hours per week for a four to six week period. Families are referred by caseworkers, often based on the outcome of a risk evaluation. The family must be at risk for court involvement, already involved with the court or the children have recently returned home. The Families First worker and caseworker work as a team to ensure risk factors are well managed and the children remain safe. Weekly contact, at least, is maintained between the caseworker and the Families First worker throughout the intervention.

Families First also re-evaluates families on a three, six and twelve month basis to determine if risk has re-occurred. A recent historical program summary provided by Families First supports the effectiveness of the model. At the three-month period, 93 percent of children served remained in the care of a parent or relative. At six months, 87 percent remained in the care of a parent or relative and at twelve months, 84 percent remained in the care of a parent or relative. FFM served 3,030 families in fiscal year 2008.

Family Group Decision Making: FGDM is a family preservation program designed to offer additional family based supports to children who are at-risk of removal or families where a child is already in out-of-home care. This contractual service supports the CPS, foster care and adoption programs. FGDM is available in 19 counties. It is designed to protect children in a culturally sensitive and family centered way. FGDM assists families involved in abuse and neglect cases to create written plans to increase safety for the

children within their family network. Available community services are provided as detailed in the family identified plan. In the FGDM process, families and trained professionals meet together to clearly define the conditions that have put their children at risk and to mobilize a support system that will help implement their family plan. FGDM offers long term assistance to families and can provide service to the family for up to a year after creation of the plan. The FGDM process may include immediate and extended family members, neighbors, friends, godparents, or anyone who has a significant relationship with either the child or parent.

Grand Traverse and Leelanau counties have FGDM service available for Native Americans that are culturally-based and serves as a mechanism that assists in meeting the active efforts requirement of ICWA.

FGDM served 248 families in fiscal year 2008.

- Ninety-nine percent of families served created acceptable plans to address safety issues for their children.
- At the conclusion of the FGDM service, 92.8 percent of children were living with parents or with kin.
- Ninety-four percent of families did not experience a recurrence of child neglect or abuse during the FGDM service period.

Families Together/Building Solutions (FTBS): Is a program based on the belief that many families can enhance their well-being and improve safety of the children with the assistance of long-term in-home services. These families, while in need of less intensive services, are not threatened with the risk of imminent removal of a child from their homes; yet, if left without services or access to necessary resources, the family could reach a point of crisis serious enough to threaten family stability and lead to an eventual removal.

The FTBS program is short-term (up to 90 days, with an extension up to an additional 90 days), in-home clinical counseling, and includes a solution-focused group treatment option. Families may be referred from CPS, foster care, juvenile justice services and prevention. Program services are voluntary and without regard to family income. These services may include: building a positive family/therapist working relationship by using solution-focused techniques, developing cooperation and defining the problems to be worked on, collaborative goal-setting, enhancing family functioning through the use of feedback and task-building interventions, enhancing appropriate parenting skills, household management skills, communication and conflict resolution skills, and enhancing the use of community resources and linkages with follow-up services when appropriate.

Wraparound: The Wraparound process is a collaborative model that is based on individualized, needs-driven planning for at-risk families and children. Using a strength-based, family-centered approach, a personalized child and family team develops a plan. The team is comprised of those professionals, family, friends and key person who know the child and/or are influential in the child's life. The plan developed by the team is

designed to fit the child and family's strengths and needs, is community based and culturally competent. In fiscal year 2009, there are 45 counties with Wraparound contracts.

### Additional Services

CPS families may also be eligible for Child Development and Care services to participate in family preservation activities. The CPS worker certifies the families need for services.

When juvenile justice youths are placed in their own home, either as the initial placement or as an aftercare placement, the JJS may be the primary service provider or a variety of in-home services may be purchased.

Other examples of family preservation services purchased from SF/SC, CSPP, IHC and CPCP funds include:

- Crisis counseling and intervention.
- Delinquency programming.
- Domestic violence services.
- Grandparents Raising Children.
- Juvenile diversion programs.
- Pregnant or Teen parenting program.
- Substance use disorder services, follow up and supportive services.

### **Reunification Services**

Family Reunification Program (FRP): FRP directly supports DHS and private agency foster care cases through a variety of private service provider contracts. FRP provides an array of intensive, in-home services that are specifically designed to enable children and families to reunify within 12 months of their removal from the home because of substantiated child abuse and/or neglect. FRP is available in 26 counties in Michigan. These counties serve approximately 85 percent of the child welfare population in the state. Services are home based and intensive, averaging four hours per week for four to six months. The providers ensure immediate availability 24 hours, seven days a week to ensure child safety upon return from out-of-home care. The services are strength based, and focus on child safety. Services may begin as early as 30 days prior to the expected court approved return home date. FRP served 730 families in fiscal year 2008.

Families First services are also used when a child has returned to his/her parents' home.

Parent Partners: The Parent Partner Program (PP) program is a supportive service for parents and caregivers that assign another parent as a mentor/encourager to a birth parent who recently had a child (ren) removed from their home. The PP is someone who had the same experience but has successfully reunified with his or her child (ren) for, at least six months prior to partnering.

Participation in the Parent Partner program is voluntary for the birth parent and can be requested at the initial Team Decision Making session. The PP helps connect the birth parent to community resources necessary to meet the family's needs. The PP is sensitive to the concerns of the birth parents, can quickly establish a good rapport with them and is credible as someone knowledgeable about the system.

The target population for this program is parents who reside in one of six contracted service areas in Metro Detroit. The birth parent is informed of the PP Program by the child welfare worker. Families are initially eligible for 6-months of PP services with the possibility of a six-month extension. The role of the parent partner includes:

- Encouraging the parents to advocate for themselves as they understand and complete the process to reunite with their child/children.
- Supporting the parent and foster care worker in implementing the court ordered service plan.
- Keeping the parents' information confidential except with issues that require mandatory reporting of abuse/neglect to CPS.
- Accompany parents to court proceedings, Team Decision Making meetings and any other agency-required meetings, as requested by the parent.
- Utilizing culturally sensitive skills with families.

Wayne County currently has seventeen Parent Partners who are paid employees of the Department. They work 30 hours per week. Parent Partners have worked with nearly 200 families since the program's implementation in May 2006.

Juvenile Justice Services: Family therapy occurs in both residential and community settings. Both the juvenile justice worker and the treatment team assess families on an on-going basis when the youth is in a residential placement. Families are encouraged to visit, call, send mail and participate in the treatment plan. Families are also able to participate in the facility youth grievance process. During therapy, the family is encouraged to provide insight to the youth, which has led to the youth committing his or her offense. Most treatment services are provided in a group modality where youth participate in groups of 10 youth or less. Groups are supervised by direct care staff with treatment services managed by a group leader, social worker and a program manager.

Sex offender treatment services are also provided in community settings.

Other examples of time-limited reunification services purchased from SF/SC, CSPP, IHC and CPCP funds include:

- Counseling.
- Domestic violence services.
- Families Together Building Solutions.
- Wraparound.
- Homemaker.
- Kinship care support services.
- Parenting aide.
- Parenting education.

- Substance use disorder services.
- Supportive visitation.

### **Permanency and Post-Adoption Services**

Caseworkers can utilize both FFM and FGDM as a service option for families that continue to care for relative children through APPLA or guardianship or for adoptive families.

Michigan Youth Opportunities Initiative (MYOI): Another key change in Michigan's system since 2002 was the selection as the first state-level child welfare system to receive a Jim Casey Youth Opportunities Initiative grant. The initiative began in Michigan in 2003 and the grant concludes at the end of fiscal year 2010. In 2006, DHS renamed the program as the Michigan Youth Opportunities Initiative (MYOI). A statewide planning committee with assistance from Jim Casey, Casey Family Programs and the Finance Project, recently blended MYOI, older youth transitional services and permanency teaming into a strategic plan for youth services delivery.

In support of MYOI for fiscal year 2008, DHS provided \$529,188 of Chafee and state funds for educational and training supplies, travel and transportation for youths, youth board meetings and stipends.

MYOI offers Opportunity Passports™, a package of resources that includes Individual Development Accounts (matched savings accounts) to assist the youth in entering the mainstream banking system. The account helps youths earn and save money for long-term asset building with a 1:1 match for allowable purchases. In order to participate, youths are required to receive eight hours of financial literacy training and complete surveys bi-annually to track outcomes. Through September 2008, there were 959 current and former foster youth in 30 counties with Individual Development Accounts (IDAs). The youths have saved approximately \$755,000 and made over 430 asset purchases matched by more than \$233,000 in grant funds. They have received almost 8,000 hours of financial literacy and asset specific training.

MYOI staff work with each youth to help develop educational goals. They assist the youth to complete applications for grants, scholarships and post-secondary education. A youth may cover specific educational costs through use of the IDA accounts. Data demonstrate that even a part-time education planner is able to increase the number of teens who graduate from high school or attain a GED, as well as the number who enroll in post-secondary education or training.

DHS continues to offer independent living classes for youth ages 14 to 21. Classes include money management, household living, transportation, employment, and education. In fiscal 2008, YIT funds were spent for the administration of independent living contracts under the foster care appropriation. This represents an expenditure increase of 8.3 percent over fiscal year 2007.

The Youth in Transition (YIT) program, Michigan's Chafee program, continues to provide funding and services related to employment and training throughout Michigan. In fiscal 2008, YIT funds were spent on activities such as educational support, job training, independent living skills training, self-esteem counseling and other programs to equip teens with skills to function as independent adults.

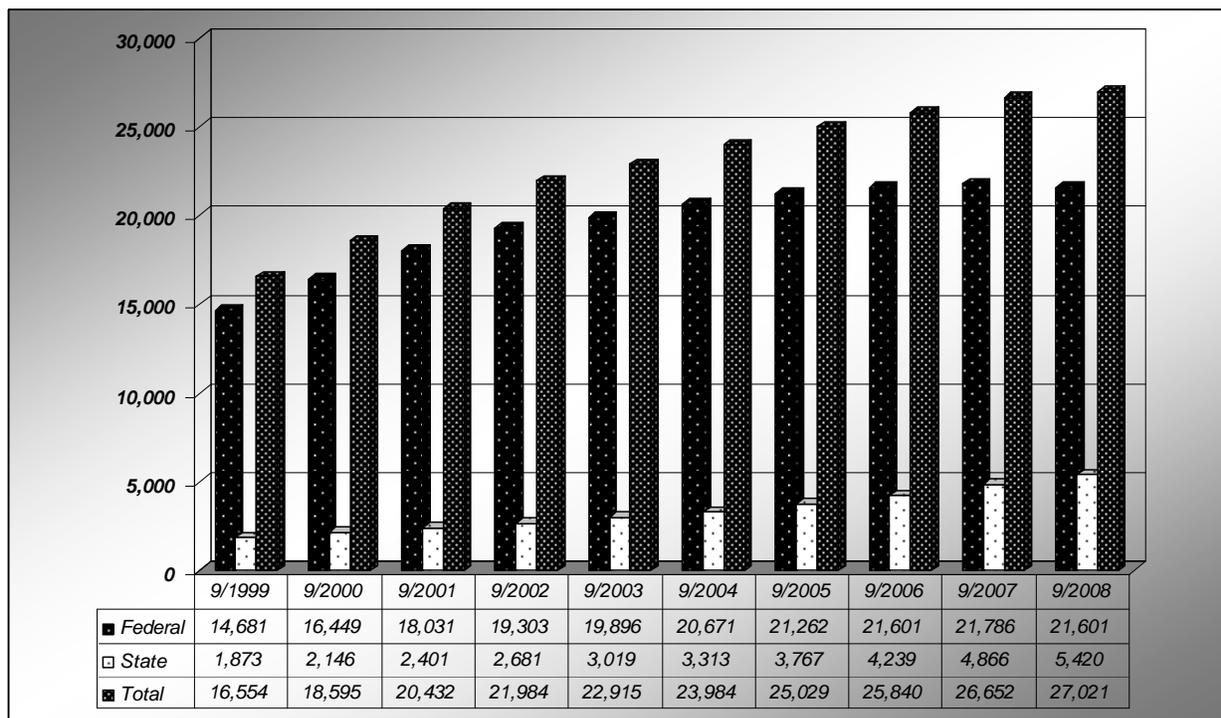
In addition to MYOI, DHS supports the Creating Independence And Opportunities (CIAO) program in Wayne County, and has entered into a relationship with Department of Energy, Labor and Economic Growth and Michigan Works! Agencies to ensure foster children 14 and older, without a goal of reunification, are referred for services provided through the Workforce Investment Act. Preferred Employers in Michigan's Northern 10 counties prioritize MYOI youth who apply for summer jobs. MYOI coordinators across the state served as advocates to get youth part-time jobs and internships that have resulted in permanent employment.

Services to Homeless Youth and Runaway Youth: Short-term crisis intervention and referral services provided to runaway youths, potential runaways, homeless youths, youths in need of protection and/or youths in crisis, and their families. Services provided by private, non-profit agencies under contract with the Department. Youths, ages 10 to 20, who voluntarily are admitted for services and have run away, are contemplating running away, are homeless or have been thrown out of their homes, or are in crisis or in need of protection. Families of eligible youths may also receive services. This service is not limited to child welfare clients.

Adoption Subsidy: The Adoption Subsidy program is designed to assist families who adopt eligible special needs children by providing support and medical subsidies. Support subsidies provide for day-to-day care of the child, and medical subsidies provide for treatment of medical conditions which existed, or the cause of which existed, prior to a child's adoption.

The number of Adoption Support Subsidy cases increased over 63 percent from September 1999 to September 2008. Total net caseload growth from September 2007 to September 2008 was 1.4 percent.

### Adoption Subsidy Cases Point in Time Data



**Juvenile Justice Residential Services:** The following service array is provided by DHS residential treatment facilities to DHS and court supervised juvenile justice youths.

Standard services include:

- 24-hour staff supervision.
- Medical, psychiatric and dental services.
- Education, including special education, leading to GED or High School Diploma.
- Group and individual problem solving and counseling.
- Social and life skills development.
- Mail, telephone and visitation with parents/guardian/family.
- Recreation.
- Spiritual programs (spiritual program participation is voluntary).

DHS juvenile justice facilities adopted the principles of Balanced and Restorative Justice, which seeks to replace punitive responses to crime with an approach. It emphasizes the offender repairing harm to the victim and the community, restoring and maintaining community safety, and developing competencies in the offender to ensure they do not reoffend and make a positive contribution to their community.

Additional site-specific services include:

- Mental health treatment and chronic and violent offender treatment at the Woodland Center.
- Sex offender treatment at Shawano Center and Woodland Center.

- Substance abuse treatment at Bay Pines Center, Nokomis Center, Shawanono Center, and Woodland Center.
- Experiential-wilderness program at the Nokomis Center.
- Gender responsive treatment at the Bay Pines Center.
- Community reintegration, education and employment services are provided in a non-secure setting at Academy Hall, Parmenter House and Pine Lodge.

Other examples of adoption promotion and support services purchased from SF/SC, CSPP and CPCP funds include:

- Adoption advocate.
- Adoption promotion.
- Counseling.
- Foster and adoptive parent mentoring and recruitment.
- Grandparents raising children assistance and kinship caregiver support.
- Post-adoption services.
- Wraparound.
- Family Group Decision Making.

### Measures of Effectiveness

In a survey of foster parents, they indicated:

Percentage indicating need for more support, top two responses for sample group	Sample Group	Native American
1. Financial assistance	31.2	
2. Transporting children to appointments/visits	30.2	
Percentage indicating need for more support, top two responses for Native American Population		
1. Dealing with the court process		83.3
2. Financial assistance		41.7
Percentage indicating DISSATISFACTION with services and supports (top three responses were the same for each group)		
1. Reimbursement for special costs (e.g., field trips)	52.3	60.0
2. Determination of care (DOC) rates	36.9	75.0
3. Transportation	31.7	100.0

In a survey of parents with an open CPS case, they indicated:

<b>For each of the following services, please tell us how helpful that service was:</b> (Note: those indicating they “did not receive this service” were removed before calculating the remaining percentages based on the revised n)	<b>Very Helpful</b>	<b>Somewhat Helpful</b>	<b>Did not help as much as I needed</b>	<b>I did not receive this service</b>
<b>Drug Screens</b> (n=233; revised n=62)	32 (51.6%)	10 (16.1%)	20 (32.3%)	171 (73.4%)
<b>Drug or Alcohol Treatment</b> (n=231; revised n=30)	23 (76.7%)	5 (16.7%)	2 (6.7%)	201 (87.0%)
<b>Counseling</b> (n=236; revised n=127)	86 (67.7%)	33 (26.0%)	8 (6.3%)	109 (46.2%)
<b>Parenting Classes</b> (n=232; revised n=77)	54 (70.1%)	18 (23.4%)	5 (6.5%)	155 (66.8%)
<b>Help finding a new home</b> (n=230; revised n=23)	15 (65.2%)	3 (13.0%)	5 (21.7%)	207 (90.0%)
<b>Domestic Violence Services</b> (n=229; revised n=34)	20 (58.8%)	7 (20.6%)	7 (20.6%)	195 (85.2%)
<b>Help finding a job</b> (n=229; revised n=19)	8 (42.1%)	5 (26.3%)	6 (31.6%)	210 (91.7%)
<b>Families First</b> (n=234; revised n=59)	43 (72.9%)	12 (20.3%)	4 (6.8%)	175 (74.8%)
<b>Parent Aide</b> (n=229; revised n=34)	26 (76.5%)	5 (14.7%)	3 (8.8%)	195 (85.2%)
<b>Other</b> (n=122; revised n=11)	5 (45.5%)	2 (18.2%)	4 (36.4%)	111 (91.0%)

In a survey of adoptive parents, they reported:

<b>Additional Help Needed</b>	<b>Respondents</b>
Percentage indicating they do NOT need any more help	42.3
Of those needing more help, top five areas of need (identified from a list and each garnering responses of 25% or more):	Areas of need
1. Managing child behaviors	45.1
2. Getting DHS adoption subsidy program services	35.4
3. Locating mental health services in my community	28.5
4. Getting educational services in my community	27.6
5. Dealing with the school system	26.8

### Strengths

Michigan’s system of local service delivery allows the counties to determine the appropriate services to meet the local community’s needs. Additionally, there are programs such as the Michigan Youth Opportunity Initiative (MYOI) that support young people who are aging out of the foster care system. Furthermore, evidence-based

models such as Families First of Michigan and the Family Reunification are successful at preventing placements and reuniting families.

### **Challenges**

The budgetary shortfalls in the state have resulted in reduced capacity to existing service contracts across the state. The DHS budget for fiscal year 2010 has not been finalized; therefore, the affects of the budget crisis on child welfare services is unknown. Strategic reductions have been taken to ensure that a basic level of services are continued to address the needs of the child welfare providers.

### **Promising Practices**

In the future, quality assurance and data management will play a large part in the design of Michigan's continuum of care. DHS is also implementing new program standards for child welfare services contracts, including the implementation of outcome based contracts for private child placing agencies.

### **Item 36: Service Accessibility**

Are the services in item 35 accessible to families and children in all political jurisdictions covered in the State's CFSP?

#### **Policy**

The State of Michigan provides services to families and children in all political jurisdictions covered in the CFSP. This is achieved through a network of county/regional DHS offices and a blend of public and private service providers offering services in both residential and local community contexts. Families First of Michigan is a statewide service.

#### **Practice**

There are 80 county-based multiple purpose collaborative bodies that include all 83 Michigan counties. Each community collaborative, in partnership with the county based DHS staff, formally and informally assesses local resources, needs, service availability and gaps. The collaborative body utilizes a team based approach to develop a plan for improving results for at-risk children and families and commits to the development, implementation and oversight of the county services plan. Because needs for children and families are so great and resources are limited, prioritizing and maximizing resources for services is an important element of local planning. Michigan's community system of care is currently under review. Recent changes now require that the local DHS director has the final decision making capability on the services that receive funding.

Michigan continues to operate the Families First program statewide. Each county, dual-county configuration or regional area provides access to FFM within the specific geographic confines of the contracts. In Michigan's needs assessment, FFM was often cited as one of the key services available in all communities to keep children safely in their homes.

DHS use the Volunteer Services program to provide transportation assistance to child welfare clients. Bus passes and other public transportation are also used.

**Round One of the CFSR**

In Round 1 of the CFSR, reviewers rated Item 36 as a Strength because services are available in the vast majority of communities within the state, although there is a paucity of services available in the outlying areas and service delivery may be time limited.

**Measures of effectiveness**

A survey of legal parents with children in the foster care and juvenile justice system had the following results:

<b>Q19: Are the services you are getting helping you and your child?</b>	<b>Foster Care Cases</b>		<b>Juvenile justice Cases</b>	
	<b>N</b>	<b>%</b>	<b>n</b>	<b>%</b>
Yes	59	61.5	8	47.1
No	32	33.3	8	47.1
<b>Total</b>	<b>91</b>	<b>94.8</b>	<b>16</b>	<b>94.1</b>
Missing	5		1	

A survey of parents with an open CPS case found:

<b>How long did it take for each of these services to begin?</b> (Note: those indicating they “did not receive this service” were removed before calculating the remaining percentages based on the revised n)	<b>Service did not start yet</b>	<b>Less than 1 week</b>	<b>1-2 weeks</b>	<b>Less than a month</b>	<b>1-3 months</b>	<b>More than 3 months</b>	<b>I did not receive this service</b>
<b>Drug Screens</b> (n=246; revised n=74)	17 (23.0%)	22 (29.7%)	11 (14.9%)	9 (12.2%)	13 (17.6%)	2 (2.7%)	172 (69.9%)
<b>Drug or Alcohol Treatment</b> (n=246; revised n=45)	15 (33.3%)	11 (24.4%)	8 (17.8%)	4 (8.9%)	6 (13.3%)	1 (2.2%)	201 (81.7%)
<b>Counseling</b> (n=247; revised n=135)	20 (14.8%)	23 (17.0%)	39 (28.9%)	20 (14.8%)	24 (17.8%)	9 (6.7%)	112 (45.3%)
<b>Parenting Classes</b> (n=248; revised n=93)	29 (31.2%)	15 (16.1%)	14 (15.1%)	14 (15.1%)	13 (14.0%)	8 (8.6%)	155 (62.5%)
<b>Help finding a new home</b> (n=242; revised n=32)	14 (43.8%)	5 (15.6%)	4 (12.5%)	2 (6.3%)	4 (12.5%)	3 (9.4%)	210 (86.8%)
<b>Domestic Violence Services</b> (n=238; revised n=35)	10 (28.6%)	9 (25.7%)	5 (14.3%)	4 (11.4%)	2 (5.7%)	5 (14.3%)	203 (85.3%)
<b>Help finding a job</b> (n=240; revised n=31)	14 (45.2%)	5 (16.1%)	2 (6.5%)	2 (6.5%)	4 (12.9%)	4 (12.9%)	209 (87.1%)
<b>Families First</b> (n=242; revised n=61)	12 (19.7%)	20 (32.8%)	9 (14.8%)	7 (11.5%)	10 (16.4%)	3 (4.9%)	181 (74.8%)
<b>Parent Aide</b> (n=242; revised n=42)	11 (26.2%)	10 (23.8%)	9 (21.4%)	7 (16.7%)	3 (7.1%)	2 (4.8%)	200 (82.6%)
<b>Other</b> (n=122; revised n=17)	5 (29.4%)	3 (27.6%)	3 (17.6%)	3 (17.6%)	1 (5.9%)	2 (11.8%)	105 (86.1%)

Counseling appeared to be the most widely received service, with 54.7 percent of respondents indicating they receive counseling services. Each of the remaining services were received by fewer than two-fifths of the respondents: parenting classes (37.5 percent), drug screens (30.1 percent), Families First (25.2 percent), drug or alcohol treatment (18.3 percent), parent aide (17.4 percent), domestic violence services (14.7

percent), other (13.9 percent), help finding a new home (13.2 percent), and help finding a job (12.9 percent).

Of those parents receiving services, the majority of respondents indicated that the services started in a period of less than one month (or sooner):

- Parent Aide – 83.9 percent.
- Drug or alcohol treatment – 76.7 percent.
- Other – 75.0 percent.
- Drug screens - 73.7 percent.
- Families First – 73.5 percent.
- Domestic violence services – 72.0 percent.
- Counseling – 71.3 percent.
- Parenting classes – 67.2 percent.
- Help finding a new home – 61.1 percent.
- Help finding a job – 52.9 percent.

<b>For each of the following services, please tell us how far you have to travel to receive the service?</b> (Note: those indicating they "did not receive this service" were removed before calculating the remaining percentages based on the revised n)	<b>Service provided in my home</b>	<b>Less than five miles</b>	<b>Between five and ten miles</b>	<b>Between ten and twenty miles</b>	<b>Over twenty miles</b>	<b>I did not receive this service</b>
<b>Drug Screens</b> (n=243; revised n=63)	11 (17.5%)	28 (44.4%)	15 (23.8%)	8 (12.7%)	1 (1.6%)	180 (74.1%)
<b>Drug or Alcohol Treatment</b> (n=244; revised n=34)	2 (5.9%)	16 (47.1%)	9 (26.5%)	5 (14.7%)	2 (5.9%)	210 (86.1%)
<b>Counseling</b> (n=247; revised n=133)	59 (44.4%)	26 (19.5%)	25 (18.8%)	14 (10.5%)	9 (6.8%)	114 (46.2%)
<b>Parenting Classes</b> (n=244; revised n=74)	21 (28.4%)	22 (29.7%)	19 (25.7%)	6 (8.1%)	6 (8.1%)	170 (69.7%)
<b>Help finding a new home</b> (n=236; revised n=18)	6 (33.3%)	5 (27.8%)	4 (22.2%)	2 (11.1%)	1 (5.6%)	218 (92.4%)
<b>Domestic Violence Services</b> (n=240; revised n=29)	7 (24.1%)	9 (31.0%)	7 (24.1%)	2 (6.9%)	4 (13.8%)	211 (87.9%)
<b>Help finding a job</b> (n=239; revised n=20)	4 (20.0%)	4 (20.0%)	6 (30.0%)	3 (15.0%)	3 (15.0%)	219 (91.6%)
<b>Families First</b> (n=240; revised n=56)	46 (82.1%)	7 (12.5%)	2 (3.6%)	1 (1.8%)	0	184 (76.7%)
<b>Parent Aide</b> (n=239; revised n=33)	26 (78.8%)	5 (15.2%)	2 (6.1%)	0	0	206 (86.2%)
<b>Other</b> (n=124; revised n=8)	4 (50.0%)	2 (25.0%)	0	1 (12.5%)	1 (12.5%)	116 (93.5%)

Of those who reported receiving services, the majority of respondents indicated that, for each service listed, the service was either provided in their homes or required that they travel a distance of less than ten miles:

- Parent Aide – 100.0 percent.
- Families First – 98.2 percent.
- Drug screens – 85.7 percent.
- Parenting classes – 83.8 percent.
- Help finding a new home – 83.3 percent.
- Counseling – 82.7 percent.
- Drug or alcohol treatment – 79.4 percent.
- Domestic violence services – 79.3 percent.

- Help finding a job – 70.0 percent.
- Other – 68.8 percent.

A survey of caseworkers (group size unknown) conducted by Michigan State University indicated the following:

- 100 percent of tribal workers reported Family Group Decision Making, substance abuse treatment and transportation services as sufficient.
- 87.5 percent of DHS workers and seventy-five percent of private child placing agency workers reported sufficient availability of FGDM services.
- 65 percent of DHS workers and 87.5 percent of private child placing agency workers reported insufficient availability of psychiatric services.
- 35 percent of DHS workers and ten percent of private child placing agency workers reported Wraparound services are not available.
- When asked about the length of wait time for service availability, a substantial number of workers in all responding groups reported waits in excess of four weeks for many health and behavioral health related services.

### **Strengths**

In significant portions of Michigan including the northern Lower Peninsula and Upper Peninsula, lower population densities and the search for increased operating efficiency in service delivery have led to consolidation of individual DHS county offices into dual county and regional offices. DHS has also made increased use of technology to ensure services are provided. For example, residential juvenile justice facilities in the northern part of the Lower Peninsula and in the Upper Peninsula make use of videoconferencing by the servicing mental health services provider.

### **Challenges**

The Child Welfare Improvement Task Force identified an inadequate array of services to support children, youth, and families in their own communities, minimize the use of out-of-home placements, and support children and youth returning home. The task force also identified geographic difference in services provision. Most services are contracted at the local level and funded with state dollars. With large geographic areas to cover and no funding increase, agencies have to provide services to fewer clients.

Many young adult members of the task force indicated that sufficient services are not being provided as they age out of the child welfare system. This is a critical period of transition that has tremendous impact on their social, educational and professional outcomes. In order to address these problems, Michigan is expanding its Michigan Youth Opportunities Initiative (MYOI).

Transportation can be a challenge that all stakeholder focus groups involved in the statewide assessment process cited. It affects counties of all sizes. Parents and children in rural counties often have to travel long distances in order to access services.

### **Item 37: Individualizing Services**

Can the services in Item 35 be individualized to meet the unique needs of children and families served by the agency?

#### **Policy**

DHS uses Structured Decision Making (SDM) assessments throughout the life of a case to assess the strengths and needs of the child, youths and families. These tools systematically identify critical family issues and help plan effective service interventions. It assesses caregivers on specific life domains. The tools also help to focus case planning and assess change in family functioning. Workers use the information obtained to complete the treatment plan. Reference the Case Planning Model and Item 17 Needs and Services of Child, Parents, Foster Parents for additional information on SDM.

DHS policy, CFP 714-1, CFF 722-8c and JJ2 230, describes the function of the treatment plan as casework services directed toward resolving the presenting problem or conditions. Education, health and mental health care are included in the treatment plan. Services offered and service provision, utilization and results are assessed in the treatment plan, as are visitation issues. Service plans include an assessment of initial reasons for DHS involvement, the present situation, a discussion of strengths and needs and services offered, services utilized and the results. Service availability is also noted.

#### **Practice**

Policy requirements are reflected in the work of the casework staff in treating each youth and his/her family with individualized assessment and determination of service needs. The assessment and treatment tools recognize the linkage between youth and family and the importance of providing needed services to both. Local offices may purchase specialized assessment, such as a diagnostic assessment for fetal alcohol spectrum disorder to determine a child or parent's individual needs. Once the assessment was completed, the worker makes referrals for existing services.

Flexible funding is available for emergency and reunification services. Reference Item 35 Array of Services for additional information.

DHS staff ensures that individual rights are honored and that individual responsibilities are explained in a language the individual understands. DHS has an established contract for over-the-phone interpretation services and document translation services for all DHS clients. When individuals need a bilingual interpreter, they may choose their own adult interpreter or ask DHS to provide an interpreter. If an individual does **not** have an interpreter, the caseworker must obtain services in the following order:

- A DHS staff person with bilingual ability.
- A member of a community agency or other volunteer with adequate bilingual ability who agrees to confidentiality requirements.
- Contractual provider of interpretation services.

An individual cannot decline the use of such an interpreter if available.

### **Round One of the CFSR**

In Round 1 of the CFSR, reviewers rated Item 37 as an area needing improvement because services are not consistently being individualized to meet the unique needs of children and families.

The PIP outlined the following action steps to address this area:

- DHS incorporated SDM for foster care into SWSS FAJ to improve the identification of family and child needs and the delivery of services to address identified needs, to increase supervisory and program manager monitoring and policy compliance. Completed based on information provided for the annual review during the June 2005 on site visit. SWSS implemented on a roll-out bases and documentation was provided to ACF at the February 2006 site visit. DHS trained field staff on SDM as rollout occurred.
- DHS revised treatment plans to include assessing specific needs of foster parents. Improved monitoring of the use of SDM forms occurred to ensure that needs and strengths were accurately assessed and that services were being provided to address the priority needs. This was completed in February 2006.
- DHS conducted focus groups for feedback on services, gaps in services and policy changes needed to ensure that needs are being met or addressed.
- In order to increase effective monitoring by supervisors on the use of SDM by their staff, training needs were identified based on the result of the counties who were reviewed during the CFSR PIP reviews. A total of 194 CPS and foster care cases were reviewed during the PIP period. Completed in June 2005, with the results and report provided to the Administration for Children and Families.
- To improve the current system of providing substance abuse services to clients involved in the child welfare system, an interagency committee convened with representatives from DHS, DCH, SCAO, private agencies and others. This team provided technical assistance to counties and tribes to encourage communication and collaboration among substance abuse treatment providers. In addition, several counties developed protocols or written agreements for improving substance abuse services to child welfare clients. Michigan also received technical assistance from the National Center on Substance Abuse and Child Welfare. This was completed in June 2005, with an ongoing process in place.

### **Measures of effectiveness**

Many DHS and private agency caseworkers participating in focus groups felt that parenting classes are designed for parents with minimal parenting concerns and not for DHS clients. There is a need for specialized parenting classes for low-functioning families and parenting coaches that can assist, monitor and model good parenting choices.

Focus group participants, including service providers, foster care review board members, court appointed special advocates and court staff, indicated that services tend to be “cookie cutter” rather than individualized. Participants believed that this was due to a lack of service capacity to meet specific needs such as substance abuse.

### **Strengths**

A key component of the Wraparound model requires individualized child and family team plans to meet the child and/or family needs. Family Group Decision Making encourages early and regular family involvement in case planning. DHS also provides interpreter services.

### **Challenges**

Services within communities are not always individualized. “Cookie cutter” treatment plans and services are often used. The SWSS system, which is used by social workers to develop case plans, can inhibit individualizing services because its format provides a checklist of prescribed services rather than encouraging workers to develop a unique case plan in concert with the needs of children and families.

## **F. Agency Responsiveness to the Community**

### **Item 38: State Engagement in Consultation with Stakeholders.**

In implementing the provisions of the CFSP, does the state engage in ongoing consultation with tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private child- and family-serving agencies, and include the major concerns of these representatives in the goals and objectives of the CFSP?

### **CFSR Workgroups**

The DHS CFSR Unit staff developed the 2010-2014 Child and Family Services Plan (CFSP) in consultation with DHS stakeholders and child welfare partners. The CFSR/CFSP Unit is a subset of the Federal Compliance Office, which in turn is part of the DHS Child Welfare Improvement Bureau. The function of the unit is to coordinate the planning and implementation of the CFSR and CFSP processes.

The foundation of stakeholder consultation lies in two stakeholder workgroups, the CFSR/CFSP Core Workgroup and the CFSR Steering Committee. The members of the workgroups were selected to plan and prepare the CFSP and the CFSR, based on the perspectives accorded by their diverse roles in the child welfare system. These workgroups will continue beyond the onsite review, as DHS develops the CFSR program Improvement Plan (PIP) and the annual reports on the CFSP progress over the next five years.

The Core Workgroup includes the Director of the Office of Native American Affairs, DHS and private agency field staff and managers, private child placing agency managers, State Court Administrative Office, Foster Care Review Board and court staffs, service providers, parents, and tribal agency representatives. The dates the CFSR/CFSP Core Workgroup met over the past two years are:

- November 2, 2007.
- November 19, 2007
- December 4, 2007.
- January 7, 2008.

- January 24, 2008.
- February 21, 2008.
- March 20, 2008.
- May 12, 2008.
- June 12, 2008.
- July 17, 2008.
- August 14, 2008.
- September 11, 2008.
- September 25, 2008.
- October 9, 2008.
- February 23, 2009.
- March 12, 2009.
- March 26, 2009.
- April 9, 2009.

Following the April 2009 meeting, the Statewide Assessment document was drafted and Core Workgroup members reviewed drafts between April 2009 and the present. These reviews have been conducted through email and telephone discussions.

Discussion at Core Workgroups in fiscal year 2008 and 2009 included the development of the Statewide Assessment, as well as the requirements of the CFSP, both focused through the circumstances of the DHS Settlement Agreement and reorganization.

The CFSR Steering Committee is comprised of DHS central office management, field operations and State Court Administrative Office staff. The role of the steering committee is to guide the work of the Core Workgroup and to assure continued implementation of all child welfare reforms. The Steering Committee met on:

- September 21, 2007.
- November 7, 2007.
- February 20, 2008.
- May 16, 2008.
- August 14, 2008.
- April 27, 2009.

In addition, the DHS child welfare management staff meets bi-monthly with Michigan Supreme Court Justice Maura Corrigan and state court staff. The purpose of these meetings is to discuss key child welfare improvement initiatives and their impact on performance as it relates to CFSR and CFSP outcomes.

### **The Governor's Task Force on Children's Justice**

The Governor's Task Force on Children's Justice (GTF) is Michigan's standing stakeholder group for the CFSR and the CFSP. The Federal Compliance Office (FCO) manager is a member of the GTF and attends meetings regularly. During fiscal years 2008 and 2009, FCO staff presented information and progress on the CFSR/CFSP to the entire GTF. Additionally, the CFSP was discussed with the GTF staff on an as-

needed basis, and when decisions needed to be made. The GTF staff member (housed at DHS) made contact with the GTF Chair and other members in order to facilitate decision-making. The GTF met on the following dates in 2008 and 2009:

- January 11, 2008.
- April 23, 2008.
- July 10, 2008.
- September 25, 2008.
- January 9, 2009.
- March 6, 2009.
- May 15, 2009.
- July 16, 2009.

### **Other CFSR/CFSP Stakeholders**

#### **Citizen Review Panels**

Michigan's Citizen Review panels are the:

- 1). Citizen Review Panel for Prevention (Children's Trust Fund).
- 2). Citizen Review Panel for Children's Protective Services, Foster Care and Adoption (Governor's Task force on Children's Justice).
- 3). Citizen Review Panel on Child Fatalities (Michigan Child Death Review Team).

The purpose of the Citizen Review Panels (CRP) is to provide opportunities for citizens to play an integral role in ensuring that Michigan is meeting its goals of protecting children from abuse and neglect. Michigan was required to establish three CRPs by June 30, 1999. Michigan established the panels with membership from three existing citizen advisory committees: the Children's Trust Fund (CTF), the Governor's Task Force on Children's Justice, and the State Child Death Review Team.

The Citizen Review Panel on Prevention (CRPP): The Children's Trust Fund (CTF) serves as Michigan's only source of permanent funding for the statewide prevention of child abuse and neglect. Established in 1982 by the Michigan Legislature as a public nonprofit organization, the Children's Trust Fund works to promote the health, safety and well-being of Michigan's children and families by funding local child abuse prevention programs. The purpose of the Citizen Review Panel on Prevention (CRPP) is to affect the development and improvement of prevention and protective services for children and families. The CRPP met on the following dates in 2008:

- February 11, 2008.
- April 14, 2008.
- June 9, 2008.
- August 11, 2008.
- October 23, 2008.
- December 8, 2008.

To serve Michigan's families and protect Michigan's children, CTF works with an extensive network of local prevention organizations. CTF provides funding for direct service programs and local child abuse and neglect prevention councils.

The CFSR Unit manager and staff met with the Acting Director and Program Development Coordinator of the Children's Trust Fund on April 8, 2009 for the purpose of CFSP development and planning. Subsequent consultation took place as needed through email and telephone contacts.

The Citizen Review Panel on Children's Protective Services, Foster Care, and Adoption is a subcommittee of the Governor's Task Force on Children's Justice. At discussions in scheduled meetings, the panel assisted with developing the CFSP, including identifying areas for further development such as collaboration with Native American tribes and medical consultation for children in foster care. Furthermore, the panel reviewed CPS policy, with a special focus on services, training and other arenas in which the panel is typically involved. The committee met on the following dates in 2008 and 2009:

- January 11, 2008.
- January 25, 2008 (conference call).
- February 11, 2008 (conference call).
- April 24, 2008.
- June 2, 2008.
- June 23, 2008 (conference call).
- July 10, 2008.
- September 25, 2008.
- March 6, 2009.
- May 26, 2009.
- May 27, 2009.

There have also been numerous telephone conferences.

The Child Fatality Review Panel was established in 1999 by the federal government to provide an opportunity for citizens to aid in ensuring that states examine the circumstances surrounding child deaths. This CRP evaluates the strengths, weaknesses and challenges in the child welfare delivery system and meets quarterly to review identified cases of child abuse and neglect that have occurred within a given year. (Reference Item 4, Risk and Safety Management for additional information on the Fatality Review Panel).

### **Other Collaborations for CFSP and Child Welfare Planning:**

#### Over Representation of Children of Color

Another collaborative effort by the department includes the Michigan Advisory Committee on the Over Representation of Children of Color in Child Welfare. The CFSR/CFSP Unit manager and staff met with the Child Welfare Equity Analyst and with the Director of the Child Welfare Training Institute on April 7, 2009 for the purposes of CFSP planning. Further discussion and information sharing took place through email and telephone consultation. For additional information on the committee, reference the Introduction section.

### Tribal Consultation

DHS regularly consults with the federally recognized Native American Tribes in an ongoing plan to ensure culturally appropriate services are provided to Indian families. Feedback from the GTF and the CPS Advisory Committee recommended improving consultation with Native American Tribes. This is accomplished through increasing the involvement of Indian tribes, communities and agencies in furthering the development of community based services to children and families. Quarterly Tribal State Partnership meetings are held with representatives from Michigan's 12 federally-recognized Tribes, Tribal organizations, local county DHS and central office staffs, including CWTI trainers. During 2007 and 2008, TSP meetings were held on:

- February 8, 2007.
- May 16, 2007.
- August 8, 2007.
- November 14, 2007.
- February 20, 2008.
- May 15, 2008.
- February 18, 2009.
- April 30, 2009.

The 2008 Annual Progress and Services Report was discussed as an agenda item on February 8, 2007 and May 16, 2007, and an advance draft of the APSR was sent to Tribal members for review prior to submission to the Children's Bureau in 2007. In 2008, although the position of the director of Native American Affairs was vacant, an advance draft was shared with the acting director for review prior to submission to the Children's Bureau.

The 2010-2014 Child and Family Services Plan CFSP was developed with Tribal representatives through discussion at TSP meetings and networking with the DHS Native American Affairs director. The plan is comprehensive and includes ICWA requirements of tribal notification, case review and service provision as well as quality assurance.

The Child and Family Services Plan for fiscal years 2010 to 2014 was introduced on February 19, 2009 and a brainstorming session was held at the TSP meeting on April 30, 2009 to formulate priorities of the TSP membership. Subsequently, the results of the brainstorming session were sent by email to TSP members for further elaboration on May 1, 2009. This document became the basis for the Office of Native American Affairs CFSP, which was finalized in mid-May 2009.

### Focus Groups

Between fiscal years 2007 and 2009, 46 focus groups were held in communities throughout the state. The following groups participated:

<b>Participating Groups</b>	<b>Number of Focus Groups Held</b>	<b>Dates of Focus Groups</b>
DHS Child Welfare – CPS and foster care staffs)	8	1/08, 4/08 (2), 5/08 (2), 8/08 (2), 9/08
Private Agency Foster Care	4	3/08 (3), 4/08
Private Agency Management	3	3/08, 4/08, 9/08
DHS Management	4	4/08, 5/08, 9/08 (2)
Adoptive Parents	1	3/08
Relative Caregivers	2	6/08, 8/08
Local Courts	3	11/07, 9/08, 4/09
County Collaboratives	1	4/09
Local CASA	1	12/07
Local FCRB	2	11/07, 2/08
Youth	4	1/08, 3/08, 4/08 (2)
Mental Health	4	10/08 (2), 10/08, 4/09
Citizen Review Panel	1	7/08
CPS Advisory Focus Group	1	6/08
DHS Family Preservation Program Office	1	12/07
Office of the Children’s Ombudsman	2	6/08 (2)
State Medical Advisory Committee	1	4/08
Tribal Representatives	2	3/09, 4/09
Child Advocacy Law Clinic (University of Michigan)	1	4/08
<b>Total Focus Groups</b>	<b>46</b>	

Overall, focus group participants commenting on DHS’ consultation with stakeholders suggested that DHS makes concerted efforts to be responsive to the community and to consult with community representatives. Participants in a tribal focus group stated that since the inception of the Tribal-State Partnership, DHS has increased levels of communication and works more effectively with Tribes and other Indian groups to ensure that Michigan is hearing their issues and concerns. A focus group participant noted that the Native American Affairs Director for DHS engages in consultation with each of the 12 recognized tribes separately to ensure opportunities for input into the CFSP and updates.

In focus groups with DHS and private county directors and managers, participants expressed the opinion that they are responsive, innovative and flexible in addressing stakeholder concerns, and that they participate in several collaborative bodies in the community, which promote openness and responsiveness. Focus group participants described positive relationships between DHS, law enforcement, service providers, the court, and the Foster Care Review Board.

DHS and private agency focus group participants expressed concern about the need to provide outreach to the suburban and Arab communities. Focus group participants also noted that relationships between DHS and the courts and individual Native American tribes vary from county to county. Focus group participants also expressed the opinion that there is a need for greater collaboration with the school systems.

#### Adoption Oversight Committee

The purpose of the Adoption Oversight Committee (AOC) is to examine the state of adoption and adoption services in Michigan and make suggestions and action plans on ongoing improvement. The AOC is composed of program staff from DHS, workers and supervisors from DHS and private adoption agencies, adoptive families, foster care youth, Michigan Adoption Resource Exchange (MARE) staff, SCAO staff, court personnel and child welfare advocates. The AOC has met every other month since March 2007. The group has established four work groups that meet regularly. These groups are Adoption Service Provision, Policy and Legal Issues, Post Adoption Services and Adoption Recruitment. Reference Item 9 Adoption for additional information on this committee.

#### The Children's Protective Services (CPS) Advisory Committee

The committee was developed in 1995 to provide a forum for CPS Program Office staff to discuss issues that impact of the day-to-day activities required to operate a quality CPS program. Participants include representatives from local DHS office CPS supervisory staff, DHS Outstate Operations, Office of the Family Advocate, the Child Welfare Training Institute, the United Auto Workers, and CPS Program Office. The committee meets once every quarter to review and provide input on pending legislation; develop CPS policy and procedures; share information on best practices; and look for resolutions to any widespread problems or issues.

#### Office of the Children's Ombudsman (OCO)

The OCO investigates complaints regarding children supervised by DHS and private CPAs. DHS also works in conjunction with the OCO to improve child welfare policy and practice. The OCO produces an annual report, which includes recommendations for legislative and policy changes in the areas of CPS, foster care, adoption and child welfare system issues. DHS responds to the recommendations and the report is published. The published report is provided to the Governor, DHS director, the Michigan legislature and is made available to the public. Reference Item 31 Quality Assurance System for additional information.

#### Foster Care Review Boards (FCRBs)

The FCRB is a system of third-party review initially established by Public Act 422 of 1984, and most recently amended in Public Act 170 of 1997 to help ensure safe and timely permanency for children in the state foster care system. The FCRB statewide advisory committee includes leaders from the child welfare community. The committee assures that the FCRB program fulfills its statutory mandate and provides maximum benefit to the foster care system with the resources provided. State statute also requires

publication of an annual report to the Michigan Legislature and Governor. Systemic issues that delay permanency or compromise child and family well-being are highlighted and analyzed in the report with related recommendations. Copies of the annual reports are located: <http://courts.michigan.gov/scao/services/fcrb/fcrb.htm>. Reference Item 31 Quality Assurance System for additional information.

#### Multi-purpose Collaborative Bodies (MPCB)

Michigan's Multi-Purpose Collaborative Bodies (MPCB) facilitate the development of a local vision and plan for the Strong Families/Safe Children, Michigan's title IV-B, subpart 2 program. Local communities develop programs and implement services according to locally determined needs. This model is dependent upon a shared sense of vision and responsibility by the key community stakeholders as well as the service providers.

There are 80 county-based MPCBs that include all 83 Michigan counties. Each community collaborative, in partnership with the county-based DHS staff, formally and informally assesses local resources, needs, service availability and gaps. The collaborative body utilizes a team based approach to develop a plan for improving results for at-risk children and families and commits to the development, implementation and oversight of the county services plan. Because needs for children and families are so great and resources are limited, prioritizing and maximizing resources for services is an important element of local planning (Reference Item 35, Service Array for additional information).

#### Youth Panels

The Michigan Youth Opportunities Initiative (MYOI) sites continue to develop Community Partner Boards committed to improving outcomes for youth in or exiting from foster care. Community Partner Boards include key local decision makers in child welfare, public policy and practice, education, housing, employment, banking, stakeholders in the business community, service clubs, faith community, community agencies, individual volunteers, and youth board members. The Community Partner Board works with the Youth Board to meet the needs identified by youth, recruits mentors and develops "door openers" in each community. Local MYOI youth board coordinators enlist community partners to provide classes on healthy cooking, disease prevention, drug and alcohol addiction, smoking, teen pregnancies, sexually transmitted diseases, and safe dating relationships.

The Youth Boards provide input to policy and procedure improvement in the local counties. Plans for involvement of youth in the CFSR process are underway. Youths transitioned from foster care are also instrumental in providing input and feedback for improving integrated teaming services for foster youths 14-21.

The Shared Youth Vision committee continues to meet regularly and has moved their focus to youths who drop out of high school. Foster youths figure prominently as one of the high-risk populations. DHS continues to be an active partner in this endeavor.

Finally, DHS is in the process of establishing a state-level youth board advisory committee that is representative of the local youth boards. The board will meet quarterly to provide a means of ongoing input by youth into decision making, as well as providing a venue for ongoing communication to young people about changes in policies and services.

#### Legislative Engagement

DHS is receiving technical assistance from the National Resource Center for State Legislators. DHS has already engaged the local county directors to invite their state legislators to the local offices. In the fall, DHS plans are to conduct a legislative briefing to review Michigan's child welfare reform efforts and review the findings in the CFSR Statewide Assessment. Current "champions" of child welfare in the Legislature will be invited to participate, so the state builds capacity in the legislature from term to term.

#### Private Agency Consultation

DHS works closely with private providers of all children's services. DHS holds regular quarterly meetings with private agencies under contract with DHS to provide adoption, foster care and residential services. These meetings are designed to provide updates on a variety of child welfare issues that affect the provision of services by both the local DHS offices and the private providers, as well as to identify and address concerns of the providers. Among the topics discussed are requirements of the DHS Settlement Agreement and how these requirements are being implemented, a review of CFSR requirements, how to improve the working relationship with the courts, licensing issues and contract updates.

In addition to the quarterly contractor meetings, DHS also engages private partners in the development of performance measures for foster care contracts. These measures are related to the CFSR requirements; however, they are modified to evaluate the provider only for the period of time the case was under their supervision. Engaging the providers in the development of these measures has been effective in increasing the private provider's awareness and sense of accountability in working with DHS to meet the federal requirements.

#### Foster and Adoptive Parent Consultation

Parents and foster parents also provide ongoing input to DHS through the Michigan Association for Foster, Adoptive and Kinship parents (MAFAK). Through their meetings and conferences, MAFAK provides a forum for foster parents and advocates providing feedback to DHS regarding its services.

#### Bureau of Juvenile Justice

The Bureau of Juvenile Justice (BJJ) administers the Juvenile Justice and Delinquency Prevention Act (JJDP) and the Juvenile Accountability Block Grant (JABG) from the Office of Juvenile Justice and Delinquency Prevention (OJJDP). BJJ collaborates with the Juvenile Crime Enforcement Coalition (JCEC), which oversees the allocation of the Juvenile Accountability Block Grant (JABG) funds. The JCEC provides advice to the

state and local units of government in the development of a Coordinated Enforcement Plan (CEP) to reduce juvenile crime in their areas.

**Reports and recommendations from the following groups that are not currently active, have informed Michigan's current child welfare reform efforts:**

Pew Commission

The Pew Commission on Children in Foster Care was established in May 2003 to develop recommendations to improve outcomes for children in the foster care system. Of primary importance were expediting the movement of such children from foster care into safe, permanent, nurturing families, and preventing unnecessary placements in foster care.

In particular, the Commission sought to investigate and offer comprehensive recommendations in the following targeted areas:

- Improving existing federal financing mechanisms to facilitate faster movement of children from foster care into safe, permanent families and to reduce the need to place children in foster care.
- Improving court oversight of child welfare cases to facilitate better and timelier decisions related to children's safety, permanence and well-being.

The Commission convened its first meeting in May 2003 and issued its final report and recommendations in 2004. During its two years of operation, the Pew Commission on Children in Foster Care released two special reports examining the current financing system and current practice in juvenile and family courts. Additionally, the Commission engaged in a variety of ongoing outreach activities to inform key stakeholders of the Commission's work, elicit opinions and build consensus.

Recommendations of the Pew Commission to improve the child welfare system were carried into the Permanency Options Workgroup, which currently meets regularly to implement child welfare improvements.

Transitioning Youth Task Force

The Transition Youth Task Force was convened in 2006 by then-Director of DHS, Marianne Udow and Supreme Court Justice Maura Corrigan, and included current and former foster care youths, representatives from DHS, Michigan Departments of Labor and Economic Growth, Education, Community Health and the State Housing Development Authority. The Task Force created six committees: education, employment, mental health, physical health, housing and permanency. The full Task Force met four times and the committees met monthly.

Because of the task force and other work of DHS, the National Governors Association selected Michigan as one of six states to participate in its Policy Academy on Youth Transitioning out of Foster Care. Participation in the year-long policy academy allowed Michigan to continue to refine, build on and be supported by the work of the task force and its committees.

### Public/Private Provider Initiative

The Public/Private Provider initiative was established in 2004 to foster collaboration between public and private partners and to develop a new vision and a positive working relationship between and among public/private service sectors in the interests of Michigan children and families. Members of the workgroup included representatives from child caring institutions and child placing agencies, DHS, family courts, Department of Corrections, Department of Education, prosecutors, multi-purpose collaborative bodies and customers. The initiative made recommendations on the following topics: identifying the needs of children, integration of programs and agencies and funding.

### Mental Health Commission

Governor Jennifer Granholm charged the Michigan Mental Health Commission with the tasks of identifying the most pressing issues that face our public mental health system and developing recommendations for improvements. The Commission concluded that Michigan was grossly underserved by the public mental health system with evidence showing that treatment is most effective and the possibility for full recovery greatest when problems are addressed in the earliest stage of illness. The Commission's Final Report, issued in 2004, made 32 recommendations aimed at developing and improving mental health services to children and families. These recommendations have informed Michigan's approach to identifying the immediate concerns about Settlement Agreement requirements and CFSR child well being outcomes.

### Michigan Committee on Juvenile Justice

The Michigan Committee on Juvenile Justice was created by Executive Order 2003-9 as Michigan's response to the federal Juvenile Justice and Delinquency Prevention Act (JJDPA) to have a State Advisory Group. Comprising representatives from law enforcement, the judiciary, service providers, academics and youth, the MCJJ provided policy direction to the state and helped prepare Michigan's comprehensive Juvenile Justice Plan, guided the use of federal funds for juvenile justice and monitored the state's compliance with JJDPA's four core requirements of separation of juvenile offenders from adults in custody, removal of juveniles from adult jails or lockups, the deinstitutionalization of status offenders and reduction of disproportionate minority contact with the juvenile justice system for female youth and youth of color. Recommendations of the MCJJ included balanced and restorative justice, delinquency prevention, disproportionate minority contact, gender-specific services, Native American pass through, monitoring for compliance, alternatives to detention and juvenile justice system improvement.

### National Governors Policy Academies

Michigan has participated in two National Governors Policy Academy programs:

- In February 2009, the Michigan DHS participated in a four-day session on improving family driven practices with representatives from the Department of Community Health (DCH), Association of Children's Mental Health, SCAO, other public and private mental health agencies, parents, and youths. Through this meeting, participants developed a comprehensive policy action plan, "It's About

Families”, whose purpose was to inform the public about the effort and invite concerned citizens to participate. The group is also working to develop an ethic of parent leadership within communities and at the statewide level to ensure that shared decision making and responsibility for outcomes is the norm for mental health services. Strategies in this comprehensive change effort include the establishment of a resource Web site, development of a logic model and a strategic plan to inculcate a comprehensive approach to family driven care across human service communities in Michigan. By training, coaching, and positive peer modeling based on performance data, the group will implement a comprehensive policy examination and change process, including connecting the state policy initiative with community level implementation.

- The focus of the second NGA Policy Academy was on Youth Transitioning from Foster Care. A priority was placed on recommendations that would have the greatest impact and implementation would be possible in a time of serious state budget challenges. Participation in the year long policy academy allowed the Michigan team to continue to refine, build on and be supported by the work of the original statewide youth in transition task force. Members developed innovative service approaches achieved through better communication between state agencies and other stakeholders. Efforts were made to provide simplified access for foster youths for existing programs that otherwise required complicated enrollment. Taken together the initiatives comprise a comprehensive approach to helping youths as they leave foster care. The NGA Academy provided the continued opportunity to develop partnerships among state agencies, the non-profit sector, advocacy groups and other community and state based organizations to focus on foster youths.

Additional collaborative efforts are included in various sections of this document.

### **Round One of the CFSR**

In Round 1 of the CFSR, reviewers rated Item 38 as a Strength because the state engaged in ongoing consultation with key external partners and included the major concerns of these representatives in the goals and objectives of the CFSP.

### **Factors Affecting Performance**

DHS has an extensive network of stakeholder groups that meet in various capacities with the overall goal of advising on child welfare improvement. Perhaps the greatest single factor that drove the formation of the CFSP was the DHS Settlement Agreement. It specifically addressed all areas of child welfare, including caseload size, children in care for long periods of time, data collection and management and quality assurance issues. Because of the DHS Settlement Agreement, DHS underwent reorganization in order to align its resources with settlement requirements. The reorganization includes the formation of new work units focused on federal compliance, data collection and management and quality assurance.

Additionally, planning for the next CFSP was strongly influenced by the work conducted by the Child Welfare Improvement Task Force (CWITF). In April of 2008, DHS Director

Ismael Ahmed established the CWITF, charged it with assessing the state's policies and programs and to recommend outcomes and actions that will drive future reforms. (Additional information on these two reform efforts is included in the Introduction section).

### **Strengths**

Michigan is performing well in this area. DHS consults with a wide variety of stakeholders on the development of its Child and Family Services Plan. Through the Child Welfare Improvement Task Force, DHS also consulted with stakeholders on the continuing efforts to reform the child welfare system.

### **Promising Approaches**

Michigan is taking steps to increase government-to-government relations with Michigan's federally recognized Tribes by facilitating a Tribal Training Day in the summer of 2009. The purpose of this training day will be to address collaborating related to Fostering Connections, the CFSR process and review, and the Settlement Agreement. Additionally, we anticipate a session on Tribal sovereignty will offer further opportunities for collaboration and information sharing.

### **Item 39: Agency Annual Reports Pursuant to the CFSP**

Does the agency develop, in consultation with these representatives, annual reports of progress and services delivered pursuant to the CFSP?

### **Policy**

Michigan develops an Annual Progress and Services Report (APSR) to describe accomplishments and new developments in the programs delivered pursuant to the Child and Family Services Plan (CFSP). Responsibility for the development of the APSR rests with the Federal Compliance Office within the Child Welfare Improvement Bureau. Staff from the bureau collaborates with internal and external stakeholders to develop the APSR (Reference Item 38, State Engagement in Consultation with Stakeholders).

### **Round One of the CFSR**

In Round 1 of the CFSR, reviewers rated Item 39 as a Strength because Michigan developed its annual reports of progress and services in consultation with representatives identified in Item 38.

### **Factors Affecting Performance**

As noted in Item 38, DHS consults a number of statutorily created advisory bodies for the purposes of getting feedback for the APSR. Ongoing meetings with the Citizen Review Panels (CRP) monitor DHS' compliance with the CFSP.

Michigan receives annual reports from the Office of the Children's Ombudsman and the FCRB. Michigan incorporates input from the three Citizen Review Panels and the Tribal State Partnership in the annual progress reports.

## Strengths

Michigan is performing well in this area. DHS consults with a wide variety of stakeholders on the development of its Annual Progress and Services Report.

### **Item 40: Coordination of CFSP Services with Other Federal Programs**

Are the state's services under the CFSP coordinated with the services or benefits of other federal or federally assisted programs serving the same population?

#### **Round One of the CFSR**

In Round One of the CFSR, reviewers rated Item 40 as a Strength because Michigan's services were coordinated with other federal or federally assisted programs serving the same population and collaboration exists both at the state and local level.

#### **Factors Affecting Performance**

##### **Coordinated Service Delivery**

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

DHS also administers Temporary Assistance for Needy Families (TANF), known in Michigan as the Family Independence Program (FIP), State Disability Assistance (SDA), Refugee Assistance Program (RAP), Child Care and Development Block Grant (CCDBG), known in the state as the Child Development and Care (CDC) program, the Food Assistance Program (FAP), State Emergency Relief (SER) services, the Low-income Home and Energy Assistance Program (LIHEAP), adult community placement and protective services, and the title IV-D program. DHS also determines eligibility for Medicaid, although the Department of Community Health (DCH) is the administering agency. Finally, DHS administers the Disability Determination Services for title II and XVI funds. Service descriptions for all DHS programs are located: [http://www.michigan.gov/documents/dhs/DHS\\_Program\\_List\\_207362\\_7.pdf](http://www.michigan.gov/documents/dhs/DHS_Program_List_207362_7.pdf)

During the summer of 2008, all county DHS directors were surveyed requesting information from child welfare (CW) and Family Independence Program (FIP) staffs on how services are coordinated within their communities. The survey also asked directors about the provision of DHS and community based prevention services and how clients are informed about the array of resources available to them. Finally, to examine best practice efforts at improving coordination and family involvement in case planning, directors were asked if financial assistance staff regularly attend Team Decision Making meetings.

Findings that were common to informal coordination were:

- Co-location of CW and FIP workers allows for face-to-face discussion on the needs of the family.

- The CW staff notified FIP staff when a child was removed from his/her home or returned home to assure coordination of benefits.
- Some counties reported joint case planning, i.e., if a CW case is active for FIP, the services worker shares information that the FIP worker needs in regard to Jobs, Education and Training (JET) program activities. The FIP or JET worker uses the information provided by the services worker in screening, assessment, accommodation, referrals and JET activities.
- The FIP worker shares information with the services worker related to the financial circumstances of the family.
- Interaction occurs between FIP and CW specialists for clients who have special needs and active services cases.
- The goal of interagency coordination of services for the client is to assure the client is self-supporting and maintaining a positive family structure. This may include additional counseling or intervention, application for other public assistance programs, support services or other needed assistance for the client to keep or be reunified with their children.
- TDM meetings were mentioned specifically by nine counties as a method of coordinating case plans.
- CDC services are available to parents who are participating in CPS services for the purpose of family preservation. Foster parents and relative caregivers are also categorically eligible for CDC services for the foster children in their home.

The counties who reported a formal procedure noted the following:

- FIP and CW workers coordinate the provision of services by determining a family's eligibility for Child Protection Community Partners (CPCP), family reunification, state emergency relief (SER) and Emergency Services (ES) funds.
- When staff is not located in the same office, there is a structure in place to allow the FIP and CW staff the opportunity to coordinate their service plans.
- Local protocols have been developed to check for other open cases to assure all assigned workers are advised of the opening of a different program case. (Note: The new public assistance application, Bridges, automatically notifies assigned staff at case opening when other programs are already active in the system.)
- Casework is accomplished as a collaborative team at the Family Resource Centers (FRCs) with each county practicing "one family one plan," which requires not only coordination between FIP and child welfare workers but among community partners as well.
- Some counties have a designated FIP unit and/or specialist for relatives who have foster children in their care. Services Specialists advise relatives of their right to apply for public assistance programs for their relative foster children and where to apply.

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

- Providing cards and pamphlets describing the availability of and contact information for community resources.

- Utilizing the United Way's 211 Call Center, which is available in all counties.
- Utilizing web-based resources, such as the Listening Ear Community Resource Directory.

Some of these resource manuals are maintained by the Family Resource Centers, school based centers offering comprehensive financial assistance and child welfare services, others by a designated local manager or by a community agency. Wayne County DHS, being the largest urban county, houses a Contract Management Unit that updates the community resource list on their Web site as contractors and resources change.

Forty-five counties reported their consistent practice is to include FIP staff as a member when a TDM is convened; seven stated they occasionally invite them and one county said that they never invite them. In the large counties, staff routinely collaborates via telephone or email contact and smaller counties report they engage in more face-to-face case conferencing. FIP staff attendance at TDMs is considered a best practice and it is tracked, however, it is not yet mandated.

### **Coordination with Educational Services**

DHS is in the process of developing policy with the Michigan Department of Education to improve the transition of students in foster from one school district to another when such a transfer is in the child's best interest. The policy will assure critical elements such as transportation to school, timely record transfer, credit transfers, and special education services with timely Individual Educational Plans (IEPs) are addressed.

Another collaborative educational initiative, the Early Childhood Investment Corporation (ECIC) is a public corporation housed within DHS and is one of the Governor's key initiatives. It was created to ensure that every young child in Michigan has a Great Start and arrives at the kindergarten door healthy and ready to succeed in school, with parents who are committed to educational achievement.

The ECIC coordinates early assessment activities with service coordination that target the individual needs of children entering the early education system by working with parents, schools, advocacy organizations, philanthropic enterprises, the business and faith communities to maximize opportunities in every Michigan community.

### **Court Improvement Project**

DHS central office staffs from the Children's Services Administration, the Child Welfare Training Institute, and the Child Welfare Improvement Bureau participate in the Court Improvement Project (CIP) committee and sub-committee meetings. The CIP partnership has enabled the DHS and the State Court Administrative Office to recommend practice and policy changes targeted at achieving better outcomes. Michigan's CIP program is organizationally housed within the State Court Administrative Office, which is the administrative office of the Michigan Supreme Court. With collaboration from key stakeholders, the CIP assesses judicial processes, identifies barriers to effective decision making, and examines child welfare laws and court rules to determine if changes are needed to ensure a unified child protection system. The CIP

also measures court performance to help ensure children's safety, well-being and permanence.

### **Coordination with the Title IV-D Program**

The foster care or juvenile justice worker performs the initial screening and determination of the need for paternity and/or support order establishment. When foster care or juvenile justice workers open a Medicaid case in SWSS FAJ, SWSS FAJ sends an automated referral to the child support system. The referral contains limited information, and the caseworker must provide additional information to the child support worker via a paper form.

If there is no existing order and the location of either parent is unknown, the child support worker will provide location services. When the parent is located, the child support worker informs the services worker of the location of the parent via telephone, email or in writing. Additionally, the child support worker initiates any appropriate paternity and/or support action. If there is an existing child support order, the support obligations are assigned to the department at the time the automated referral is made.

Caseworkers may also make a referral to child support for Federal Parent Locator Services (FPLS) without making a referral for paternity or child support establishment. This process is documented in the Absent Parent Protocol.

### **Coordination with Federal Housing Programs**

Michigan conducts collaborative efforts on behalf of transitioning youth with in several housing programs. Transitional living services provide adult supervision in semi-independent or independent living environments to assure stability and success for transitioning youth. A current pilot project utilizing Department of Housing and Urban Development (HUD) funds provides ongoing support for youths in need of stable housing.

- Homeless Youth contracts provide voluntary, longer-term (18 months) services to assist youth in achieving self-sufficiency. Eligible youth are ages 16 to 20, homeless, and do not have age-appropriate supervision or care. In fiscal year 2008, there were 11 Homeless Youth contracts serving all 83 counties in Michigan. The funding comes from Temporary Assistance to Needy Families (TANF) and Title XX of the Social Security Act. For fiscal year 2009, the DHS contracts for homeless youth programs will include specific requirements to serve foster care alumni beginning in January 2009.
- Late in fiscal year 2008, DHS and the MSHDA entered into preliminary discussions on submitting a joint application for housing choice vouchers for former and transitioning foster youth. They submitted the grant application in January 2009.

### **Housing Resource Center (HRC)**

During 2007, DHS and MSHDA developed the Housing Resource Center (HRC). This two-year pilot housed 31 former foster youths through rent subsidies in Wayne County. This pilot project provides information and referrals on available and affordable rental

units to former foster care youths. Youths receive a two-year rent subsidy, supportive services and eviction prevention services to assure that they are able to sustain housing. Thirty-one former foster youths received rental subsidies and supportive services to maintain housing.

The Michigan State Housing Development Authority (MSHDA) awarded grants totaling \$3 million to fund nine homeless youth projects serving 55 counties. The funding provides rental assistance and supportive services over a two-year period for homeless youths aged 18-24. In fiscal year 2008, five agencies are operational in the following counties: Wayne, Kalamazoo, Saginaw, Lenawee and Grand Traverse. During 2008, these counties served 162 homeless youths.

### **Campaign to End Homelessness**

The Campaign's AmeriCorps program has 20 full-time members to assist in the efforts of the Campaign. Each county has a board who work to build the capacity of local community service agencies including DHS, throughout the state and fill a critical housing gap in services. Boards assess barriers to housing, develop strategic plans and identify housing opportunities for those already homeless or at risk of becoming homeless. The goal is to assist families, youth in transition, and youth aging out of foster care to seek and keep permanent housing. These services are not limited to child welfare clients.

### **Collaboration with Medicaid Services to Transitional Youth**

To ensure the provision of services to former foster care youths, DHS:

- Educates public and private child welfare staff on Foster Care Transitional Medicaid (FCTMA), including information that youths aging out of foster care and receiving Medicaid managed care can receive up to 20 hours of mental health services annually.
- Conducts a workshop for youths at the annual Michigan Teen Conference convened at Central Michigan University each June.
- Presents information to youths at the Youth Board Meetings.
- Ensures that Medicaid coverage for former foster youth ages 18 to 20 implemented in May 2008 is fully utilized. This included:
  - Developing evaluation criteria and tools to track the referral process in fiscal year 2010.
  - Conducting a mass mailing to youth who aged out of care from May 2008 to present of the FCTMA brochure. An annual mass mailing also will occur to inform youth of any changes or to provide general information.
- Implements a minimum of six trainings per year for DHS and private CPA staffs and supervisors. This trainings count toward the in-service training requirements for on-going training (Reference the Child Welfare Training Institute section).

### **Collaboration with Mental Health Services for Transitioning Youth**

DHS pursues resources offered through and supported by the Substance Abuse and Mental Health Services Administration (SAMHSA) to identify mental health services youths can access after they have exhausted mental health services through their

Medicaid managed care health provider. DHS also identifies counseling services offered through colleges that generally can be accessed at no cost. DHS Youth Services provides this information to youths and foster care workers across Michigan through educational events, consultation and policy distribution.

### **Collaboration with Department of Community Health for Youth Services**

The Department of Community Health, with assistance from foster youth, has identified key content and links to add to the foster youth Web site for healthy behaviors education. Local youth board coordinators are enlisting community partners to provide classes on nutrition, cooking, disease prevention, drug and alcohol addiction, smoking, teen pregnancies, sexually transmitted diseases, and safe dating relationships.

### **Title IV-E Compliance: Federal Compliance Office (FCO)**

DHS established a Federal Compliance Office to oversee Michigan's coordination of federal programs and to assure continuity across the state. The Office includes the management of the title IV-E state plan, title IV-B state plan, the federal Consolidated CFSP and the Annual Progress and Services Report (APSR), and the federal CFSR process and Program Improvement Plan (PIP).

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

In addition to the creation of the Federal Compliance Office, the Michigan legislature authorized the hiring of 80 Child Welfare Funding Specialists (commonly referred to as IV-E Funding Specialists) in the local offices. The main responsibilities of these staff are to assure foster care funding determinations and redeterminations are done correctly and to interface with relatives when children are placed to encourage them to become licensed foster care providers. FCO staff is developing a plan for more specialized training and ongoing support for the field.

For information on DHS' collaborative efforts with the Michigan Department of Community Health, reference Item 22, Physical Health of the Child and Item 23, Mental/Behavioral Health of the Child. For further information on DHS' efforts with the Michigan Department of Education, reference Item 21, Educational Needs of the Child.

### **Strengths**

Michigan is performing well in this area. DHS local office staff collaborates on service provision for public assistance and child welfare clients. DHS consults with a wide variety of stakeholders including the courts and the Court Improvement Project. DHS also monitors and provides technical assistance to the county of Wayne under their title IV-E Agreement. Finally, DHS continues to collaborate within and outside of the agency to provide coordinated services to our customers.

## **G. Foster and Adoptive Home Licensing, Approval, and Recruitment**

### **Item 41: Standards for Foster Homes and Institutions**

Has the State implemented standards for foster family homes and childcare institutions that are reasonably in accord with recommended national standards?

#### **Policy**

Public Act 116 of 1973, (MCL 722.111 *et seq.*), also known as the Child Care Organizations Act, provides for the protection of children placed out of their own home through the establishment of standards of care for child placement agencies, institutions and family foster homes. The Act also contains penalties for noncompliance with promulgated administrative rules. Michigan has Administrative Rules that govern the following:

- Child Placing Agencies (Rule 400.12101-400.12713).
- Foster Family Homes and Foster Family Group Homes (Rule 400.9101-400.9506).
- Child Caring Institutions (Rules 400.4101-4666).<sup>7</sup>

Public Act 116 and the licensing rules are in accord in national standards. They ensure the safety and health of children and youths in the state. The rules are the minimum standards that must be met to ensure the safety of children in foster care.

The Bureau of Child and Adult Licensing (BCAL) within DHS issues licenses to child-placing agencies, child caring institutions and foster homes, including relatives who become licensed foster home. Adoptive homes in Michigan are not licensed. BCAL conducts the initial licensing evaluations for child placing agencies and child caring institutions. They also conduct annual reviews of all licensed child placing agencies and child caring institutions. A review may be conducted more often if necessary. Public Act 116 gives a child-placing agency the authority to inform the public about foster care licensing requirements. The agency is responsible for providing information about the need to be licensed, how to inquire about the home study process, and the penalty for violating the act.

Child Placing Agency rules set forth the requirements for foster care and adoption placement services. The rules are the minimum standards that must be met to ensure the safety of children. The Child Placing Agency rules set forth requirements in the following areas:

- General provisions.
- Agency procedures.
- Foster home certification requirements.
- Foster care services.
- Independent living services.

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<sup>7</sup> The Michigan licensing rules and Public Act 116 are located:  
[http://www.michigan.gov/dhs/0,1607,7-124-5455\\_27716\\_27720---,00.html](http://www.michigan.gov/dhs/0,1607,7-124-5455_27716_27720---,00.html)

- Adoption evaluation services.
- Adoptive placement services.

Foster Family Home and Foster Family Group Home rules set forth the requirements for all licensed foster homes in Michigan. The rules are the minimum standards that must be followed to ensure the safety of children in foster care. The rules set forth requirements in the following areas:

- General Provisions.
- Application and licensing procedures.
- Foster home physical requirements.
- Provision of foster care services.
- Reporting and record keeping.

Child placing agency licensing staff, whether public or private, certifies a home for foster care licensure. The licensing worker evaluates compliance with foster home licensing rules and makes a recommendation to BCAL regarding licensing actions, issuance, denial, renewal, etc. The child placing agency is responsible for making the minimally required annual onsite evaluation of rule compliance and for investigation of allegations of rule violations. The foster home reevaluation must include documentation of each member of the household and each foster care worker who has had a child in the home during the licensing period.

Child Caring Institution rules set forth the requirements for all child caring institutions in the State of Michigan. The rules are the minimum standards that must be met to ensure the safety of children in institutional placements. The rules set forth requirements in the following areas:

- General provisions for all institutions.
- Short-term institutional requirements.
- Residential treatment institutions.
- Environmental health and safety rules.
- Fire safety for residential group home facilities.

A BCAL child welfare licensing consultant conducts the initial licensing evaluation, the annual reviews and the special investigations in child caring institutions. Public Act 116 requires a site visit and an assessment of the compliance with licensing rules on an annual basis.

### **Practice**

Other than a court-appointed legal custodian, child placing agencies may not place a child in an unlicensed unrelated home. Children may be placed in the home of a relative without the relative being licensed. Relatives are licensed in the same manner as any other licensee and once approved, they are issued a foster home license. Relative care may be a term of the license, but the license type is not different from non-relative foster care providers.

Each child-placing agency develops policies and procedures to ensure that they meet all licensing rules. Policies may be more restrictive than what the licensing rules require. The chief administrator of each agency conducts an annual assessment and verifies the agency's compliance with the rules. BCAL conducts an annual review to determine the agency's compliance with the rules. If the agency is found to be in non-compliance with any rule, the agency develops a corrective action plan. The plan must correct the non-compliance within six months.

Child placing agency licensing staff completes the initial foster home/adoption evaluation prior to recommending the licensure of a foster home. The rules outline minimum requirements of the home study. The certifying agency completes a written reevaluation at license renewal and annually, to assess the family's ability to provide care. The reevaluation includes documentation of each member of the household and each foster care worker who has had a child in the home during the licensing period. The home study process includes visits at the residence of the foster home applicants for observations of, and interviews with, each member of the household.

Effective October 1, 2008, licensing workers must use the BCAL-3130, Initial Foster Home/Adoption Evaluation, at the time of foster care licensing. This form also serves as an adoptive home study. The evaluation provides documentation of the assessment by the licensing worker of the applicant's ability to parent and provide a stable home for children. The home study process must include visits at the residence of the foster home applicants for observations of, and interviews with, each member of the household. The BCAL-3130 does not provide adoption approval for a specific child or children. When a family is interested in adopting a specific child, the adoption worker completes the DHS-612, Adoptive Family Assessment Addendum to document the adoption-specific information, which includes the family's ability to meet the identified child's needs. Reference Item 9, Adoption for additional information.

Public Act 116 provides the statutory base for a CPA to conduct special evaluations of family foster homes to determine compliance with the Act and with the applicable administrative rules. A special evaluation is one method by which an agency ensures ongoing compliance and protection of foster children. Rule 400.12316 allows the agency to initiate a special evaluation when any information is received that relates to a possible noncompliance with any foster home rule. The licensing worker makes recommendations regarding the licensing action to be taken. These actions are:

- No change in license status.
- Reduction in license capacity.
- Revocation of license.
- Refusal to renew license.
- Denial of issuance of a license.
- Modification to provisional license.
- Renewal to provisional license.

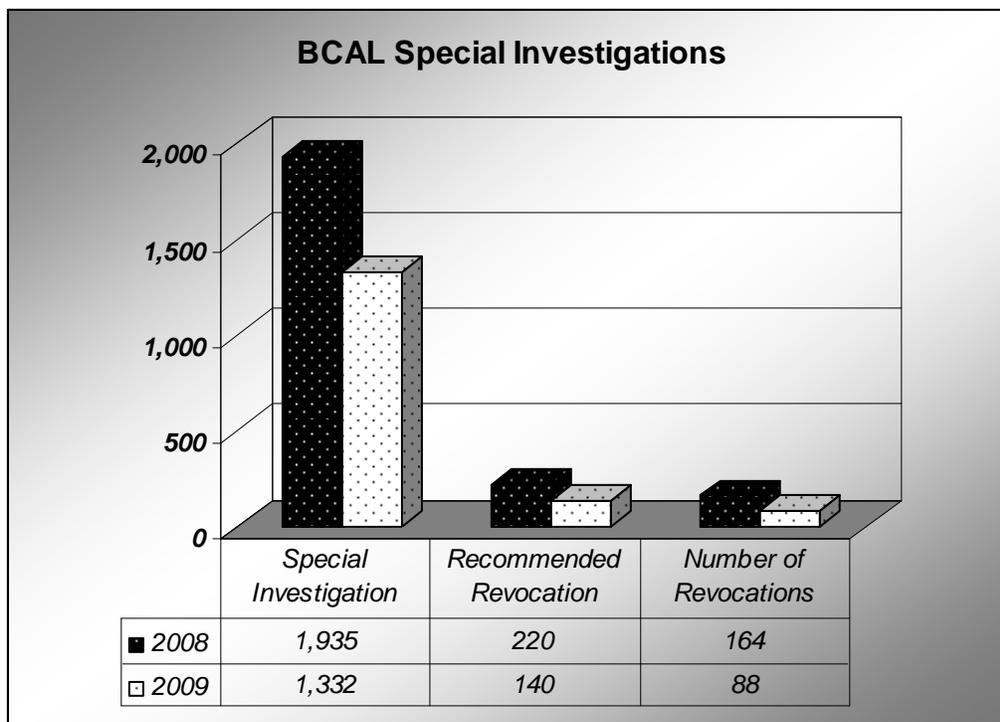
These investigations are conducted in conjunction with the CPS worker if there are allegations child abuse and/or neglect. The agency completes a special evaluation

reports that details the recommendations regarding licensing action. CPS policy requires the CPS worker to notify the child placing agency when there are allegations in a foster home.

The decision to revoke a license is made at the state level. The BCAL Disciplinary Action Unit (DAU) reviews all recommendations for denial of issuance, refusal to renew a license, revocation of a license and provisional licenses when the licensee wants to request an administrative hearing. The analyst reviews the submitted documents and writes the Notice of Intent (NOI) that lays out the legal case for the intended action. The BCAL director signed the NOI. The analyst conducts the compliance conference that allows the licensee or applicant to provide evidence that they comply with the rules and if no agreement is reached, completes that necessary documents for an administrative hearing. If the licensee or applicant does not have an attorney, the analyst presents the case in front of the SOAHR administrative law judge. If the applicant or licensee has an attorney, an attorney represents DHS from the Office of the Attorney General.

The handling of all bureau disciplinary actions by the DAU ensures greater consistency of application of both rule and process throughout the Bureau. Particularly with CPAs, cases may be returned to the agency, as there is insufficient evidence to pursue the recommended licensing action.

BCAL sends copies of all annual inspection reports and special investigations of private CPAs to the Child Welfare Contract Compliance Unit within the CWIB. This occurs to ensure that DHS is aware of cited licensing violations. Additionally, an email notification is sent immediately upon the issuance of any provisional license to the manager of the contract unit. Based on the cited licensing rule violations and the licensing action taken by BCAL, the Child Welfare Contract Compliance Unit may determine adverse contract action is necessary. Reference the Item 30 for more information.



Fiscal year 2009 numbers are through July 14, 2009.

The number of revocations that were appealed and overturned for fiscal years 2008 and 2009 was one each year.

Reference Item 30 for information on unlicensed relative placements.

### Round One of the CFSR

In Round 1 of the CFSR, reviewers rated this item a Strength. Michigan has implemented standards for foster family homes and child care institutions, which are reasonably in accord with recommended national standards.

### Measures of effectiveness

Public and private agency staff and management who participated in focus groups appeared to be knowledgeable about the standards for approval and continuing licensing for foster parents.

BCAL issued 1,345 original licenses between October 1, 2007 and September 30, 2008. The average length of time to license a foster home is 152 days.

### Length of time licensing standards have been in effect

The current CPA and foster home rules became effective January 1, 2001. The CCI rules were effective November 30, 1983. There is no statutory time frame requirement for review and update of the rules. All of the rules are currently open for revision with an extensive committee involved in the process.

The rules are promulgated through an administrative rule making process that involves the State Office of Administrative Hearings and Rules (SOAHR). Public hearings are held around the state for comment and notice of the hearing is published in at least three local newspapers. BCAL must specifically address each comment made or submitted in writing and state why changes recommended were or were not made. If the comments will result in significant changes, the committee may be called together to review the changes.

### **Timeframes**

There is no specific period for finishing a foster home licensing evaluation. If a family does not follow through, an agency may close a license application after sixty days. The BCAL database closes an enrollment one year after the date the foster parent signed the application if the license has not been opened. The family can be re-enrolled.

### **Strengths**

Michigan focuses licensing rules on the child's health and safety. Standards for foster homes and childcare institutions in effect, are taken seriously and meet nationally accepted standards. All foster homes are assessed with a standardized evaluation format.

### **Item 42: Standards Applied Equally**

Are the standards applied to all licensed or approved foster family homes or childcare institutions receiving title IV-E or IV-B funds?

### **Policy**

BCAL applies the requirements in PA 116 and the licensing rules to all CPAs, foster homes and Child Caring Institutions. Licensing waivers can only be granted for non-safety reasons.

### **Practice**

Licensing rules are the same for relatives and non-relatives.

An original license is a provisional license, which is valid for six months. After six months, BCAL issues a regular license, which is valid for two years, per Michigan Combined Laws (MCL) 722.117 and 722.118. If rule violations are identified, BCAL may issue a provisional license up to four consecutive times. A provisional license based on rule violations has a number attached, i.e. 1st provisional, 2nd, etc to distinguish between the original provisional and those that are provisional based on rule violations. The CPA is placed on a provisional license for a minimum of six months. The foster home will be on a corrective action plan and the CPA will monitor the home for at least six months. If a placing agency or a child caring institution is placed on a provisional license, BCAL will notify Field Operations when the home is a DHS supervised home. BCAL also notifies the Child Welfare Contract Compliance Unit, if the agency is a private child placing agency under contract with DHS.

A child placing agency licensing worker may request a licensing variance for non-safety standards. The worker submits a written request to BCAL for a variance. It is evaluated by a central office child welfare licensing consultant who preliminarily approves or denies the request. The BCAL bureau director has the final approval. The duration of the variance depends on the nature of the request; some are for the duration of the placement of specific children in the home, while others are time limited, based on the circumstances. In fiscal year 2008, BCAL granted 414 licensing variances. Only 14 licensing variances were granted for relatives. In the month of May 2009, 14 variances were granted specifically for relatives. Many of the variances granted were for the “Child Capacity” and the “Bedroom” rules.

Foster care and licensing workers make every attempt to encourage relative caregivers to become a licensed foster family home. When it is determined to be in the child(ren)’s best interest to be placed or remain with an unlicensed relative caregiver, a waiver to forgo licensure must be requested and approved.

Thirty-five percent of foster children are placed with relative caregivers; 12 percent of these are living with a licensed relative foster parent. Reference Item 15 Relative Placements for additional information on Michigan’s efforts to license relative foster homes.

### **Round One of the CFSR**

In Round One of the CFSR, reviewers rated this item as a strength because standards are in place that are applied to all licensed or approved foster family homes or child care institutions. Michigan did not address this item in its PIP.

On May 1, 2009 policy was updated to state that if it is determined that a relative home cannot become licensed, the licensing worker must immediately notify the caseworker. The assigned caseworker must schedule a meeting with the supervisor and licensing worker to review the findings and make a determination as to the appropriateness of the relative’s home.

If BCAL does not approve a waiver for a relative caregiver to forgo licensure, the relative caregiver must become a licensed foster home, or the caseworker must move child within 30 days.

### **Procedures ensuring Federal funds are claimed only for homes meeting standards**

The BCAL system downloads licensing data every day to DHS. If the license expires, SWSS FAJ will prevent title IV-E payments to the foster home. Furthermore, if a foster home or a child caring institution is on a provisional license (not the initial provisional license) SWSS FAJ will prevent title IV-E payments to the provider.

### **Measures of effectiveness**

During the 2006 title IV-E review, no cases were found ineligible for FFP due to licensing errors.

## **Strengths**

Michigan applies standards equally to all licensed or approved foster family homes or child caring institutions. While variances are allowed, the child's health, care, safety protection and supervision must be maintained.

## **Item 43: Requirements for Criminal Background Checks**

Does the State comply with Federal requirements for criminal background clearances related to licensing or approving foster care and adoptive placements, and does the State have in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children?

## **Policy**

Michigan complies with federal requirements for criminal background clearances related to licensing or approving foster care, relative and adoptive placements. Michigan Licensing Rules for Foster Family Homes and Foster Family Group Homes for Children (R. 400.9205) require a criminal background check and a CPS Central Registry check for all licensed foster and adoptive parents, and other adult household members. Fingerprint checks are completed for all licensed foster parents and adoptive parents. The information is provided from both the Michigan State Police and Federal Bureau of Investigation (FBI). BCAL will not issue a foster home license and the adoption worker cannot authorize an adoptive placement until the checks are completed. The licensee is required to notify the licensing worker by the next working day when another adult moves into the home.

Licensing Rules for Child Placing Agencies (R. 400.12309) also require the agencies to conduct these checks. BCAL conducts annual inspections for each child placing agency. Additionally, pursuant to the Adam Walsh legislation, licensing workers must conduct a check for substantiated child abuse or neglect in every state where the applicant or any adult household member has lived in the five years preceding the application for licensing.

CPAs must continue to apply the Good Moral Character process to the conviction information received. If the conviction is for a "specified crime" as defined in R400.1151 and R400.1152, the CPA must prepare an Administrative Review Team (ART) summary and recommendation for BCAL when the CPA continues to recommend licensure or renewal. The BCAL Disciplinary Action Unit (DAU) reviews all recommendations for denial of issuance, refusal to renew a license, revocation of a license and provisional licenses when the licensee wants to request an administrative hearing.

Finally, when an organization applies for a child caring institution license, the facility must comply with all Licensing Rules for Child Caring Institutions for an original license to be issued. Prior to employment, BCAL clears the chief administrator through the Internet Criminal History Access Tool (ICHAT), which is a Michigan based criminal history database, the CPS Central Registry and the public sex offender registry (PSOR). The Child Care Organizations Act (PA 116 of 1973) requires a CPS Central Registry

check on all employees or volunteers who have unsupervised contact with children. The statute requires an institution to post whether or not they do criminal record checks on employees, but does not require criminal record checks on staff or volunteers. The rules require the facility to ask about convictions and assess any information they have. Most facilities complete employee criminal clearances through the Internet Criminal History Access Tool (ICHAT). The child caring institution rules are open for revision and the new rules will require an agency to complete criminal clearances through ICHAT for employees who have unsupervised contact with children.

BCAL is required to complete an annual onsite inspection of every CCI. All personnel files are reviewed for anyone hired since the previous review and a sample of personnel files for current staff are reviewed.

Prior to placing a child within a relative's home, the CPS or foster care worker completes a criminal history and a central registry check on all members of the household. Reference Item 30, Standards Ensuring Quality Services for additional information on unlicensed relative placements.

### **Practice**

Once the foster/adoptive applicant submits fingerprints, they become part of a system known as "RAP back". The chief administrators for all child caring institutions are also a part of this process. If the person commits any criminal activity post the initial fingerprinting, the state police will notify BCAL and routine database matching by the child welfare agency will alert child welfare staff of a match. This process then mandates the local office child welfare worker complete a subsequent safety check on the child placed with the family.

BCAL receives an automated list of all individuals who are licensed foster parents or are adults living in a licensed home, whose names were placed on the CPS Central Registry the preceding week as confirmed perpetrators of child abuse or neglect. This information exchange occurs once a week. When a match is found, BCAL sends a letter to the certifying child-placing agency (CPA) advising them that the foster parent or adult member of the foster home has been named as a perpetrator. The letter advises DHS or private child placing agency director that a foster home complaint investigation must be opened immediately and that being named as a perpetrator of child abuse or neglect requires a recommendation of license revocation. BCAL sends this letter to ensure that the agency is aware that a CPS investigation has occurred with one of their licensed foster homes.

DHS also has an automated process that matches the "named" unlicensed relative caregivers in SWSS FAJ against the CPS Central Registry and criminal history records. It is done on a monthly basis and it returns both arrests and criminal convictions. This matching process does not include other adults in the home. DHS staff completes manual criminal history and central registry checks for all other adult household members quarterly and document this in the service plan. DHS staff completes this activity for those cases that are supervised by private child placing agencies.

If there is a match for an unlicensed relative caregiver, a Foster Care Automated Central Registry Match Report or a Foster Care Automated Criminal History Match Report is issued for each match. The reports list the caregiver's name and offense or Central Registry information. Central office sends the monthly match reports to the local office director or district manager. The foster care worker is assigned to complete the monthly match report. Within two weeks of receipt of the report, the worker must answer the questions on the report and return it to the DHS Central Office. If the agency is recommending a provisional license, the BCAL-3706 and a copy of the signed Corrective Action Plan is sent to BCAL.

### **Procedures ensuring Federal funds are claimed only for homes meeting standards**

If BCAL staff approves a license with a federally prohibited crime under the Adoption and Safe Families Act (ASFA), which is rare, the foster care program office is notified to ensure the information is entered into SWSS to prohibit title IV-E payments.

### **Round One of the CFSR**

In Round 1 of the CFSR, reviewers rated Item 43 as a Strength because the state had in place a process that complied with federal requirements. Michigan did not address this item in the PIP.

### **Measures of effectiveness**

In fiscal year 2009, BCAL received 173 RAP back notifications. During the 2006 title IV-E secondary eligibility review, reviewers determined that criminal background checks were in evidence for all foster home files that they examined. In instances where Michigan placed children in child caring institutions, reviewers determined that workers had done law enforcement checks on administrators. Particularly noteworthy is Michigan's practice of screening all licensed foster homes against its child abuse register on a weekly basis.

### **Strengths**

Michigan completes fingerprinted criminal background checks and central registry clearances for all licensed foster care providers. BCAL receives an automated list of all individuals who are licensed foster parents or are adults living in a licensed home, whose names were placed on the CPS Central Registry. This information exchange occurs once a week. There is also an automated process to match unlicensed relative caregivers to the CPS Central Registry and criminal history information. The local DHS office and private child placing agency staffs are notified when there is a match and procedures are in place to protect the children's safety.

### **Promising approaches**

Michigan includes all states when conducting background checks. Within the local DHS office, caseworkers have access to Law Enforcement Information Network (LEIN), the same background check information available to law enforcement, a transparent electronic information system with easy records access. Child caring institution rules are

also being revised, and the rules will require criminal history and central registry checks for all staff who has unsupervised contact with children.

#### **Item 44: Diligent Recruitment of Foster and Adoptive Homes.**

Does the state have in place a process for ensuring the diligent recruitment of potential foster and adoptive families that reflect the ethnic and racial diversity of children for whom foster and adoptive homes are needed in the state?

#### **Policy**

The recruitment of foster and adoptive parents to meet the unique needs of children in the state's care continues to be an ongoing priority for DHS and local communities. Licensing Rules for Child Placing Agencies (R400.12304) requires all CPAs to have a licensing recruitment and retention plan to ensure an adequate number of suitable and qualified foster homes to meet the need of children served by the agencies. Furthermore, they must develop, implement and maintain a program of foster home retention that includes foster parent involvement, identifies the causes of the loss of the homes, and describes the actions that will be taken to retain foster homes. As for adoptive home recruitment, all Child Placing Agencies should have an ongoing recruitment program to ensure an adequate number of suitable adoptive parents for the timely placement of all children available for adoption (R400.12706). During the annual CPA evaluations, BCAL examines the CPA's plan to ensure it meets the requirements of the rule.

DHS and private CPAs may not use standards related to income, age, education, family structure, and size or ownership of housing where those standards are arbitrary or exclude groups of prospective parents based on race, color or national origin.

Furthermore, foster care and adoption agency are prohibited from:

- Denying any person the opportunity to become an adoptive or foster parent based on race, color or national origin.
- Delaying or denying the placement of a child for adoption or into foster care based on race, color or national origin of the foster parent or the child.

#### **Practice**

Many of the private agencies that contract with DHS to provide adoption services have a connection to the faith based community. This provides a link to the faith community for recruitment of adoptive families. One promising program is the Open Arms Project through Bethany Christian Services. Bethany's seven offices across Michigan have entered into partnerships with local churches to specifically identify older children in need of permanent homes and promote adoption recruitment activities within the church. Many of the private agencies have similar faith based initiatives in the local communities and churches.

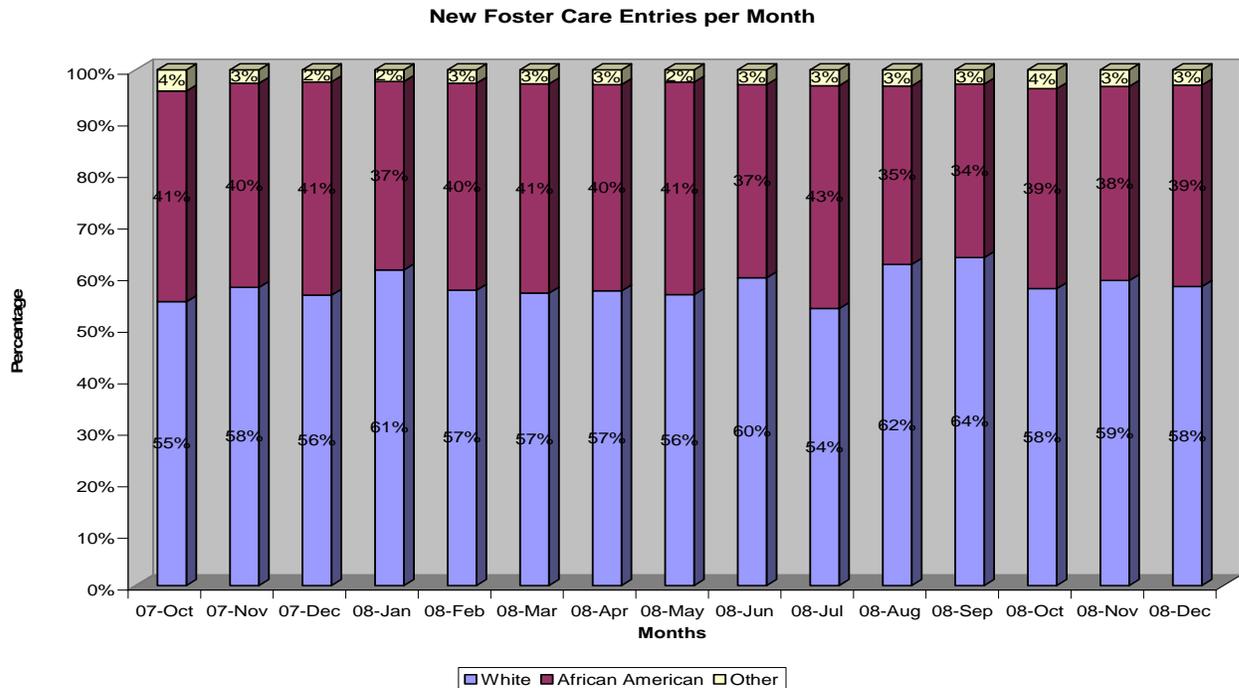
In addition, groups such as the "Save Our Children Coalition" established by the University of Michigan-Dearborn are working to develop community coalitions on foster care. In March 2009, two orientations on foster care were held in Oakland and Wayne Counties, with more than 120 people attending. Participants viewed a DVD, listened to

presentations and heard from service providers about what resources are available for foster parenting, adoptions, mentoring and volunteer activities. The Faith Communities Coalition on Foster Care is educating and recruiting families to provide permanent homes through adoption.

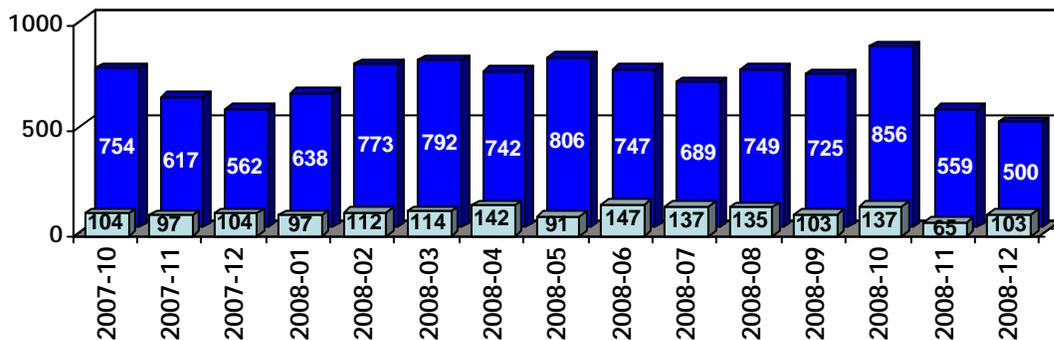
Because, individual and targeted family recruitment are effective tools to recruit homes for children, some counties identify areas where children are being removed and target recruitment efforts in those communities through community partners. By engaging local churches, schools and community organizations, DHS is able to educate the larger community about the need for more foster and adoptive homes to provide permanent, safe and stable placements for children. Information is currently being gathered to evaluate the success of these programs. Following are examples of efforts directed toward recruiting additional families:

- Business cards with the foster parent's name and the name and phone number of the licensing worker are printed for foster parents to give out to acquaintances.
- Mentoring programs assign an experienced foster parent to potential foster families. Mentors attend orientation and training with potential foster parents, answer questions, direct inquirers to resources in the community and assist with licensing activities.
- Family-centered events in the community serve as opportunities for the recruitment of foster families. Safety day, annual picnics, cultural and recreational events, camping trips and holiday parties are popular. Churches and civic groups sometimes sponsor these events. Friends and family of foster parents who may be interested in fostering may be invited to events.
- Foster parent recognition events, such as banquets or potluck dinners, are held annually to honor the efforts of foster parents in each county. Sometimes foster parents are asked to invite friends or family that may be interested in fostering to attend the event.
- General information about foster parenting is presented to the community through information booths at malls, presentations at church groups, 4-H groups, and other community forums.

Below are charts, which outline the racial makeup of children in foster care, as well as the number of newly licensed foster homes, compared to the number of foster care entries. The racial makeup of this information was not obtainable for this report; however, it demonstrates the need for more foster home recruitment.



**NEW DHS LICENSED FOSTER CARE HOMES AND  
NEW FOSTER CARE ENTRIES PER MONTH**  
*Reporting Period: October 2007 to December 2008*



\*The newly licensed foster homes are seen in the first columns and are the lower numbers.

Michigan has been successful in placing children in permanent adoptive homes, as reflected below in the table.

STATE OF MICHIGAN  
DEPARTMENT OF HUMAN SERVICES  
AFCARS ADOPTION REPORTING SYSTEM  
STATE WARD FINALIZED ADOPTIONS BY RACE OF CHILD  
REPORTING PERIOD: 01/01/2008 - 12/31/2008

RACE	DHS		CPA		TOTAL	
	Number	%	Number	%	Number	%
WHITE	699	25.1%	787	28.2%	1486	53.3%
BLACK / AFRICAN AMERICAN	428	15.4%	652	23.4%	1080	38.8%
AMERICAN INDIAN OR ALASKAN NATIVE	9	0.3%	16	0.6%	25	0.9%
MULTIRACIAL	58	2.1%	132	4.7%	190	6.8%
UNDETERMINED	1	0.0%	5	0.2%	6	0.2%
	1195	42.9%	1592	57.1%	2787	100.0%

HISPANIC OR LATINO ORIGIN	DHS		CPA		TOTAL	
	Number	%	Number	%	Number	%
HISPANIC OR LATINO ORIGIN	55	2.0%	100	3.6%	155	5.6%
NO HISPANIC OR LATINO ORIGIN	1124	40.3%	1453	52.1%	2577	92.5%
UNABLE TO DETERMINE	16	0.6%	39	1.4%	55	2.0%
	1195	42.9%	1592	57.1%	2787	100.0%

Over 36 county courts participate in Adoption Day in Michigan. This is a specific day annually where the community celebrates and recognizes the importance of adoption. Courts have luncheons and invite state dignitaries to participate in adoption finalizations. Special presents are given to children and the public joins in the celebration. During the five-year period in which Michigan has celebrated Adoption Day, more than 13,000 children have been placed into adoptive homes out of foster care.

MARE and AdoptUSKids is also used to recruit adoptive homes for children. For more information, see Item 45.

Currently, there are 323 children listed on MARE who do not have an identified adoptive home. The racial breakdown is as follows:

- 109 Caucasian.
- 178 African American.
- 31 Bi-racial.
- 2 Native American.
- 3 Hispanic.

There are 304 children listed on MARE with incomplete information so it is unknown if they have an identified adoptive home:

- 151 Caucasian.

- 128 African American.
- 15 Hispanic.
- 6 Native American.
- 1 Bi-racial.
- 3 unknown.

In July 2008, MARE developed an online registry for families interested in adopting children from Michigan's foster care system but who are not yet working with an adoption agency. MARE makes the information available to adoption workers around the state. Currently, three families have self-registered in the database. There are an additional 71 approved families in MARE's matching family database. Beginning May 2009, MARE began including these families in the online database. To protect families' privacy and identities, no identifying contact information is available directly on the Web site; workers are able to search the registry and contact families only through the MARE office. The information shared by families is voluntary but the more information provided, the better workers understand the family and the type of child or children they hope to foster or adopt. To date, 104 families have self-registered.

In June 2008, MARE began making follow-up contact at three- and six-week intervals with all non-approved families either who have inquired on specific waiting children, or who have requested foster care/adoption information to determine if their needs are being met or whether any advocacy is needed. In January 2009, MARE also began six-month follow up contacts with these same families.

### **Round One of the CFSR**

In Round 1 of the CFSR, reviewers assigned Item 44 a rating of strength because Michigan has in place a process for ensuring the diligent recruitment of potential foster and adoptive families that reflect the ethnic and racial diversity of the children for whom foster and adoptive homes are needed.

Local DHS offices have already submitted their recruitment and retention plans for fiscal year 2009. Local recruitment committees and advisory groups, which include foster parents and administrators, meet regularly to plan recruitment strategies. The statewide recruitment and retention specialist is revamping the annual foster and adoptive home development planning process to provide better information, direction and oversight of the county plans. Over the next three to six months, DHS will develop a standard format for the DHS foster and adoptive annual recruitment plans that will have an increased focus on outcomes.

Under the new contract beginning in June 2009, private adoption agencies are required to submit a child centered adoptive family recruitment plan based on the child under their supervision to the adoption program manager in DHS Central Office. Agencies must report the outcomes of those recruitment efforts quarterly.

**Measures of effectiveness**

A statewide foster parent survey received the following comment from foster parents regarding recruitment and retention:

- Foster parent do not receive enough support or consideration and without foster parents (good ones), the problems will continue.
- For recruitment and retention of foster parents there needs to be more benefits for them and positive support.

Each month DHS sends approximately 150 to 200 surveys to foster care parents whose foster care license closed during the previous month. Below are the results of surveys mailed between March 2008 through August 2008 to foster parents whose foster license closed from February 2008 through July 2008.

**Question:** How long were you a licensed foster parent?

<b>Length of time as a Licensed Foster Parent</b>	<b>Number of Responses</b>	<b>Percent of Responses</b>
Less than 6 months	5	2.6
6-11 months	21	11.1
1-2 years	45	23.7
3-5 years	52	27.4
6-10 years	41	21.6
11-15 years	13	6.8
16-25 years	9	4.7
More than 25 Years	4	2.1
<b>TOTALS</b>	<b>190</b>	<b>100%</b>

**Question:** Why did you become a foster parent?

N = 194

	Responses		Percent of Cases
	N	Percent	
I love children	146	23.0%	75.3%
I wanted to make a difference	142	22.3%	73.2%
I wanted to help children	141	22.2%	72.7%
I wanted to adopt	86	13.5%	44.3%
I was unable to have children	31	4.9%	16.0%
I wanted to care for relatives in the system	33	5.2%	17.0%
My children are adults	23	3.6%	11.9%
I was retired	14	2.2%	7.2%
Other	20	3.1%	10.3%
<b>Total</b>	<b>636</b>	<b>100%</b>	

**Question:** What was the biggest challenge in being a foster care parent?

Challenges	Responses	
	N	Percent
Financial	11	6.1
Foster Child(ren)'s Behavior	44	24.3
Court Processes	19	10.5
Visitation	11	6.1
Lack of inclusion in decision making	17	9.4
Lack of agency support	25	13.8
Other	54	29.8
<b>Total</b>	<b>181</b>	<b>100.0%</b>
<i>Did not respond (missing)</i>	<i>14</i>	

**Question:** Could anything have been done for you to continue as a foster parent?

	Responses	
	N	Percent
Yes	73	41.0
No	105	59.0
<b>Total</b>	<b>178</b>	<b>100%</b>

Some of the responses to the above question include:

- Better agency responses and caseworkers who listened and were responsive to foster parent needs.
- Being licensed but not contacted for a placement.
- More supports for the foster parents and the children.
- Being more informed about the behaviors foster children display.
- Having personal/family issues, which the foster parents had to deal with.

The results of a survey with foster parents indicate:

	<b>Sample Group</b>	<b>Native American Population</b>
Percentage indicating that, during the past two years, they have NOT been asked to keep children with problems or behaviors they could not handle	85.4	80.0
Percentage indicating they have NOT seen “A Guide For Caregiving Families”	39.3	46.7
Of those familiar with the guide, percentage finding “A Guide For Caregiving Families” always or sometimes helpful	77.1	87.5
Percentage indicating their agency gave them a written description of the foster parent’s role, responsibilities, legal rights, and the legal rights of the children in their care	95.1	93.3

In focus groups conducted with DHS and private agency caseworkers, two major concerns were reported:

- Families are looking for perfect children.
- Some of the foster parents who want to adopt do not feel that they can handle the behavior needs of the children that are currently coming into care.

Foster parents participating in a focus group indicate that it takes too long to process the paperwork for licensure.

Focus group sessions with stakeholders throughout the state noted the following:

- DHS needs to hire a professional person with marketing skills and experiences to conduct recruitment activities.
- Train current staff in marketing skills or develop a specialized unit to conduct recruitment activities.
- DHS needs to create professional public service announcements, newspaper articles, meet with the public, etc.
- Review existing procedures for approving a home, because it takes too long to approve a foster and adoptive home.
- Foster parents are aging out of the system.

- Recruitment is one additional task put on the caseworkers and it is the last assignment that gets taken care of due to the high caseloads

### **Strengths**

Each county in Michigan is able to individualize their recruitment and retention efforts to meet the needs of their population. Many counties that utilize both DHS and private agency foster homes have developed coalitions for their recruitment and retention efforts. For the most part the funding for these coalitions is being funded by the private agencies.

### **Challenges**

The need is clear for additional homes for teens, sibling groups, children with medical needs, and children waiting for adoption. There are a large number of children who are awaiting permanency (Reference Items 8, 9 and 10). However, DHS is having difficulty determining the number of siblings groups and children with disabilities from its information systems.

### **Promising Practices**

In November of 2008, DHS contracted with the Michigan State University Child Welfare Research Center (CWRC) for a needs assessment that will include the identification of the availability and types of foster and adoptive homes to determine whether they meet the current needs of the children in foster care. This study will provide DHS with additional information on what types of resource families we need to develop most quickly.

DHS will use the results of the needs assessment to develop a targeted foster and adoptive parent recruitment plan to meet the needs of foster children. The recruitment plan will include neighborhood-based programs, which are culturally sensitive and located in the communities where foster children live. The families will be recruited with an understanding of the need for permanency and concurrent planning.

With the recent addition of the new Data Management Unit, DHS will use data to track trends, determine the number of initial placements by county and age, track the number and size of sibling groups, and the number of siblings placed together. Furthermore, Michigan currently has approximately 5,500 adolescents, age 14 and older, in foster care. DHS will use the Michigan Youth Opportunities Initiative (MYOI) youth board members to assist in recruitment and training of foster parents for this group of youth.

DHS is also in the process of developing a statewide two-year "Foster and Adoptive Family Recruitment Plan". Once it is finalized, DHS will send the plan to all agencies that recruit, license and approve foster and adoptive parents. The plan will detail specific activities and assignments to increase the recruitment of families for adolescents, sibling groups and children with disabilities. A preliminary workgroup of DHS and private agency staffs, child advocacy groups and foster and adoptive parent associations is involved in the development of the plan. DHS staff is also seeking the

assistance of the National Resource Center for the Recruitment and Retention of Foster and Adoptive Parents.

### **Item 45: State Use of Cross-Jurisdictional Resources for Permanent Placements.**

Does the State have in place a process for the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children?

#### **Policy and Practice**

Michigan is a current member of the Interstate Compact on the Placement of Children (ICPC). Michigan's Interstate Compact unit is located within the DHS Bureau of Juvenile Justice. The unit acts as the liaison between our DHS county offices and other states to ensure that home studies are conducted in a timely manner, ensuring that placements are appropriate before allowing children to be placed, ensuring proper jurisdiction continues, ensuring states receive reports in a timely manner, and that youth have access to appropriate services.

When a child's permanency plan is adoption by a family residing outside the state of Michigan, caseworkers must adhere to DHS policy for the Interstate Compact on the Placement of Children (ICPC). Policy requirements for Michigan's operation of the ICPC are found in CFF 931 to 932.6 and direct caseworkers to initiate the ICPC process as early in the permanency planning process as possible. Foster care and adoption staff must coordinate the referral process through the Interstate Compact Office.

Per policy, CFF 932, caseworkers cannot place a child out of state for relative placement, foster care placement or adoption without prior written approval from the receiving state through the ICPC process.

The Interstate Compact on Juveniles (ICJ), Public Act 203, of 1958, which is found in DHS policy, items CFF 932-4 to 932-6 and JJ9 900 to 930, was amended in 1996 to allow the return, (sometimes referred to as "extradited"), of a juvenile who is alleged to have committed a criminal offense outside of his or her state of residence in which he or she allegedly committed the crime. The Bureau of Juvenile Justice is responsible for coordination under this law. Upon receipt of the properly executed requisition and appropriate documents, the receiving states' court decides whether to honor the requisition. If accepted, an order is issued to take the youth into custody. The youth has a right to a hearing before the court decides to detain or return the youth to the initiating state.

If it becomes necessary to place a child in foster care in a neighboring county within Michigan, or the child's parent(s) is/are located in another county, the two local offices are to reach a mutual agreement on the assignment of case responsibilities. The written agreement is to be filed in the child's record in each county before the placement county assumes responsibility.

If difficulties arise in reaching an agreement, the county of court jurisdiction is to initiate, through supervisory channels, a resolution of the problem. Updating of SWSS FAJ is

the responsibility of the county of court jurisdiction. The foster care worker in the supervising county must be added onto SWSS FAJ as a secondary worker. This will allow the secondary worker to view (display-only) information on SWSS FAJ.

Per policy, CFA 710, if an adoption resource has not been identified for a child prior to termination, the child must be registered for photo listing on the Michigan Adoption Resource Exchanges (MARE) system, AdoptUSKids and other national exchanges within seven working days of termination of parental rights.

**Round One of the CFSR**

In Round 1 of the CFSR, reviewers rated Item 45 as a strength because Michigan had a process for the effective use of cross-jurisdictional resources to facilitate timely permanent placements for waiting children. This item was not addressed in the PIP.

**Measures of effectiveness**

Events targeting recruitment of adoptive homes for older children and over-represented ethnic groups included the Heart Gallery Project, Regional Match Party events including the annual Kinship Adoption Festival, and support of media efforts to recruit for waiting youth. These events and listings provide opportunities for potential adoptive parents to learn about children in other counties of the state.

Additionally, all children listed on the MARE are also registered on the national AdoptUsKids database. In addition, MARE has an ongoing billboard display at the Detroit Metro Airport terminal featuring waiting children. There is no data currently available on the number of children placed for adoption because of these efforts.

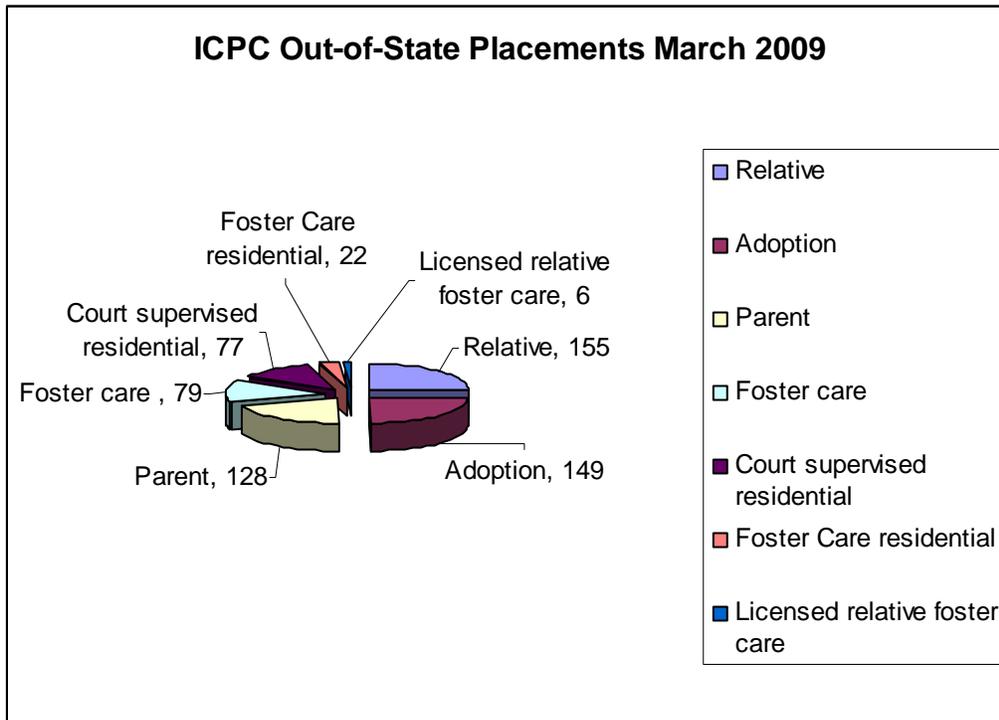
Of the children listed on MARE:

	Photo-listed Children	Number of Children Adopted
Fiscal Year 2007	534	144
Fiscal Year 2008	492	129
Fiscal Year 2009*	520	125

\*Fiscal year numbers as of June 30, 2009.

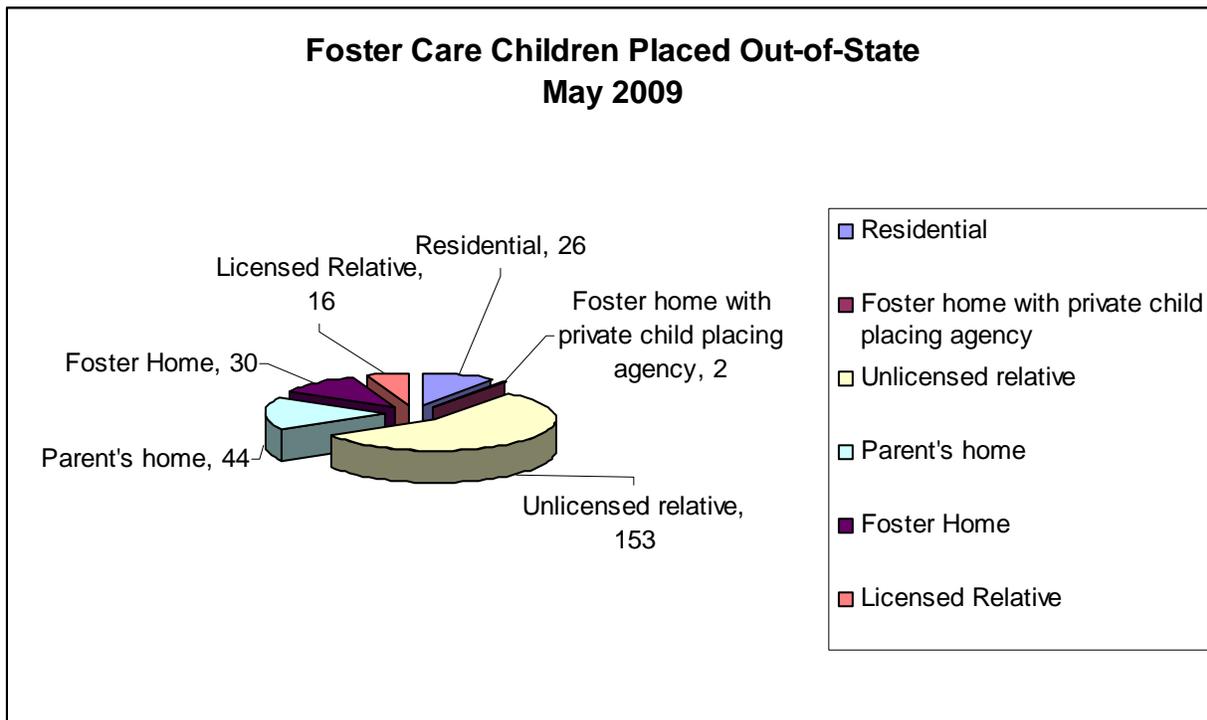
**Effectiveness in working within the Interstate Compact on Placement of Children**

There are 616 Michigan youths placed across state lines. The breakdown of those placements is as follows:



Note: The Interstate Unit recently began to track licensed relative placements separately from unlicensed relatives.

In May 2009, there were 271 foster children placed out-of-state, with the majority placed with relatives.



Overall, Michigan performed very well in completing an interstate home study within 30 days of the request. Michigan completed over 79 percent (385 of 485) of the home study requests received in fiscal year 2008 within the required 60 days. In fiscal year 2007, 85 percent (394 of 463) of the home study requests received and completed by Michigan were completed within the required 60 days.

Michigan's success in completing home studies within the 60 day timeframe can be partially attributed to the tickler system that has been developed that includes requesting a status update on all home study requests every 20, 40 and 60 days.

Even though Michigan completed 20 percent (100) of the home study requests received after 60 days in fiscal year 2008 and 15 percent (69) in 2007, Michigan does not currently have a process in place to request an extension to the 60-day timeframe, or a system to track the reasons that Michigan exceeded the 60-day timeframe. However, the reasons most often given for not completing a home study within 60 days usually involve the licensing process, fingerprinting and getting background check information, receiving medical information on family members, etc.

The Interstate Compact Unit regularly follows up with other states to avoid delays in receiving home studies for which Michigan is waiting. The unit runs a daily report of overdue home studies from other states and follows up after 60 days. They continue to follow up every 30 days thereafter until they receive the home study.

### **Strengths**

Michigan's timeliness in completing requests received by other states is a strength. The Interstate Compact unit follows up with Michigan staff at the 20, 40 and 60 day points to ensure that all home studies are completed in a timely fashion. They do this by sending reminder notices to staff. Michigan's Interstate Compact Unit staff members meet regularly with each other to ensure that their decision-making is consistent.

Michigan also uses MARE and AdoptUsKids to facilitate cross-jurisdictional placements of children waiting for an adoptive family. Moreover, when foster children are placed out of state, they are predominantly placed with a relative or a parent.

### **Challenges**

There is a need for additional Interstate Compact training for the court and child welfare stakeholders. This is especially important in counties that border other states.

The new relative licensing requirements in Michigan may have caused delays in placing children with out-of-state relatives. Other states may be confused regarding the Michigan requirement to ask the relative about licensure. They may believe that Michigan is requiring the home to be licensed. Even when the relative requests licensure, the licensing process can take several months to complete. Nevertheless, the child can be placed with the relative prior to licensure if the criminal history, CPS Central Registry checks and the unlicensed home study are completed.

## **Section V – State Assessment of Strengths and Needs**

### **Areas of Strengths**

*Determine and document which of the seven outcomes and systemic factors examined during the Statewide Assessment are primarily strengths, citing the basis for the determination.*

The following systemic factors are considered strengths for Michigan.

#### **Systemic Factor D: Staff and Provider Training (Items 32-34).**

This item was rated a strength in Round 1 of the CFSR. Michigan has a statutorily mandated initial orientation program, which is competency based and outcome focused. Michigan did not address this item in our PIP.

##### **Item 32 – Initial Staff Training**

For initial staff training, inclusion of the DHS practice model and reform related policies and practices are a strong basis in the pre-service training institute. Each trainee receives a competency-based performance evaluation. Training caseloads are assigned to the staff with a maximum of three cases prior to assuming other caseworker duties. Staff in Child Caring Institutions must receive 50 hours of training in the first year of employment and a new 40-hour child welfare supervisor training is required for all public and private supervisors.

##### **Item 33 – Ongoing Staff Training**

For on-going staff training, all caseworkers must receive a minimum number of hours of in-service training annually. In-service training options are focused on increasing worker knowledge in those areas where deficits have been noted through case reading or achievement data. Those areas include CPS and Foster Care legal processes; parent and relative engagement in service planning; advanced interviewing and investigation techniques; involving the absent parent; cultural competence, domestic violence and substance abuse.

Additionally, the Child Welfare Training Institute partners with Michigan graduate schools of social work to provide in-service training in a variety of topics that include youth in foster care; the effects of sexual abuse on adolescent sexuality; legal and social work ethics; and neurodevelopmental impacts of fetal alcohol exposure.

Finally, joint training through the Court Improvement Project and the Governor's Task Force on Children's Justice provides a wide variety of training topics designed to enhance social worker's skill development in the areas of concurrent planning; addressing invisible injuries: child neglect, exploitation and emotional abuse; self inflicted violence, improving the legal system's approach to lesbian, gay, bisexual and transgender youth and court/agency collaboration on the CFSR.

#### Item 34 – Foster and Adoptive Parent Training

Since Round 1 of the CFSR, Michigan opted to make Foster/Adopt PRIDE (Parents' Resource for Information, Development and Education) training our statewide model. PRIDE is a 9-session model that addresses the full range of foster and adoptive parenting activities families may encounter in their role. The Child Welfare Training Institute provides PRIDE train the trainer sessions, a master trainer observes and evaluates the trainer, and grants approval status upon a successful presentation in accordance with the standards set by the Child Welfare League of America.

Michigan's licensing rules also require that a wide range of topics be addressed prior to a child being placed in a home. Those topics include the purpose of foster care, characteristics and needs of the children placed by the agency, the impact of fostering on the family, the importance of a child's family, parent and sibling visits, and provisions of the child protection act, among others.

Michigan mails a closed home survey to all foster parents who decide to no longer foster in an effort to determine what areas the state can improve upon. Michigan also works with our statewide foster and adoptive parent association, MAFAK, or the Michigan Adoptive, Foster and Kinship Parents association to enhance the experience of foster and adoptive families. DHS collaborates with MAFAK on the annual statewide training conference where topics of interest and concern to foster and adoptive parents are addressed through training.

#### **Systemic Factor F – Agency Responsive to the Community (Items 38-40)**

This item was rated a strength in the Round 1 CFSR because the state engaged in ongoing consultation with key external partners and includes the major concerns of those representatives in the goals and objectives of the CFSP.

#### Item 38 – State Engagement in Consultation with Stakeholders

The department continues to engage in long-standing relationships with our three Citizen Review Panels, 12-federally recognized Tribes and Urban Tribal organizations, multi-purpose collaborative bodies, the Michigan Legislature, the State Court Administrative Office and the courts. In addition, many new relationships have been forged with the goal of making the Department's child welfare reforms transparent to the community. We have built significant partnerships with a state level and local level youth advisory boards. Several stakeholder/partnership workgroups between Michigan's Private Child Placing Agencies (CPAs) have been established and meet frequently to collaborate on projects related to child welfare. Advisory committees continue to function for the children's protective services programs and foster care programs and an adoption advisory/oversight committee was established since Round 1. Michigan has participated in two National Governor's Policy Academies since Round 1 and these Academies include the key stakeholders from applicable state departments as well as key private partners.

#### Item 39 – Agency Annual Reports Pursuant to the CFSP

The department consults with a number of statutorily created advisory bodies for the purposes of obtaining input and feedback for the CFSP and the APSR. Michigan receives annual reports from the Children’s Ombudsman, the Foster Care Review Board the three Citizen Review Panels and the Tribal State Partnership in the creation of our CFSP and the APSR. Additionally, the Settlement Agreement requirements and the goals of the Child Welfare Improvement Task Force have been incorporated into our CFSP as a way of aligning and formalizing the department goals. Involvement of stakeholders in monitoring our achievements specified in the CFSP occurs continuously in an effort to improve our transparency and to gain valued input on our performance.

#### Item 40 – Coordination of CFSP Services with Other Federal Programs

DHS administers the Temporary Assistance for Needy Families (TANF) federal grant, the Refugee Assistance Program, Child Care and Development Block Grant, Food Assistance Program and the title IV-E, Child Support, programs. One of the requirements of all county DHS directors is to create a local office performance plan annually that addresses how the local offices will coordinate all services for clients in a seamless manner. This plan also addresses how services provided by other federal programs not administered by DHS will be accessed, specifically, mental health services for children, Social Security and Disability benefits for families and Medicaid for families in need. The findings that are common from these performance plans are that the co-location of child welfare and public assistance workers allows for integrated case planning and coordination of benefits.

#### **Systemic Factor G: Foster and Adoptive Home Licensing, Approval and Recruitment (Items 41-45)**

In Round 1 of the CFSR, this item was rated as a strength and continues to be a strength based on Michigan’s continuation of standards for family foster homes and child caring institutions which are reasonably in accord with recommended national standards.

#### Item 41 – 43 Standards for Foster Homes and Institutions and Requirements for Criminal Background Checks

Public Act 116 of 1973, the Child Care Organizations Act, provides for the protection of children placed out of their own home through the establishment of standards of care for child placing agencies, institutions and family foster homes. The Act also contains penalties for noncompliance with promulgated administrative rules. Public Act 116 and the licensing rules are in accord with national standards. The rules establish the minimum standards that must be met to assure the health and safety of children in foster care. Licensing standards continue to be updated and revised based on national research, best practice, legislation and programmatic changes. As part of the Settlement Agreement, Michigan is focused on licensing the majority of our relative care providers with a 10% exception statewide. In addition, Michigan matches current unlicensed relative care providers and licensed providers against both the Michigan Criminal History database and the Central Registry database on a monthly basis. This

best practice assures the identification of and follow-up with any family providing care for foster children.

#### Item 44 – Diligent Recruitment of Foster and Adoptive Homes

In Round 1 of the CFSR, this item was rated a strength based on Michigan's process for ensuring the diligent recruitment of potential foster and adoptive families that reflect the ethnic and racial diversity of the children for whom foster and adoptive homes are needed. Local DHS offices submit county specific recruitment and retention plans annually based on the current needs identified in the county and with the foster care population. Michigan focuses a great deal of effort into identifying relative providers for the children that are brought into care and then works diligently with them to become licensed. Private adoption agencies are required to submit a child centered adoptive family recruitment plan based on the child (ren) under their supervision and reports to the DHS central office are required quarterly on the success of those efforts. As part of the Settlement Agreement, Michigan has developed a statewide, overarching recruitment and retention plan for foster and adoptive families upon which local communities can continue to build and tailor their local planning processes.

#### Item 45 – State use of Cross-Jurisdictional Resources for Permanent Placements

Michigan is a current member of the Interstate Compact on the Placement of Children (ICPC). Michigan is fully compliant with the Safe and Timely Interstate Placement of Foster Children Act of 2006. Michigan also adheres to the Interstate Compact on Juveniles, Act 203, P.A. of 1958. In order to assure children placed between states receive the most appropriate services available in a safe and timely manner, Michigan established an Out-of-State Child Placement Task Force to review and make recommendations on the out-of-state placement of children in residential treatment facilities. The recommendations of that Task Force are being reviewed and implemented on a statewide level.

### **Areas Needing Improvement**

*Determine and document which of the seven outcomes and systemic factors examined during the Statewide Assessment are primarily areas needing improvement, citing the basis for the determination. Identify those areas needing improvement that the State would like to examine more closely during the onsite review, for example, to explore possible causal factors. Prioritize the list of areas needing improvement under the safety, permanency, and well being outcomes.*

The following outcomes and systemic factors are considered primarily areas needing improvement, which should be examined more closely during the onsite review.

#### **Safety Outcome 1 – Children are, first and foremost, protected from abuse and neglect**

##### **Item 1 – Timeliness of initiating investigations of reports of child maltreatment**

In Round 1 this was an area needing improvement because in 25% of the applicable cases, face-to-face contact with the victim, caretaker or perpetrator in accordance with

department policy for Priority 1 cases. Data shows that while improvements have been made, face to face contact only occurs in approximately fifty-eight percent of the cases within 24-hours. Immediate commencement occurs in approximately fifty-one percent of the cases for a Priority 1 ranking. Continuing to focus on this area should improve performance significantly in Round 2.

Item 2 – Repeat maltreatment

In Round 1, this item was rated strength. For Round 2, Michigan's achievement has declined and currently is 1.7 percent below the national standard. Inadequate staffing levels may have resulted in the decline of Michigan's achievement of this item. The Settlement Agreement has mandated caseload levels per worker, which has resulted in an increase in staff. The issue of repeat maltreatment is in need of further exploration as part of the CFSR process.

**Safety Outcome 2 – Children are safely maintained in their homes whenever possible and appropriate**

Item 3 – Service to family to protect child(ren) in the home and prevent removal or re-entry into foster care.

In Round 1, this item was rated strength. Michigan continues to perform well on this item. According to our data profile, only 3.2% reentered care in less than 12 months from the date of discharge.

Item 4 – Risk assessment and safety management.

In Round 1, this item was rated as an area needing improvement. Our PIP addressed this by strengthening policy and modified our Child Assessment of Needs and Strengths as utilized in the SWSS system to assure the top 3-needs identified by the workers are addressed with services. We also required that supervisors reinforce contact standards in policy with staff as a component of their case supervision practices. Targeted case readings supported that appropriate risk assessments are completed but that appropriate safety planning occurred in only approximately 50% of the cases.

**Permanency Outcome 1: Children have permanency and stability in their living arrangements (Items 5-10)**

In the Round 1 CFSR, Item 5, Foster Care Reentries, was rated as strength. For Round 2, Michigan continues to perform well. The use of the Structured Decision Making reunification and safety assessments guide workers in determining whether children can be safely returned home.

In Round 1, Item 6 Stability of Foster Care Placements was rated as an area needing improvement. Michigan's PIP included a large number of action steps designed to improve practice in this area. Currently, Michigan is meeting the national standard for Composite 4, Placement Stability. Our PIP strategies, which included the use of Team Decision Meetings, making 2 or fewer placement moves a local office performance measure, strengthening policy and working collaboratively with mental health providers on services enabled us to improve our achievement in this item.

In Round 1, Item 7 Permanency Goal was rated strength and Michigan continues to perform well in this area with eighty-one percent of cases having a permanency goal with achievable timeframes consistent with the child's developmental needs. Seventy-four percent of the recommendations to the court matched the guidelines determined by the permanency planning decision guidelines or an appropriate override was noted in the case plan. Eighty-four percent of the cases had documented reasonable efforts findings and eighty-eight percent of the permanency goals were consistent with the child's needs.

Item 8 Reunification continues to be a significant challenge for Michigan, as it was in Round 1. This item was the only Item Michigan failed to achieve our PIP improvement goal. Michigan currently does not meet the national standard for Round 2.

Item 9 Adoption was rated strength in Round 1 of the CFSR. Our performance has declined utilizing the Round 2 measurements for this goal. Lack of concurrent planning and the assignment of an adoption specialist to a case after the termination of parental rights occur results in delays that negatively affect achievement. Significant delays are also apparent in the area of child specific recruitment for those children who have special needs.

Item 10 Other Planned Permanent Living Arrangement, Michigan's Round 1 performance was rated strength. DHS is not meeting this item currently. Performance declines can be linked to a worker perception that older children do not want to be adopted or are not adoptable. There was also an indication that some workers were using APPLA as the permanency goal for younger children who are part of a sibling group in order to preserve family connections rather than focusing on permanency.

### **Permanency Outcome 2: The Continuity of Family Relationships and connections is Preserved for Children (Items 11-16)**

Item 11 – Proximity of Foster Care Placement, in Round 1 Michigan performance was ninety-four percent with this item being rated as a strength. For Round 2, a targeted case reading showed that 82.7 percent of children are placed in close proximity to their birth home. Michigan's performance has declined with challenges noted as being a shortage of foster homes to address the child specific needs within a closer distance to the child's home.

Item 12 – Placement with Siblings, Round 1 showed an area needing improvement with 16% of cases revealing that siblings were not placed together and their separation was not deemed necessary to meet the needs of one or more children. Michigan addressed this item in our PIP; however, the strategies were not implemented at the local level. Currently, 40% of siblings in out of home care reside together with 88% of the cases containing the documented reasons for the sibling split. Additionally, 78% of the cases contain documentation of the services that were provided to keep the siblings together prior to the split.

Item 13 – Visiting with Parents and Siblings in Foster Care In Round 1, this item was rated as an area needing improvement because in thirty-two percent of applicable cases, DHS did not make concerted efforts to facilitate visitation. Our PIP addressed this performance issue and currently, eighty-one percent of the parenting time is consistent with the permanency goal, seventy percent of cases showed that parenting time was occurring weekly or the record contained documentation to support why not. Seventy-three percent of cases had a documented sibling visitation plan in the case record and sixty percent of the cases documented that siblings not residing together did have visits with each other.

Item 14 – Preserving Connections was rated as a strength in Round 1 with eighty-nine percent of the cases revealing diligent efforts to preserve children’s connections to their community, faith and friends. Michigan does not have current performance data to determine our level of success for Round 2.

In Round 1, Item 15 Relative Placement was an area needing improvement. This item was addressed in Michigan’s PIP and placement with relatives is one of our successful achievements. Over ninety-six percent of foster care cases in a targeted case reading showed that the department staff explored relative care options with the parents and child, including attempts to locate paternal relatives. The use of TDM meetings and other family engagement strategies contributed to this success.

For Item 16 Relationship of Child in Care with Parents, Michigan’s Round 1 rating was an area needing improvement. DHS addressed this in our PIP by placing an emphasis on maintaining and improving parent/child relationships. Performance for Round 2 continues to be a challenge in this area with transportation and the availability of a worker to supervise visitation being seen as barriers to achievement.

**Well-Being Outcome 1 – Families have enhanced capacity to provide for their children’s needs (Items 17-20)**

In Round 1, this area was rated as needing improvement because twenty-seven percent of the cases showed that DHS had not effectively addressed the service needs of children, parents and/or foster parents. Michigan did address these issues in our PIP. Current performance data reveals that DHS is identifying the family needs in eighty-three percent of the initial services plans and the child needs in ninety-two percent of the initial services plans. Ninety-one percent of foster parents responded that foster care workers are helpful in providing needed services to them for children residing in their homes. The greatest area of unmet need for foster parents was in the financial area with fifty-two percent indicating dissatisfaction with the reimbursement they received for special costs such as field trips for the children.

Child and family involvement, Item 18, continues to be a challenge for DHS as it was in Round 1. High worker caseloads, parental distrust and anger and worker failure to engage the absent parent all contribute to the lack of family involvement in case planning.

Caseworker visits with children continue to be a challenge for DHS as they were in Round 1. In targeted case readings, worker visits were documented to have occurred monthly in sixty-eight percent of foster care cases. We have no data to verify the quality of the visits that do occur. Worker visits with the parents continues to be an area needing improvement. In targeted case reviews, only forty-five percent of foster care cases documented monthly contacts with the parents.

#### Well-Being Outcome 2: Children Receive appropriate Services to Meet Their Educational Needs (Item 21)

In Round 1, this item was rated as an area needing improvement. Round 2 case reading data shows that documentation in the case record for Item 21 continues to present a challenge for Michigan. Fifty-four percent of foster care cases had current school records in the file and forty-six percent had a current report card. However, in survey data, ninety-six percent of foster parents responded that the educational needs of children placed in their home were being met and seventy percent of the parents of children placed out of home replied their children's educational needs were being met. Documentation activities by the caseworker need to be strengthened.

#### Well-Being Outcome 3 – Children Receive Adequate Services to Meet their Physical and Mental Health Needs (Items 22 and 23)

For Item 23, Michigan's Round 1 rating was a strength because in eighty-nine percent of the applicable cases, the health needs of the child in foster care were adequately addressed. For Round 2, targeted case reads show that 97.9 percent of foster parents responded that the medical and dental needs of children placed in their homes were being met. Parents of children responded seventy-three percent of the time that their children's medical and dental needs were being met.

Michigan's Round 1 performance on Item 23 was an area needing improvement with nineteen percent of applicable cases supporting that the services identified were being provided. Targeted case reading for Round 2 shows that seventy-one percent of parents surveyed believed that their children's mental health needs are being addressed while they are in foster care. Mental health services in Michigan continue to a targeted area for improvement.

### **Site Selection**

Recommend two additional sites for the onsite review activities, using the strengths and areas needing improvement noted in 1 and 2 (the State's largest metropolitan area is a required location). Attempt to select sites in which the issues identified through the Statewide Assessment will be present and observable. Note the rationale for selecting these sites; if there are no issues that require further examination during the onsite review, explain which factors the State considered in site selection (for example, the need for a mix of rural and urban areas or for areas with typical practices). When making recommendations, the State should include all available data, including comparative data for the suggested sites in relation to statewide data, if available.

The CFSR Core Workgroup discussed the site section at its April 2009 meeting. Their comments are included in the individual county documents. DHS staff also discussed the site selection with the State Court Administrative Office (SCAO) staff and Justice Corrigan, a Supreme Court Justice. Finally, over the last year, the CFSR Steering Committee met on five separate occasions to discuss the site selection. This committee is comprised of DHS Central Office management, field operations and SCAO staff.

Michigan's short list for rural sites in rank order is:

1. Berrien County
2. Calhoun County
3. Muskegon County

The short list for the medium size counties is:

1. Kent County
2. Genesee County
3. Ingham County

Michigan reviewed the 25 largest counties in Michigan. DHS staff removed Jackson and Saginaw counties from the list, because they were reviewed in the last CFSR onsite review. Macomb and Oakland counties were also considered but removed from the list because they are located next to Wayne County and the private child placing agencies and many of the services providers are the same. Kalamazoo County was also taken off the list because there is a public health alert for the building. The DHS offices in Allegan and Van Buren are not located in a town; there are no hotels or restaurants near the buildings.

While attending the Tribal State Partnership and during focus groups, DHS staff heard that DHS and private agency staffs do not always comply with the Indian Child Welfare Act (ICWA). Therefore, Michigan seriously considered including a county with a tribe for the onsite review. Many of the Michigan tribes are located in the northern Lower Peninsula and the Upper Peninsula. The Core Workgroup discussed Grand Traverse, Emmet/Charlevoix, Isabella and Chippewa counties, who all have tribes located within their county. None of these counties has a large enough CPS caseload to support the review.

The northern Lower Peninsula and the Upper Peninsula counties were considered as these areas are very rural. When Michigan staff examined the caseload sizes for these counties, only two counties, Marquette and Grand Traverse, had an adequate foster care caseload size. When CPS caseloads (in-home) were reviewed, both of these counties did not have an adequate CPS caseload size to support the review. DHS staff considered combining dual-counties in the northern area, e.g., Grand Traverse and Leelanau, Emmet and Charlevoix, along with a tri-county area, Cheboygan, Crawford and Otsego. The first two dual counties did not have adequate in-home caseloads, and in the tri-counties, the geographic distance was prohibitive for the onsite review. A minimum of four Upper Peninsula counties would have to be combined for an adequate caseload size, and the geographic distance for travel would be prohibitive.

During the onsite review, Michigan also wants to review the Adoption Forum concept and program to determine its affect on permanency in Michigan. Michigan plans to expand this concept to reunification and other permanency options.

Michigan wants to review some of the services that are available to the families to determine their effectiveness. Michigan has several programs that are operational in some counties, but they are not statewide. Some of these programs are:

- Family Reunification Program.
- Family Resource Centers.
- Family Group Decision Making.
- Prevention workers whose positions are funded with Child Protection/Child Permanency (CP/CP) funds.

Michigan is also implementing a new public assistance eligibility application. The implementation began in the fall of 2008, and it will be complete in August 2009; Wayne and Macomb counties are the last two counties of the statewide rollout. While the computer system does not affect child welfare staff on a daily basis, a substantial amount of staff and management's time is consumed by the implementation. Therefore, the Steering Committee members considered the implementation schedule in its recommendations; although, no county was removed from the list based solely on the Bridges implementation schedule. Wayne County is automatically one of the sites for the onsite review, but it will be less affected by the Bridges rollout because the child welfare district offices are in different locations than the public assistance staff.

During the CFSR round one PIP period, Michigan achieved the required amount of performance improvement for all goals except one data outcome: "Achievement of Reunification within 12 months of the Child's Latest Removal Date". Therefore, Michigan discussed reviewing counties whose reunification rates were either lower or higher than the state's performance.

## **Site 1: Wayne County**

Wayne County participated in the first Adoption Forum in 2008. They do not have a tribe located in the county; however, because of a large Native American population, they do have an Indian outreach worker (IOW).

### **Size of County**

Wayne County is located in southeastern Michigan, encompassing approximately 623 square miles. It is made up of 34 cities, including the city of Detroit, nine townships and 41 public school districts. Its population of approximately two million makes it the most populous county in the State of Michigan and the 13th most populous county in the nation.

### **CPS Data**

In fiscal year 2008, Wayne County:

- Received 17,380 CPS complaints.

- Assigned 14,312 (82 percent) for investigation.
- Transferred 13 complaints to another agency.

### **Foster Care Data**

- Wayne County has foster care contracts with the following child placing agencies:
  - Black Family Development.
  - Boysville of Michigan.
  - Catholic Social Services of Wayne County.
  - Childhelp USA.
  - Children's Center of Wayne County.
  - Community Living Service.
  - Don Bosco Hall.
  - Ennis Center.
  - Evergreen Children's Services.
  - Homes for Black Children.
  - Judson Center, Inc.
  - Methodist Children's Home.
  - Starfish Family Services.
  - Starr Commonwealth.
  - Vista Maria School for Girls.
  - Wayne Center for the Developmentally Disabled.
  - Wolverine Human Services, Inc.
- The following agencies have contracts with Wayne County to provide residential care services:
  - Barat House.
  - Christ Child House.
  - Children's Home of Detroit.
  - Don Bosco Hall.
  - Federation of Youth Services, Inc.
  - Girlstown.
  - Methodist Children's Home Society.
  - Paul Martin Home for Boys.
  - St. Peter's Home for Boys.
  - Spectrum Human Services.
  - Vista Maria Home for Girls.
  - Wolverine Human Services, Inc.
- The following agencies have contracts with Wayne County to provide independent living services:
  - Boysville of Michigan.
  - Children's Center of Wayne County.
  - Don Bosco Hall.
  - Evergreen Children's Services.
  - Federation of Youth Services, Inc.
  - Judson Center, Inc.
  - Spectrum Human Services.

- Starfish Family Services, Inc.
- Starr Commonwealth.
- Vista Maria School for Girls.
- Wolverine Human Services, Inc.

Licensed foster homes	1138
Relative placements	2105
Foster home placements	4979
Children entering care FY 2008	1879

**Adoption Data**

- From April 1, 2008 to March 31, 2009, Wayne County finalized 469 adoptions.

**Unique Characteristics**

- Wayne County does not have a Tribe located within the county. They have the largest Native American population in the state. The North American Indian Association is located in Wayne.
- Wayne County has 20 Family Resource Centers, 18 of which are based in schools and two of which are community-based.
- Wayne County has ten Foster Care Review Boards.
- In Wayne County, the Family Reunification Program (FRP) is provided by the following agencies:
  - Orchards Children’s Services.
  - Judson Center, Inc.
- Wayne County provides kinship services which include:
  - Kinship Care Assessment/Service Plan.
  - Workshop – development and facilitation.
  - Kinship or grandparent support groups.
  - Respite care (funded by SF/SC).
- Kids Talk, through the Guidance Center is the child assessment center in Wayne County.
- The county provides post adoption services and guardianship services, consisting of:
  - Guardianship assessment.
  - Coordination of activities (also funded by SF/SC).
- A pilot project, New Beginnings in Southwest Detroit targets infants and young children (ages 0-6) in child welfare to reduce trauma associated with foster care placement, support birth families, promote reunification, identify and address children’s developmental and educational needs and to provide consistency in medical care. A special payment rate was established for foster parents based on the tasks and activities provided to the child and birth parents. The New Beginnings Protocol was developed with optimal practice guidelines and standards. The Foster Parent Support Group Facilitator Manual was created. At this time, 18 foster homes within ten participating foster care agencies have completed the training in the New Beginnings Protocol.

- The Parent Partner Program (PP) program is a supportive service for parents and caregivers, in which another parent acts a mentor to a birth parent who recently had a child (ren) removed from their home. The PP is someone who had the same experience but has successfully reunified with his or her child (ren) for, at least six months prior to partnering.
- Building Community Partnerships (BCP) – Wayne County currently has six contracts with Community agencies to provide supportive services to foster parents, bio-parents, youth in foster care and supervision of Parent Partners. BCPs have also been helpful with foster parent recruitment and retention. Most recently, they have agreed to be a support in helping relatives navigate the foster care licensing process.

The BCPs provide services to an agreed upon geographic area. One contract is with the North American Indian Association that provides services to Native Americans residing in Wayne County. The services that are provided are based upon the specific needs of the communities they serve. All BCPs have created and facilitated support groups for foster parents and grandparents raising grandchildren. Some also have support groups for teen parents, and bio-parents whose children have come to the attention of the child welfare system. The BCPs also assist individuals with linking and accessing community services/resources. BCPs assist in recruitment, training, and ensuring the presence of community representatives in Team Decision Making meetings.

### Countywide Demographic Data

	Wayne County	Michigan
Population, 2008 estimate	1,949,929	10,095,643
Persons under 5 years old, percent, 2007	6.8%	6.3%
Persons under 18 years old, percent, 2007	26.7%	24.5%
White persons, percent, 2007	54.4%	81.2%
Black persons, percent, 2007	41.3%	14.3%
American Indian and Alaska Native persons, percent, 2007	0.4%	0.6%
Asian persons, percent, 2007	2.4%	2.4%
Native Hawaiian and Other Pacific Islander, percent, 2007		%
Children in poverty, percent, 2005 (Kids Count)	18.3%	19%
Persons below poverty, percent, 2007 (Census)	20.8%	

### Demographic Data for Children in Foster Care

	Wayne County	Michigan
White youth	16%	48.4%
Black youth	80.6%	43.5%
American Indian and Alaska Native youth	.3%	1.1%
Asian youth	.07%	0.1%
Native Hawaiian and other Pacific Islander youth		0.1%

Undetermined	.18%	0.5%
Youth reporting two or more races	2.7%	6.1%

## Site 2: Kent County Summary

Kent County purchases case management from private CPAs in almost ninety-eight percent of their foster care cases. Michigan wants to examine the privatization of child welfare services in this county.

Compared to lower socio-economic sites, Kent County is an urban county that expends a substantial amount of local funds to promote the well-being of the community. It has a unique service provision model that includes privatization and community engagement. The P-21 prevention program is a national model.

Kent County participated in the first Adoption Forum in 2008. It does not have a tribe located in the county; however, because of a large Native American population, it does have an Indian outreach worker (IOW).

### Size of County

Located in Western Michigan, Kent County is the fourth largest population center in Michigan. It covers 864 square miles, and is composed of twenty-one townships, five villages and nine cities.

### CPS Data

In fiscal year 2008, Kent County:

- Received 8,199 CPS complaints.
- Assigned 4,486 (54.71%) for investigation.
- Transferred 410 complaints to another agency.

In April 2009, there were 381 open CPS cases.

### Foster Care Data

- Because of the large percentage of cases that are supervised by child placing agencies, DHS retains 17 purchase of service (POS) monitoring staff to ensure appropriate service provision and oversee case management activities by the private providers. Private CPAs include:
  - Bethany Christian Services.
  - Holy Cross Children's Home.
  - Catholic Social Services Grand Rapids.
  - D.A. Blodgett for Children.
  - Lutheran Child & Family Service of Michigan.
  - Salvation Army Booth Family Services.
  - Wedgwood Christian Services.
- Pine Rest Christian Mental Health Services is a 52-bed residential program for adolescents, ages 12 to 18.
- St. John's Home is a residential treatment program for emotionally troubled and mentally ill children and adolescents.

- Salvation Army Booth Family Services is a residential program for pregnant and parenting teens with their children. Young women, ages 14-19, can live in the center for up to two years while they pursue their educational goals and develop improved living and parenting skills.
- Wedgwood Christian Services offers a variety of residential treatment program for children and adolescents.

Licensed foster homes	438
Relative placements	373
Foster home placements	742
Children entering care FY 2008	507

### Adoption Data

- From March 1, 2008 to March 31, 2009, Kent County finalized 233 adoptions.

### Unique Characteristics

- Kent County does not have a tribal presence.
- Kent County has nine Family Resource Centers.
- Catholic Charities of West Michigan provides Family Reunification Program services.
- In 2008, Kent County split their child welfare program management from their overall county management and hired a child welfare director to address the issues that affect child welfare in a large urban county.
- Kent County DHS and its court work together in a collaborative manner. The 61<sup>st</sup> District Court is an Adult Drug Court site. The drug courts are an alternative for people who have committed non-violent drug-related offenses. This allows them to spend more time focusing on their child welfare case.
- Kent County has a wide array of mental health services. During a focus group with mental health providers in Kent County, participants described a strong collaborative effort between DHS and mental health providers with regard to obtaining mental health treatment for adults and children involved in the child welfare system.
- There is a Michigan After School Partnership model in Kent; it supports at-risk kids in the community by providing after-school care.
- Kent County has the Children's Assessment Center of Kent County, which helps to coordinate CPS investigations.
- Kent County was one of ten national demonstration sites for the Healthy Marriage pilot program that addresses factors that affect the financial well being of children. This project is a national model for providing quality education regarding marriage and fostering healthy environments for children.
- Perspective 21! is a Kent County secondary/tertiary prevention program for children who are at risk of abuse and neglect. It is a community effort with blended funding.
- Kent County also has three child welfare demonstration projects:

- The "Field Initiated Service Demonstration Projects in the Adoption Field", which was a four year grant (2004-2008), awarded to Bethany Christian Services, to support innovation and improvement in the quality of adoption services.
- The "Abandoned Infant Comprehensive Service Demonstration Projects", was a four year grant (2005-2009), awarded to Arbor Circle Corporation, to develop and implement comprehensive community-based support services for the target population, evaluate the implementation and outcomes of these services, and develop these programs as identifiable sites from which other locations can obtain guidance.
- The "Developing Adoption Resources for Youth Who Wish to Retain Contact with Family Members", was a five year grant (2005-2010), awarded to Bethany Christian Services. It demonstrated effective implementation of strategies for introducing open adoption to youth and sibling groups who prefer to maintain contact with birth families or siblings, and effective implementation strategies for connecting youth to adults to promote a range of permanency options. It also developed effective models of youth leadership and collaboration between youth, siblings and other family members, caseworkers and possible adoptive families in planning for permanency.

### Countywide Demographic Data

	<b>Kent County</b>	<b>Michigan</b>
Population, 2006 estimate	599,524	10,095,643
Persons under 5 years old, percent, 2006	7.7%	6.3%
Persons under 18 years old, percent, 2006	27.2%	24.5%
White persons, percent, 2006	86.0%	81.2%
Black persons, percent, 2006	9.6%	14.3%
American Indian and Alaska Native persons, percent, 2006	0.5%	0.6%
Asian persons, percent, 2006	2.2%	2.4%
Native Hawaiian and Other Pacific Islander, percent, 2006	0.1%	%
Children in poverty, percent, 2007	16.3%	19%

### Demographic Data for Children in Foster Care

	<b>Kent County</b>	<b>Michigan</b>
White youth	51.9%	48.4%
Black youth	35.0%	43.5%
American Indian and Alaska Native youth	1.0%	1.1%
Asian youth	0.1%	0.1%
Native Hawaiian and other Pacific Islander youth	0.2%	0.1%
Undetermined	0.7%	0.5%
Youth reporting two or more races	11.1%	6.1%

### Site 3: Berrien County Summary

Berrien County has a good relationship with their community partners and the court. They participated in the first Adoption Forum in 2008. They also have a tribal presence in the county, the Pokagon Band of the Potawatomi Indian Tribe, a federally recognized Tribe. The Tribal reservation is located in adjacent Cass County.

Berrien also reunifies a higher percentage of children within 12 months than the state average, 70.3 percent versus 47.7 percent. Michigan wants to examine the practices in this county to determine why they are doing so well. There is one private CPA in Berrien County; focus group participants reported that most of the children placed with private CPAs are placed outside of Berrien County. For children placed outside of the county, interviews with children may not occur face-to-face in the community if the distance is too great for travel.

#### Size of County

Berrien County is located in the southwestern most corner of Michigan. The county encompasses over 585 square miles in area. The major metropolitan areas include the cities of Niles, Benton Harbor, and St. Joseph. The main industries are agriculture, manufacturing, and tourism.

#### CPS Data

In fiscal year 2008, Berrien County:

- Received 2,376 CPS complaints.
- Assigned 1,310 (55.13%) for investigation.
- Transferred 108 complaints to another agency (e.g. Michigan State Police).

In April 2009, there were 74 open CPS cases.

#### Foster Care Data

Berrien County has a contract with one CPA, Child & Family Services Southwest MI, Inc.

Licensed foster homes	157
Relative placements	146
Foster home placements	355
Children entering care FY 2008	175

#### Adoption Data

From March 1, 2008 to March 31, 2009, Berrien County finalized 95 adoptions.

#### Unique Characteristics

- Lewis Cass Intermediate School District has a contract to provide Family Reunification Program services. Service providers work with families for up to one month prior to reunification and a maximum of one year following reunification. This program is effective in preventing re-entry.

- Berrien County DHS has a collaborative relationship with its court system. The 2<sup>nd</sup> Circuit Court is an Adult Drug Court site. Many parents who are involved in the child welfare system may also be involved in the Adult Drug Court due to criminal charges.
- Berrien County has the Children's Assessment Center of Berrien County, which help to coordinate CPS investigations.
- Berrien County is a Governor's Enterprise Zone. These zones are designed to bring business, research activities, training and support services together in one location allowing for easy collaboration and to accelerate the commercialization of new technologies.
- There is a Family Resource Center at Sorter Elementary School.
- The financial public assistance program staff in the county will be implementing a new call center around the time of the onsite review; this should not have an impact on the ability of the county to be a review site.

### Countywide Demographic Data

	<b>Berrien County</b>	<b>Michigan</b>
Population, 2006 estimate	161,705	10,095,643
Persons under 5 years old, percent, 2006	6.4%	6.3%
Persons under 18 years old, percent, 2006	24.6%	24.5%
White persons, percent, 2006	81.5%	81.2%
Black persons, percent, 2006	15.1%	14.3%
American Indian and Alaska Native persons, percent, 2006	0.5%	0.6%
Asian persons, percent, 2006	1.5%	2.4%
Native Hawaiian and Other Pacific Islander, percent, 2006	0.1%	% <sup>8</sup>
Children in poverty, percent, 2007	27.2%	19%

### Demographic Data for Children in Foster Care

	<b>Berrien County</b>	<b>Michigan</b>
White youth	43.5%	48.4%
Black youth	46.4%	43.5%
American Indian and Alaska Native youth	0.9%	1.1%
Asian youth	0.4%	0.1%
Native Hawaiian and other Pacific Islander youth	0.0%	0.1%
Undetermined	0.0%	0.5%
Youth reporting two or more races	8.7%	6.1%

<sup>8</sup> % = the population is not large enough to round off to one or two decimal points. In Michigan, there are 3757 Native Hawaiian and Other Pacific Islanders, which accounts for 0.04% of the population.

## CFSR Data for the Selected Onsite Review Counties

REPORT PERIOD: 12 months prior to 09/30/2008	Number of Children	Timeliness and Permanency of Reunification				Timeliness to Adoption				
		C1-1	C1-2	C1-3	C1-4	C2-1	C2-2	C2-3	C2-4	C2-5
<b>Federal Standard</b>		<b>75.2% or higher</b>	<b>5.4 mos or less</b>	<b>48.4% or higher</b>	<b>9.9% or lower</b>	<b>36.6% or higher</b>	<b>27.3 mos or less</b>	<b>22.7% or higher</b>	<b>10.9% or higher</b>	<b>53.7% or higher</b>
<b>State</b>		47.7%	12.5	24.4%	3.2%	30.6%	29.5	23.7%	11.8%	33.5%
Kent	1,389	44.8%	13.7	10.4%	0.7%	47.7%	24.7	36.2%	11.9%	52.7%
Berrien	614	70.3%	8.5	36.5%	2.9%	23.5%	31.3	42.9%	22.7%	21.6%
Wayne	8,916	41.2%	13.7	23.1%	6.8%	16.5%	41.6	13.9%	6.7%	22.6%

Children who have been reunified during the report year

C1-1: Reunification occurred within 12 months of removal

C1-2: Median length of stay in foster care before reunification

C1-3: Children removed from home during 6 months period prior to report year and reunified within 12 months of removal

Children who had been reunified, and who re-entered foster care during the report year

C1-4: Re-entry occurred within 12 months of reunification

Children who have been adopted during the report year

C2-1: Adoption finalization in less than 24 months from latest removal

C2-2: Median length of stay in foster care before adoption

Progress toward adoption during the report year for children in foster care for 17 months or longer

C2-3: Children were legally free for adoption on the first day of the report year, and were adopted during that year

C2-4: Children were not legally free for adoption on the first day of the report year, and were adopted during that year

Progress toward adoption for children who became legally free during the year prior to the report year

C2-5: Children were adopted in less than 12 months from becoming legally free

REPORT PERIOD: 12 months prior to 09/30/2008	Number of Children	Long Foster Care Placements			Placement Stability		
		C3-1	C3-2	C3-3	C4-1	C4-2	C4-3
Federal Standard		29.1% or higher	98.0% or higher	37.5% or lower	86.0% or higher	65.4% or higher	41.8% or higher
State		27.6%	96.4%	48.7%	85.8%	72.6%	45.4%
Kent	1,389	33.3%	98.2%	40.0%	75.7%	63.8%	27.5%
Berrien	614	38.9%	97.0%	41.7%	77.1%	70.7%	32.0%
Wayne	8,916	20.5%	97.4%	47.1%	86.9%	75.8%	51.7%
<p>Achieving permanency during the report year for children and youth prior to their 18th birthday</p> <p>C3-1: Children and youth placed in permanent setting after 24 months in foster care</p> <p>C3-2: Children and youth placed in permanent setting and legally free</p> <p>Emancipation during the report year for children who were in foster care 3 years or longer</p> <p>C3-3: Children and youth who were emancipated and had been in foster care 3 years or longer or remained in foster care after 18th birthday</p> <p>Placement stability for children in foster care during the report year</p> <p>C4-1: Children in foster care 12 months or less and had 2 or fewer placements</p> <p>C4-2: Children in foster care at least 12 months but less than 24 months and had 2 or fewer placements</p> <p>C4-3: Children in foster care at least 24 months or less and had 2 or fewer placements</p>							

### Fiscal Year 2008 CPS Data for the Selected Onsite Review Counties

County	Completed Investigations	Priority Response 1	Priority Response 2	Priority Response 3	Commencement - Immediate	Commencement - Within 24 hrs	Face to Face Contact Within 24 hours	Face to Face Contact 25-72 hours	Investigation Complete Within 30 days	# Exceptions From 30 days	# Exceptions Completed in Exception Timeframe
State	70725	33141	2829	27407	15719	21275	19851	17312	40367	3754	1808
Berrien	1248	392	37	625	307	594	340	483	974	157	99
Kent	4278	1953	153	2117	1109	1442	1415	1411	2484	231	129
Wayne	13563	9265	391	2296	2252	1243	3444	1171	5879	1122	628

	Preponderance Abuse #	Preponderance Neglect #	Preponderance Both #	Non-Preponderance #	Initial Risk Intensive #	Initial Risk High #	Initial Risk Moderate #	Initial Risk Low #
State	3731	7144	5595	54255	2519	4775	6348	1302
Berrien	58	205	140	845	44	113	159	28
Kent	340	693	512	2733	184	544	648	85
Wayne	645	1224	954	10740	498	691	1144	286

## **Statewide Assessment Comments**

*Provide comments about the State's experience with the Statewide Assessment instrument and process. This information will assist the Children's Bureau in continually enhancing the Child and Family Services Review (CFSR) procedures and instruments.*

The Statewide Assessment items are very redundant in the information that needs to be included within each section. This makes the document longer than necessary. There needs to be clear instructions regarding the information that is included in each section, and the state should not have to add the same information in different places in the document. This is particularly true with the systemic factors section and Item 14 and 16. For example, Items 30, 31, and 41-43 require duplicate information in order for the items to be rated as a strength. The well-being items, 17-23, are also difficult to complete for in-home (CPS) cases.

If the state has submitted their NCANDS or AFCARS data during the Statewide Assessment period, it would be helpful to receive an updated CFSR Data Profile. Even though the state is not evaluated on its performance, it would be helpful to assess the state's performance.

## Statewide Assessment Participants

Provide the names and affiliations of the individuals who participated in the Statewide Assessment process; please also note their roles in the process.

Participant	Title
Luci Stibitz	DHS Field Operations
Charles Foster	DHS Field Operations
Jennifer Wrayno	Wayne County Operations
James Novell	State Court Administrative Office
Janice Tribble	DHS Bureau of Child and Adult Licensing
George Noonan	DHS Quality Assurance
Kate Hanley	DHS Permanency and Adoption Policy
Ralph Monsma	DHS Juvenile Justice Policy
Roy Yapple	DHS Juvenile Justice Policy
Chuck Jackson	Starr Commonwealth
Ann Marie Lesniak	ChildHelp
Patrick Okoronkwo	Children's Center of Wayne County
Cristina Peixoto	St. Francis Family Center, Catholic Social Services of Oakland County
Mary Hewlett	Judson Center
Dawn Stewart	Starr Commonwealth
Zoe Lyons	CPS Policy Office and Office of Family Advocate
Cynthia Maritato	Urban Field Operations
Jody Mattinson	Urban Field Operations
Fran Cook	DHS Child Welfare Contract Compliance Unit
Patricia McBurrows	DHS Ingham County
Felicia Townsend	DHS Western Wayne County
Darah Davis	DHS North Central Wayne County
Pam Barckholtz	Oakland County Human Services Community Collaborative
Suzanne Greenberg	CAN Council Saginaw County
Sabrina Corbin	Starr Commonwealth
Kevin Sherman	Foster Care Review Board
Cassandra Chandler	Foster Care Review Board
William P. Bartlam	Oakland County Circuit Court
Amethyst Crawford	4C's (parent partner)
Nancy Colon	ACMH (parent partner)
Helen Cook	Grand Traverse Band of Ottawa and Chippewa Indians
Cynthia Pushman	DHS Crawford County

<b>Participant</b>	<b>Title</b>
Anita Peters	DHS Permanency Policy Unit
Jackie Gant	Native American Business Alliance
Mark Pompey	Pokagon Band of Potawatomi Indians
Judge Leslie Kim Smith	Wayne County Circuit Court
Judge Faye M. Harrison	Saginaw County Probate Court
Nancy Rostoni	DHS Foster Care Policy
Johanna Ward	DHS Urban Field Operations
Mary Mehren	Federal Compliance Office
Carol Kraklan	CFSR Unit Manager
Kim Kerns	CFSR Coordinator
Joanne Nicholson	CFSR Coordinator
Nancy Rygwelski	CFSP Coordinator