



STATE OF MICHIGAN
DEPARTMENT OF HUMAN SERVICES
LANSING

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September 13, 2011

The Honorable Bruce Caswell, Chair
Senate Appropriations Subcommittee on DHS
Michigan State Senate
Lansing, MI 48933

The Honorable David Agema, Chair
House Appropriations Subcommittee on DHS
Michigan House of Representatives
Lansing, MI 48933

Dear Senator Caswell and Representative Agema:

Pursuant to Sec. 582 of Public Act 190 of 2010, the Department of Human Services (DHS) is required to provide a comprehensive child welfare improvement report which outlines the status of all initiatives the department is required to carry out by the appropriation act and the impact of those initiatives on meeting the benchmarks established in the federal child and family service review (CFSR) process and the requirements established in the Children's Rights Settlement Agreement.

Michigan's Child and Family Services Plan (CFSP) is a five-year strategic plan that sets forth the vision and the goals to be accomplished to strengthen our overall child welfare system. The goals and objectives of the plan must address improved outcomes in the areas of child safety, permanency for children, well-being of children and their families and the nature, scope and adequacy of existing child and family-related social services. The Annual Progress and Services Report (APSR) provides annual updates on the progress made toward accomplishing the goals and objectives in the department's CFSP. Completion of the APSR satisfies the federal regulations by providing updates on Michigan's annual progress for the previous fiscal year and planned activities for the upcoming fiscal year. Please find Michigan's APSR attached for detailed information regarding the status of the department's planned initiatives to strengthen our child welfare system. I would like to direct your attention specifically to the following areas of the APSR as they relate to specific items in the appropriations act:

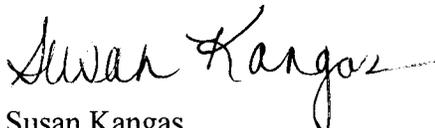
- Child Welfare Reform and Race Equity, page 6
- Coordinated Service Delivery, page 12
- Title IV-E Compliance, page 15
- Prevention of Child Abuse and Neglect, page 30
- Permanency, page 52
- Adoption, page 83
- Adoption and Foster Parent Recruitment and Retention, page 100
- Interstate Compact on the Placement of Children, page 155

DHS has also engaged in negotiations with the U.S. Department of Health and Human Services, Administration of Children and Families (ACF) regarding the state's CFSR program improvement plan.

The program improvement plan was accepted on June 1, 2011 by ACF. DHS immediately commenced implementation of the activities planned to satisfy outstanding CFSR requirements. The program improvement plan matrix and narrative explain strategies and timelines intended to improve Michigan's child welfare system. The matrix and narrative are also provided as attachments to this report and I would direct you to pages 5-6 of the narrative which summarize the strengths and areas needing improvement in Michigan.

Please contact Steve Yager, acting director of the DHS Children's Services Administration, at 517-241-9859 with any questions regarding this comprehensive report on child welfare improvement for fiscal year 2011.

Sincerely,

A handwritten signature in black ink that reads "Susan Kangas". The signature is written in a cursive style with a long horizontal flourish extending to the right.

Susan Kangas
Chief Financial Officer

CC: Senate and House Appropriations Subcommittees on DHS
Senate and House Fiscal and Policy Offices
State Budget Director

Attachments: 2011 Annual Progress and Services Report
Child and Family Services Review Program Improvement Plan Matrix
Child and Family Services Review Program Improvement Plan Narrative



Department of Human Services

State of Michigan

CHILD AND FAMILY SERVICES PLAN

2010-2014

2010 Annual Progress and Services
Report

Submitted June 2011

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INTRODUCTION

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

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

DHS Mission

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

DHS Vision

DHS will:

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

Michigan's Child Welfare Mission

The State of Michigan is committed to ensuring that economic, health and social services are available and accessible to vulnerable families, children and youth.

Services are designed to:

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

Child Welfare Demographics and Caseloads

As of March 31, 2011, DHS was responsible for the care and supervision of 14,706 foster children, which includes children supervised by private agencies under contract with DHS. In FY 2010, there were 121,405 CPS complaints made to DHS. Of these, DHS assigned 78,893 for an

investigation (65 percent). Substantiated CPS cases numbered 21,401; 26 percent of the cases were assigned for investigation.

DHS contracts with 58 private agencies at 85 sites that provide case management services to children in out-of-home care. DHS has 50 adoption contracts operating at 58 sites. Six agencies are contracted to provide supervised independent living services. Many of these agencies provide multiple services.

In Michigan as of September 30, 2010:

- Twenty-eight percent of the foster care caseload is in Wayne County.
- Fifty-nine percent is in the six urban counties including Wayne.
- Seventy-six percent is in the “Big 14,” which also includes Berrien, Calhoun, Jackson, Kalamazoo, Muskegon, Saginaw, St. Clair and Washtenaw counties, in addition to the urban counties.
- Twenty-four percent is in the remainder of the state.

Child Welfare Reform

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

RACE EQUITY

To address over-representation of children of color in the child welfare system, DHS is committed to maintaining children safely in their homes. However, when children must be removed, they should be placed in an environment that supports their physical, emotional and cultural needs.

In the 2006 Michigan Disproportionality Report about race issues, recommendations were issued to focus Michigan’s efforts toward addressing this concern.

Findings and Recommendations

Review the impact of all policies, programs and procedures on families and children of color

Status: DHS is creating a CPS centralized intake unit through a combination of staff and systems that will receive and manage all calls alleging child maltreatment. Intake staff will receive the

same training and will be expected to make decisions consistently. The centralized intake unit will be implemented statewide by April 2012.

DHS is working to improve the placement process including placing siblings together in their neighborhoods to aid parental visits and maintain important relationships. Staff is encouraged to look at all viable relative placement and foster care options prior to placing children in residential settings.

DHS is ensuring that children in relative placement experience the same level of safety in placement and receive a full array of services and financial support when compared to children placed in foster homes. DHS implemented a guardianship assistance program and is focusing on licensing relative placements. The guardianship program is a permanency option for children who would otherwise remain in foster care, providing financial assistance to the individuals providing permanence for foster children who are in situations in which reunification and adoption are not viable options.

Ensure culturally proficient practice

Status: DHS is establishing a contract selection process that:

- Assesses agencies' willingness to serve a diverse population.
- Reports on outcomes by race.
- Develops innovative culturally appropriate services.

Other DHS efforts to address disproportionality:

Wayne County: In FY 2010, Wayne County DHS built culturally appropriate services for African American children and families in the child welfare system by collaborating with:

- Black Administrators in Child Welfare, Inc.
- Juvenile Division of the Third Judicial Circuit Court.
- Wayne County Department of Children and Family Services/Juvenile Justice Division.
- Black Family Development, Inc.

In December 2010, Wayne County DHS hosted a two-day visit with the Black Administrators in Child Welfare to identify themes among service providers and human service agencies serving African American dual wards that would guide future work.

That visit produced a set of proposed protocols for the primary service agencies. The group also clarified who the dual wards are within the county. Therefore, the group was aware that the service population, while only around 100 cases, it still represents vulnerable young adults who could benefit from a joint framework for service delivery.

St. Clair County: DHS established a work group and identified these strategies to reduce the number of children of color:

- Develop a seamless system for dual ward children and youth through collaboration with child welfare, juvenile justice, mental health, health and education systems.
- Reduce high-risk behaviors.
- Increase permanency.
- Increase positive youth development.

Collaboration was identified as a priority to reduce duplicate efforts and system inconsistencies and decrease staff confusion of policy, procedures, roles and responsibility.

Ingham County: DHS is working with community leaders to improve policies and practices that will assure all youth in Ingham County have successful outcomes in education, health, employment and economic development.

This initiative began because of the identified disparate treatment of African American males in Ingham County, but has evolved into a partnership with Community Mental Health in an effort focused on reducing overall numbers in foster care. The CMH Impact program provides intensive family preservation services to severely emotionally disabled children and their families; Ingham County DHS has successfully reduced the ongoing foster care caseload by 33% since 2008.

Ingham County also participates on an ongoing panel studying the medical needs of people of color. Another collaborative effort the county participates in is chaired by the Ingham County Commission and is studying health care needs of males in foster care.

Engage families as partners

Status: DHS continues to engage parents in decision-making processes. The implementation of MiTEAM, Michigan's engagement model, which stands for teaming, engaging, assessing and mentoring, will improve family engagement.

DHS hired permanency resource managers to ensure the permanency needs of children are addressed and to coordinate statewide planning.

DHS increased efforts to achieve timely reunification. Counties receive a bi-monthly report identifying the children who have been in foster care for 200 to 300 days with reunification as the permanency goal. The Permanency Resource Manager focuses on creating innovative strategies to find safe placements for children.

Address families' basic needs and focus resources on the most vulnerable families

Status: DHS has developed training to address poverty, attended by over 700 child welfare workers, to:

- Give better understanding of how poverty and neglect differ and help staff recognize the difference between determining a family's situation and needs.
- Explore the difference between generational and situational poverty and how people in each situation view the world.
- Provide helpful tools for determining the best services or resources to assist a family.

Building community support for reducing disproportionality

Status: In collaboration with the State Court Administrative Office, DHS held a conference last October for child welfare professionals, judges, lawyers, CPS and foster care workers and educators to provide information and encourage discussion in a solution-focused manner that encouraged problem-solving while:

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

After the conference, a committee began working to analyze data to guide decisions to address disproportionality and assist with the implementation process. A proposal was submitted to Casey Family Programs in May 2010 for grants and funding for training.

Monitor DHS' progress in reducing disproportionality

Status: DHS and the State Court Administrative Office finalized a data sharing agreement for child welfare information to determine where disproportionality exists and to measure the effectiveness of interventions.

A committee of public and private child welfare professionals will analyze disproportionality data, policies, procedures and practices that will reduce the over-representation of children of color.

The State Court Administrative Office sought funding from Casey Family Programs to support this work and to initiate a pilot program in Saginaw County. Grant funds were received and a committee is being formed with DHS and national foundations to collect and analyze data that will help guide decisions. Training will be provided to both the state and Saginaw County. Each member will be trained in Casey Family Programs' "Knowing Who You Are" and the People's Institute "Undoing Racism" training.

Training and workforce development

Status: The State Court Administrative Office, DHS and Michigan's tribes jointly planned and held five regional Indian Child Welfare Act trainings that required each county to identify a team of key stakeholders to serve as local experts on the Indian Child Welfare Act. These teams consisted of the following representatives:

- State court judge.
- Local DHS manager.
- Indian Outreach worker.
- Lawyer-guardian ad litem.
- Tribal representative(s) for counties having Tribal Social Services.

More than 2,000 workers have been trained in:

- **Family Preservation - Self-Awareness:** This training widens trainees' views of other cultures and increases their sensitivity and helps participants examine how their own cultural background influences their view of different cultures.
- **Self-Awareness/Cultural Diversity:** The training helps participants define diversity and understand the benefits to families. Participants explore their personal attitudes, hidden feelings and assumptions that affect interactions and learn how to address their biases while respecting families.
- **Poverty in Child Welfare:** This training gives trainees a better understanding of how poverty and neglect differ according to policy and how to recognize this when determining a family's situation and their needs. The training provides helpful tools to determine which services or resources best assist a family, and how to locate them.
- **Indian Child Welfare Act:** This training provides foster care, CPS and adoption specialists with an overview of the history, laws, policy and operational requirements of the act and provides resources that can help workers comply when working with American Indian families and children.
- **Knowing Who You Are:** This training explores racial and ethnic identity to help youth in foster care achieve a positive and healthy sense of racial and ethnic identity.
- **Cultural Diversity:** This training is offered to child welfare workers in urban counties to create an atmosphere of acknowledgement and acceptance while working with participants to define and examine the benefits of diversity.

COLLABORATION WITH THE COURT IN DEVELOPING THE CFSR PROGRAM IMPROVEMENT PLAN

In 2010, the State Court Administrative Office's Court Improvement Program convened an advisory group of local judges, a state Supreme Court justice and attorneys representing

children and parents. Their recommendations were included in the 2009 report and the CFSR Program Improvement Plan.

The focus of collaboration for 2011 and 2012 includes:

- Establish a joint court/DHS task force to increase the frequency and quality of parent-child visitation.
- Train court personnel to work collaboratively with DHS to ensure parent/child visitation promotes timely family reunification.
- Revise the judicial bench cards so courts address parent/child visitation during court hearings.
- Continue and expand Permanency Forums as a state practice to improve timeliness in achieving permanency.
- Establish practices that improve timeliness in parent rights termination processes including compliance with requirement for documentation of “compelling reasons” when a petition to terminate parental rights is not filed for children in care for 15 of 22 months.
- Increase foster parent notification of court hearings and participation in the hearings.

DHS will be working with the Court Improvement Program to develop and implement the strategies.

CASELOAD REDUCTION

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

Goal: DHS has set the caseload reduction goals in line with the consent decree.

Status: DHS hired 743 workers in an effort to meet the caseload reduction standards set forth in the consent decree. The mass hiring was due to a large number of retirements at the end of FY 2010 and our efforts to improve the caseload ratios. Currently, many of the newly hired workers are in training and DHS anticipates our caseload ratios will continue to decrease in FY 2011.

DHS conducted an assessment of caseload ratios in October 2010 which revealed the following data on compliance:

- CPS Investigations:
 - 33.4 percent urban counties were in compliance of 13:1.
 - 42.0 percent outstate counties were in compliance of 13:1.
 - 31.9 percent statewide average.

- CPS Ongoing:
 - 37.1 percent urban counties were in compliance of 25:1.
 - 32.7 percent outstate counties were in compliance of 25:1.
 - 34.6 percent statewide average.

- Foster Care:
 - 75.0 percent urban counties were in compliance of 20:1.
 - 54.3 percent outstate counties were in compliance of 20:1.
 - 92.0 percent private agencies were in compliance of 20:1.
 - 76.1 percent statewide average.

DHS will continue to monitor the caseloads of its local offices and private agencies on a regular basis.

COORDINATED SERVICE DELIVERY

Michigan's child welfare system is developed at the state level and delivered through more than 100 county offices and contract agencies to ensure consistency and uniformity in service delivery.

DHS administers the federal Temporary Assistance for Needy Families, Child Care and Development Block Grant, Supplemental Nutrition Assistance Program, Low-income Home and Energy Assistance Program and the title IV-D child support program. DHS also determines eligibility and provides case management for Medicaid through Michigan Department of Community Health as the state agency. Finally, DHS administers the Disability Determination Service for title II and XVI funds. Service descriptions for all DHS programs delivered through these federal resources may be found here:

http://www.michigan.gov/documents/dhs/DHS_Program_List_207362_7.pdf

Michigan counties serve families through resources that include:

- Providing cards and pamphlets describing the availability of and contact information for community resources.
- Using the United Way's 211 Call Center, which is available in all counties.
- Using web-based resources for coordinated assistance applications and resource listings.

DHS Bureau of Community Action and Economic Opportunity provides support and oversight to Michigan's 29 community action agencies that develop community partnerships, involve low-income clients in their operations and coordinate an array of services within their communities. They serve approximately 489,000 low-income individuals each year with services including Head Start, housing assistance, weatherization, senior services, income tax preparation, food, transportation, employment assistance and economic development.

According to U.S. Census data, almost one in every five Michigan children lives in poverty. The rate is nearly one in two for African American children and more than one in three for Hispanic children. DHS innovative strategies that meet the rising demand for services include:

- The Michigan Combined Application Project provides a streamlined application process for food assistance for citizens who receive SSI benefits.
- The Home Heating Tax Credit assists low-income families with the cost of heating their homes.
- Collaboration between private utilities and charitable groups that assist certain low-income persons to avoid utility shutoffs during the winter months.
- The Center for Civil Justice serves low-income persons in 14 central Michigan counties, providing legal and technical assistance to advocacy organizations through systemic advocacy strategies.
- The online Helping Hand Web portal weaves together the various threads of Michigan's safety net. It provides a single source of information and resources for people who might otherwise fall through the cracks. Available at www.michigan.gov/helpinghand.

FAMILY RESOURCE CENTERS

Family Resource Centers were initiated in 2003 in 20 sites around the state. They are placed in elementary and middle schools to coordinate services according to goals developed and shared by the family, school, community and other agencies. These centers serve as a one-stop shop for family services located in or near a neighborhood school. There are 53 operating statewide whose goals are to:

- Create a user-friendly service model for families using state and local human services.
- Increase efficiency of state and local services by pooling resources.
- Increase academic performance and parental involvement.
- Help schools achieve annual yearly progress standards under the federal No Child Left Behind legislation.

DHS staff working in centers provide families with cash assistance, food, clothing, shelter and prevention services, Medicaid eligibility determinations, emergency assistance for utility shut-off, eviction and other housing issues, access to community-based mental health services, therapy and other services in agreement with local partners and school-based parent-involvement programs. Evaluations of schools with Family Resource Centers indicate the schools have improved standardized test scores, reduced absenteeism, and are much more likely than priority schools without Family Resource Centers to meet annual yearly progress standards.

Partner agencies that locate services in Family Resource Centers report significantly improved outcomes for children and families due to the increased accessibility of services. Local evaluations of Family Resource Centers' impact indicate the involvement is positive across a spectrum of school factors including attendance and parental involvement. A current listing of Family Resource Centers can be found

at: http://www.michigan.gov/documents/dhs/DHS_FAMILY_RESOURCE_CENTERS_2011_34692_5_7.pdf.

COORDINATION BETWEEN THE TITLE IV-E AND THE TITLE IV-D PROGRAMS

DHS and the Office of Child Support collaborated to developed a process which enables foster care and CPS staff the ability to obtain paternity information from the Department of Community Health's Central Paternity Registry, an online central repository for information from affidavits of parentage and notices of orders of filiation filed in Michigan.

COORDINATION WITH FOSTERING CONNECTIONS TO SUCCESS AND INCREASING ADOPTION ACT OF 2008

Michigan's Title IV-E State Plan amendment, submitted in December 2010, demonstrated compliance with all of the required provisions of the Fostering Connections Act. DHS finalized policies for the 90-day transitional plans for youth transitioning from foster care as well as policy and procedures relative to juvenile guardianships. A guardianship-specific policy manual was created and is available to all children's services staff. The manual includes instructions to staff on determining eligibility for title IV-E subsidized guardianships. DHS is still finalizing the possible extension of foster care and adoption assistance to older youth. DHS is in the process of developing a SACWIS compliant system to provide better data for all Fostering Connections requirements.

TITLE IV-E COMPLIANCE: FUNDING UNIT

DHS Federal Compliance Division manages the title IV-E state plan, title IV-B state plan, the federal Child and Family Services Plan and the Annual Progress and Services Report, along with the federal CFSR review and program improvement plan.

The Michigan legislature continued funding to support the 80 child welfare funding specialist positions in local offices whose responsibilities are to assure foster care funding determinations and redeterminations are completed correctly and to encourage relative providers to become licensed providers. Staff supports the field regarding eligibility, funding, legal and payment issues for children in foster care and juvenile justice programs.

In June 2010, DHS and staff from Region V and the Administration for Children and Families Children's Bureau conducted an eligibility review of Michigan's title IV-E foster care program. The Administration for Children and Families declared Michigan in substantial compliance with the federal eligibility requirements with only four error cases.

On June 22, 2010, the Children's Bureau Regional Office notified Michigan that four additional cases were improperly coded and thus were error cases. These additions increased the error count to eight, and Michigan was out of substantial compliance with the federal eligibility requirements for the period under review. Michigan DHS was able to provide documentation to the Administration for Children and Families that two of the four new error cases had been corrected. The remaining error cases included the four identified during the on-site plus two additional error cases.

DHS appealed the two identified error cases based on our implementation of the fair hearings regulations. On January 14, 2011, the Department of Health and Human Services, Departmental Appeals Board, through decision number 2360, reversed the disallowance on the two disputed cases and concluded Michigan was in substantial conformance. On February 17, 2011, DHS received correspondence from the Administration for Children and Families confirming the results of the ruling. The Administration for Children and Families verified Michigan would not be required to complete a Program Improvement Plan.

Federal compliance staff has trained 226 DHS staff and supervisors new to the child welfare funding specialist positions since April 2008. As a result of issues noted within the recently completed title IV-E review, the division developed a refresher training package for current child welfare funding specialist staff and their supervisors. Federal compliance staff trained more than 72 DHS staff and supervisors. The refresher training included:

- Training on AFDC requirements of living with/removal from a specified relative and deprivation factors.

- Accuracy of payments – identification and execution of necessary reconciliation and recoupment.
- Ongoing case reading activities – replacement of the current case reading instrument with one that is aligned more directly with the federal title IV-E case reading instrument.

Local offices submit monthly reports to the division that record and provide information on the funding specialist activities. A database tracks the information received from these reports and staff are exploring making the database available to local office staff for direct data entry.

Staff provide technical assistance to local DHS and court staff on appropriate title IV-E eligibility. The internal DHS Title IV-E Review Committee continues to review inquiries from courts and local DHS offices weekly. Federal Compliance and State Court Administrative Office staff meet in person monthly and communicate frequently by email and telephone to ensure consistency with the judicial requirements of title IV-E. Additional technical assistance is offered to the six urban field offices to assure title IV-E program compliance. As a quality assurance practice, analysts conduct monthly visits in those counties for consultation and title IV-E case reading. All counties have direct access to the analysts for any questions regarding funding and payments for foster care and juvenile justice.

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

Consultation with Tribes on Title IV-E Agreements

Federal compliance staff developed contract language for title IV-E agreements with Michigan tribes. The division is working with the Keweenaw Bay Indian Community as they work to implement their title IV-E Tribal Plan with the Children's Bureau. DHS will continue to provide an array of services to facilitate this program.

MICHIGAN COURT IMPROVEMENT PROGRAM

The Michigan State Court Administrative Office's Child Welfare Services Division administers Michigan's Court Improvement Program and receives three federal grants for data collection and analysis, training and the main grant.

The Child Welfare Services Division:

- Serves as Michigan trial courts' central resource for issues that involve child protection, foster care and adoption.

- Provides guidance and technical support services to family division courts, attorneys and DHS.
- Coordinates judicial liaison contacts with the legislative branch.

Child Welfare Services operates the program through a statewide, cross-disciplinary task force aimed at improving child protective proceedings to achieve safety, permanency and well-being for foster care children. The program allows Michigan to implement reforms and track state compliance with laws, national standards and program improvement plans.

During 2010, Michigan's Court Improvement Program staff focused on the following:

- Collaborating with DHS in the development of Michigan's Child and Family Services Review Program Improvement Plan.
Status: Completed.
- Preparing courts for, and assisting DHS with, the 2010 federal title IV-E eligibility audit.
Status: Completed.
- Initiating a pilot program with Michigan's largest court, Wayne County Circuit Court, to improve relations between the court and DHS.
Status: In process; project is in its second year.
- Engaging attorneys who represent parents in child protection proceedings.
Status: Ongoing.
- Increasing program visibility and interaction with Michigan's tribes.
Status: Ongoing.

Court Improvement Program - Main Grant

The Court Improvement Program funds a statewide task force that meets quarterly and has 65 members. The task force uses Michigan's 2005 Reassessment Report to guide activities.

Quality Representation Committee: Improve Legal Representation for Children and Parents

This committee meets monthly to finalize recommendations to courts on establishing training and higher expectations for attorneys in child welfare proceedings and court follow up if expectations are not met. Two documents are being developed which address the expectations that will be incorporated into the attorney appointment protocol and a sample contract for courts and appointed attorneys.

Status: Completed.

The committee also has drafted two court rule recommended changes: jury trial periods and the appointment of counsel in child welfare cases. **Status:** Under consideration by the Michigan Supreme Court. The committee drafted a proposed statutory change that would give parents and their attorneys the same access to documents as the L-GAL assigned to that case. DHS found a legislative sponsor for this proposal and it was introduced in the House of Representatives in January 2011.

Policy Committee: Overnight Removal Issues

The Policy Committee discussed issues related to emergency removals of children from their homes when the courts are closed. Michigan statutes and court rules provide only minimal guidance, which results in disparate practices and uncertainty at the county level. A state senator introduced legislation based on the Court Improvement Program recommendation on September 29, 2010 and it has been reintroduced in the 2011 legislative session.

Status: In process.

Requirement that Courts Obtain a Child's Input

The Policy Committee advised courts of the federal and state requirements to obtain the child's views during permanency planning hearings. On November 5, 2009, a statewide conference provided an overview of national policies addressing children's participation in court proceedings and its benefits. The Policy Committee will design new policies, best practices and protocols for child and youth involvement in dependency hearings, and draft additional statutory change.

Status: In process.

Non-Respondent Parent Issues

The Policy Committee analyzed issues concerning non-respondent parents in abuse/neglect cases to determine if statutory changes are necessary to ensure parental rights are protected. The Policy Committee temporarily merged with the CFSR Committee to focus in providing expertise and assistance on the Program Improvement Plan and hopes to refocus on non-respondent parents' issues in 2011.

Status: In process.

Central Registry Issues

The Policy Committee evaluated current central registry statute. Draft legislation is being finalized for recommendation to the Michigan legislature in 2011. Additionally, the subcommittee helped re-draft the Perpetrator's Notice of Action and Rights that is sent to every person that DHS lists on Central Registry.

Status: In process.

Separately, the group also vetted various draft proposals by the Permanency Options Work group. Another draft was considered at the May 11, 2011 meeting.

Quality and Depth of Hearing Committee

The committee reviewed each child protective hearing process, developed best practice tips and recommendations, and focused on whether:

- Court oversight advanced the child's permanency.
- Individuals appearing at the hearing were encouraged to participate effectively.
- Jurists, lawyers and caseworkers had sufficient training to complete their tasks.

The statewide task force reviewed the committee's final report at its January 2011 meeting and will publish the recommendations and provide statewide training once they are final. The committee will work collaboratively to develop the curriculum and to train child welfare professionals and jurists on the recommendations.

Status: In process. Child Welfare Services is currently editing and anticipates publication by July 2011.

Child and Family Services Review (CFSR) Committee

Michigan's CFSR onsite review found Michigan not in substantial conformity with the seven outcome factors and four of the seven systemic factors that relate most directly to the courts. In April 2010 staff convened a statewide advisory group, as a result of a request from DHS' Federal Compliance Division, which reviewed the CFSR final report and provided recommendations to DHS regarding:

- How the court system should address areas of non-conformance.
- How DHS could modify its operations to achieve substantial conformity with the federal requirements.

The advisory group submitted a report to DHS with recommendations bulleted on page 11 that were included in the approved Program Improvement Plan.

Status: Ongoing. DHS will work with the Court Improvement Program to develop and implement related strategies.

In addition, during November 2010 Child Welfare Services sponsored a statewide conference on improving parent-child visitation to help address another area of non-conformity identified by the CFSR.

Status: Completed.

Tribal Court Relations Committee

The Tribal Court Relations Committee drafted a Michigan Indian Family Preservation Act that would serve as Michigan's companion legislation implementing the federal Indian Child Welfare Act. The committee met five times between Sept 30, 2010 and April 1, 2011 and finalized the document to be recommended to the Michigan legislature.

Status: In process.

The next project for the Tribal Court Relations Committee is to create a Tribal-State/Bench-Bar Forum that will facilitate communication between judges and lawyers practicing in both tribal and state courts.

Status: In process.

Court Improvement Program - Data Collection and Analysis Grant

In 2009, the project produced 11 data reports available to only three pilot counties. During 2010, the number of reports increased to more than 30 and the counties with access quadrupled. The new reports include next-court-hearing-date information for caseworkers, and the court-ward data required by the *Dwayne B. v. Granholm, et. al.* consent decree.

Child Welfare Services began administering the state's Absent Without Legal Permission case management system, evaluating the system and reports it generates, making improvements and updates where necessary.

Status: Ongoing.

Court Improvement Program - Training Grant

Child Welfare Services administers many child welfare training programs with funds from the Training Grant and special-purpose grants from the Governor's Task Force on Child Abuse and Neglect. In 2010, Child Welfare Services staff administered or co-sponsored 31 trainings around the state on topics such as:

- The Indian Child Welfare Act.
- Removal prevention and timely reunification.
- Legal representations of parents and children.
- Youth in Transition.
- Legal updates.
- Educational issues.
- Role of visitation in timely reunification.

Child Welfare Services continues to offer initial orientation training for new family division judges and referees. The 2010 training schedule can be found at:

www.courts.michigan.gov/scao/services/CWS/TrainingDevelopment/2010TrainingSchedule.pdf

Status: Ongoing.

The Child Welfare Services training website offers online training registration, course materials and other resources, live webcasts, and access to archived webcasts. From January through mid-November 2010, there were 900 viewings of archived trainings and webcasts. DHS caseworkers may satisfy continuing education requirements by viewing archived and/or live trainings. In December 2010, the DHS Child Welfare Training Institute offered to endorse the archived trainings to their field workers and will distribute information about upcoming trainings.

Status: Ongoing.

Additional Court Improvement Program Committees/Work Groups**Case Service Plan Work Group**

Both the federal CFSR report and the annual report by SCAO's Foster Care Review Board concluded that poorly devised and written case plans are a systemic barrier to achieving timely

permanency for children in foster care, particularly in reunifying families. Based on recommendations from the Foster Care Review Board's report, Court Improvement Program staff established a work group to develop:

- Simplified but more useful Initial and Updated Services Plans and the Parent-Agency Treatment Plan/Permanent Ward Service Agreements.
Status: In process.
- Standardized permanency progress report that courts can prepare more efficiently by using the information provided in the initial and updated service plans.
Status: In process.

Educational Work Group

In early 2010, Child Welfare Services established a work group to address the issues of children in foster care facing numerous educational challenges and who have a disproportionately high dropout rate. The work group focused its attention on Detroit public schools due to the number of foster children enrolled in that district. The goals established by the work group are relevant to any K-12 public school district that educates foster children. The goals are as follows:

- Ensure the continuity of a child's educational experience by keeping the child in a familiar school and neighborhood when consistent with the child's best interest.
- Develop a system to track the number of earned academic credits for foster children who transfer, drop out or enroll late.
- Develop a tool to identify children in out-of-home placements who display the early signs of academic failure.
- Ensure that foster youth are prepared and encouraged to pursue educational opportunities beyond high school.
- Provide learning opportunities to help school systems understand the special needs of foster children.
- Empower children in out-of-home placements to help design their own educational plans.

During an initial joint meeting held in July 2010, the Detroit schools' representatives were receptive to the partnership.

Status: Ongoing.

Permanency Options Work Group

The Permanency Options Work Group meets approximately four times per year and considered these issues in 2010:

- Decentralizing the consent process for uncontested adoptions. Previously, one DHS administrator was the only individual who could approve adoptions. Decentralization is

aimed to expedite the adoption process. Legislation was signed by the governor on May 23, 2011.

Status: Completed.

- Allowing the court to reinstate parental rights under certain conditions.

Status: In process, the bill is currently being re-drafted.

- Extending foster care to age 21.

Status: In process, the bill is currently being re-drafted.

- Coordinating probate court guardianships with DHS abuse/neglect investigations. DHS instituted a new policy to require their workers to complete abuse/neglect investigations even when a guardianship has been ordered.

Status: Completed.

Additional issues that the Permanency Options Work Group may consider in 2011 include:

- Creating an open adoption process for older foster youth reluctant to consent to their adoption.

Status: Pending.

- Requiring courts to keep an abuse/neglect case open until the adoption is finalized. Currently, some courts close the case after placing the child for adoption but before the final order of adoption is entered.

Status: In process.

Adoption Oversight Committee

Court Improvement Program staff serve on the statewide Adoption Oversight Committee to recommend improved adoption practices and procedures, to identify barriers to adoption, and to increase collaboration between state and private stakeholders. They developed an Adoption Legal Packet that includes all the documents required by statute, court rule and DHS policy when petitioning the court for an adoption. The packet will create uniformity throughout the state court system to improve finalization periods and provide consistency for caseworkers who serve multiple counties. After final approval by DHS and the courts, the packet will be distributed.

Status: Ongoing.

State Child Fatality Review Team

Staff joined the State Child Fatality Review Team, in November 2007, which reviews cases where a child died and CPS either had prior involvement or has current involvement with the family.

Status: Ongoing.

State Court Administrative Office Child Fatality Review Committee

The committee immediately reviews deaths that may have resulted from abuse or neglect while a child was under court jurisdiction. The committee reviewed two cases in 2010.

Status: Ongoing. The court and DHS are developing an interagency agreement to allow the committee access to the DHS Office of the Family Advocate report.

Special Projects

New Jurist Training

Child Welfare Services initiated new judges training in 2009 to provide new judges with the information and tools they will need to preside over child protective proceedings. During 2010, the training was expanded to include new family court referees. The training covers IV-E and Adoption and Safe Families Act requirements, the CFSR review, data collection/sharing, resources, and relevant issues.

Status: Ongoing.

Adoption/Permanency Forums

In 2010, Child Welfare Services held two adoption/permanency forums that encourage expedited permanency for children who have remained in foster care longer than one year. The forums include the 24 Michigan counties that have 85 percent of the state's foster care caseload. The 2010 forums have inspired strong local partnerships and a competitive spirit among the participating counties. Four forums are planned in 2011.

Status: Ongoing.

Infant Mental Health Court

National experts helped Genesee, Midland and Wayne counties' "court teams" and special dockets that help maltreated infants birth up to age three to improve parent-child interaction and achieve permanence with no recurrence of abuse or neglect. These court dockets are known as "Baby Courts." The Wayne County Baby Court began receiving referrals in November 2010. Staff will continue to offer assistance to all of the Baby Court programs.

Status: Ongoing.

Absent Without Legal Permission

Child Welfare Services oversees a tracking system for children in foster care who run away from their placement. This is the one statewide child welfare data sharing system in Michigan all courts and caseworkers access that tracks whether:

- The child's information has been entered into the Law Enforcement Information Network.
- An Amber Alert was necessary and issued.
- The lawyer-guardian ad litem was notified that the child ran.

The system allows both the court and DHS to input and retrieve the same data. Caseworkers use the system data to prepare their reports for court hearings that are well-received, easy to read, and include relevant details about the children and efforts to locate them. Courts accept these reports if signed by a DHS manager as evidence of the "locate" efforts.

Status: Ongoing.

Collaboration on 2010 Title IV-E Federal Review

Michigan underwent a federal title IV-E eligibility review in June 2010 and Court Improvement Program staff coordinated assistance from local courts preparing the IV-E files that were reviewed. Staff was present during the on-site review to provide assistance. The federal reviewers later cited the level of collaboration between the court and DHS as a strength.

Status: Completed.

Staff provide title IV-E technical assistance to courts and DHS county offices and made IV-E presentations at two statewide conferences and three trainings for DHS staff on findings that courts must make in each case, how DHS determines eligibility for title IV-E funding, trends found during the federal review process, and local issues.

Status: Ongoing.

Staff work closely with DHS to develop Michigan's title IV-E Program Improvement Plan and training program to ensure that DHS staff and the courts receive the same accurate information.

Status: Completed.

EDUCATIONAL COLLABORATION

The Michigan Model for Health[®]

The *Michigan Model for Health[®]* is a comprehensive K-12 health education curriculum that gives school-aged children (ages 5-19 years) age-appropriate lessons on social and emotional health, nutrition and physical activity, alcohol, tobacco and other drugs, personal health and wellness, safety and HIV. The *Michigan Model for Health[®]* was implemented in 1985 to coordinate school-age children's information and skills on health and disease prevention. It has been replicated in 39 states.

Early Childhood Investment Corporation

The Early Child Investment Corporation is the state's focal point for information and investment in early childhood programs and activities. It funds and provides training and consultation to community leaders to improve the health, development and learning of young children. The Early Child Investment Corporation helps provide:

- The Start Project and Great Start Collaborative serving every community in the state.
- 70 Great Start Parent Coalitions that provide education and information about investing in young children.

- Nine regional resource centers that anchor Michigan’s Great Start Child Care Quality Project.
- CONNECT, Michigan’s online early learning resource for key information about quality childcare and child development including licensed childcare provider search.

Governor Rick Snyder announced his intent to create the Office of Great Start – Early Childhood to coordinate early childhood programs and resources. This reorganization will:

- Create a new office by combining the Office of Child Development and Care with the Office of Early Childhood Education and Family Services.
- Place the Michigan Office of Great Start – Early Childhood at the Department of Education with existing programs such as Great Start School Readiness, Great Parents/Great Start, Preschool Special Education, Child Care Licensing, Head Start State Collaboration, Child Care and Development Program and Early On.

Accomplishments in FY 2010 include:

- \$1 million in grants to early childhood projects in 32 Great Start Collaborations.
- \$928,233 in Reimagine Early Years grants to 11 school districts to foster innovative educational reform.
- \$3 million in grants to the Great Start Collaborative to establish local matching funds.
- Nearly 20,000 unlicensed Michigan childcare providers, including grandparents, neighbors and other relatives assisting low-income parents completed first aid/CPR training in FY 2010.

DOMESTIC VIOLENCE SHELTER AND SUPPORT SERVICES

The goals of Michigan Domestic Violence Prevention and Treatment Board funded services are to:

- Contract for:
 - Emergency shelter and related services for victims of domestic violence and their children.
 - Comprehensive sexual assault services for victims of sexual assault, their family members and significant others.
 - Transitional supportive housing and support services.
- Educate on the prevention and treatment of domestic and sexual violence.
- Improve the response to the crimes of domestic and sexual violence.
- Ensure safety, confidentiality and justice are provided to victims of domestic and sexual violence.

To achieve these goals, the enabling legislation mandates the board:

- Fund community-based domestic violence prevention and treatment.
- Develop operating standards for victim service programs.
- Provide technical assistance to providers.
- Conduct research to prevent and treat domestic violence.
- Help state police set up a reporting system for law enforcement agencies.
- Carry out education to the public and professionals.
- Advocate for policies and procedures that improve treatment.
- Advise the legislature and governor.

Comprehensive domestic violence services are provided under contracts with 44 non-profit domestic violence programs that offer:

- Emergency shelter.
- Emergency intervention (24-hour crisis lines and emergency response services).
- Supportive counseling (individual and group).
- Community education and prevention services.
- Personal advocacy with health care, criminal justice systems, housing location and financial assistance.
- Support services such as transportation, childcare and children's services.

In FY 2010, the following services were provided:

- 244,495 shelter nights.
- 82,803 hours of individual counseling.
- 10,459 hours of group counseling.
- 79,132 crisis calls.

The FY 2010 federal STOP Violence Against Women grant for provided \$4.35 million to local projects to improve victim services and the criminal justice response, address domestic violence, sexual assault and stalking throughout the state including specialized sexual assault nurse examiner programs, develop statewide policies, protocols and training.

In FY 2010:

- 5,592 clients were provided civil legal advocacy.
- 3,428 clients were provided criminal justice advocacy.
- 3,122 clients received personal protection orders.
- 4,687 clients were provided with victim witness notification services.

The board funds 23 non-profit sexual assault programs under the Sexual Assault Comprehensive Services programs to provide comprehensive services to sexual assault survivors. In FY 2010, the following services were provided:

- 15,151 hours of individual counseling.
- 2,449 hours of group counseling.
- 9,884 crisis calls.
- 1,058 forensic nurse examinations completed.

The board funds 17 non-profit Domestic Violence Transitional Supportive Housing programs that provide safe transitional supportive housing for up to 24 months. In FY 2010, the following services were provided:

- 205,578 nights of housing.
- 3,662 hours of individual counseling.
- 865 hours of group counseling.

The Recovery Act STOP Violence Against Women grant provided over \$4 million to 44 non-profit programs to provide services to victims and support community efforts to strengthen law enforcement, prosecution, and court responses to violence against women. Communities hire and retain personnel that respond to crimes and support strategies to promote economic growth, while improving responses to domestic violence, dating violence, sexual assault and stalking.

The Recovery Act Transitional Housing Assistance Program will provide \$2 million from May 2010 to June 2012 to support six programs that provide one or all of:

- Transitional housing including operating expenses of newly developed or existing transitional housing.
- Short-term housing assistance including rent or utility assistance with security deposits and other costs incidental to relocation.
- Support services to enable individuals to secure permanent housing who are fleeing domestic violence, sexual assault or stalking.

COORDINATION WITH TRIBES: OFFICE OF NATIVE AMERICAN AFFAIRS

DHS delivers services to Michigan's 130,000 Native Americans. The Office of Native American Affairs is the policy office that coordinates with Michigan's tribes through:

- Policy and program development.
- Resource coordination.
- Advocacy.
- Training and technical assistance.

- Implementation of applicable state and federal laws pertaining to Native Americans and tribal consultation.

For more information, please see the Native American Affairs Business Plan at: www.michigan.gov/americanindians.

In addition, Native American Affairs coordinates statewide consultation through:

- Tribal State Partnership: A collaborative body of Tribal Social Service Directors and DHS staff focusing on Indian child welfare and the implementation of the Indian Child Welfare Act of 1978.
- Urban Indian Partnership: A collaborative body of urban Native American organizations and DHS staff focused on challenges facing tribal at-large membership and point-of-entry for DHS services.
- Michigan Tribal Child Care Task Force: A collaborative body of tribal child care and education directors and DHS staff working to ensure Zero to Three services, Great Start and pathways to success for young children and adults.
- Child Welfare Training Institute provides Indian Child Welfare Act training for new child welfare and supervisory staff.
- Regional Indian Outreach Worker meetings: Forum to provide professional development.
- The State Court Administrative Office Court Improvement Program Statewide Task Force advocating on behalf of tribal families.

Indian Child Welfare Act Compliance

DHS provides culturally appropriate services to Native American families through increased involvement of Native American tribes, communities and agencies to develop and enhance community-based services to children and families and through funding and support of:

- Quarterly Tribal State Partnership meetings with representatives from Michigan's 12 federally recognized tribes, tribal organizations and local DHS and central office staff.
- Participation in regional/national tribal consultation as requested through the Midwest Alliance of Sovereign Tribes, National Indian Child Welfare Association, Casey Family Programs, and the Child Welfare League of America and the National Indian Child Welfare Association.
- Administering, supporting and developing new grant/contract opportunities for tribal communities.
- Contracting with the Michigan Indian Child Welfare Agency and the Sault Sainte Marie Tribe of Chippewa Indian's Binogii Placement Agency for foster care and adoption services for Native American children.

- Strengthening the DHS Indian Outreach Worker program through the development of Indian outreach services case reviews to target best practices and service barriers. The Native American Affairs Business Plan outlines the plan to strengthen the program.
- Publishing culturally competent human service materials that reflect the unique status of Native American people and laws that protect their sovereignty. Contracting for Families First of Michigan family preservation programs that serve seven of ten reservation communities. Tribal representatives participated in the bid rating process.
- Continuing review and revision of Indian Child Welfare policy to strengthen and achieve compliance with federal rules and regulations.
- Strengthened the state courts' application of Indian Child Welfare Act through collaboration with tribal court, attorneys and social services; state court administration; DHS legal division; and Native American Affairs toward development and codification of the Michigan Indian Child Welfare Act.
- Negotiated tribal-state agreements including title IV-E and IV-D agreements. Michigan assists the tribe(s) to access title IV-E administrative funding, Chafee Foster Care Independence Program, training, and data collection resources.
- Development of CFSR, Program Improvement Plan goals regarding Indian Child Welfare.
- Conducting stakeholder surveys to ensure quality assurance of Native American Affairs division and policy.
- Conducting public awareness events to sensitize consumers and vendors to issues and successes of American Indian peoples in Michigan and improve cultural awareness and competence.

Michigan Native American child welfare data FY 2010:

- DHS supervised 217 foster care cases.
- DHS served 45 children eligible for adoption.
- DHS had 35 youth eligible for Youth in Transition services.
- DHS had 86 licensed foster homes.
- DHS served 37 juvenile justice cases.

Tribal Consultation

Michigan improved government-to-government relations with Michigan's federally recognized tribes through tribal consultation agreements that engage tribes in Indian Child Welfare Act mandates and its application in DHS policies and service. The Native American Affairs director shares research and best-practice resources with tribes from Region V.

Native American Affairs and Tribal Collaborative Partnerships in 2010:

- Michigan Tribal Social Service Directors' Coalition (Native American child welfare).
- Tribal health directors (emergency preparedness).
- Tribal childcare directors (childcare and Early Head Start/Head Start).
- Tribal chairpersons (tribal consultation).
- Tribal attorneys and judges (Native American child welfare and tribal court relations).

- Urban Native American organization directors (Native American child welfare and contract services).
- Native American placement agency director (Native American child welfare).
- State historic tribes (Native American child welfare).
- Indian Outreach Workers and supervisors (Indian Outreach Services).
- Federal Native American program coordinators/consultants (Native American child welfare).

Required contact lists are attached to this report.

Tribal Consultation Plan Update

Michigan's five-year Child and Family Services Plan update for tribal consultation in 2010 is attached as a separate document.

PREVENTION OF CHILD ABUSE AND NEGLECT: CHILDREN'S TRUST FUND OF MICHIGAN

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

To serve Michigan's families and protect Michigan's children, Children's Trust Fund works with an extensive network of local prevention organizations. It funds direct service programs and local child abuse and neglect prevention councils (hereafter referred to as "local councils"). It funded 21 direct service grants that served 22 of Michigan's 83 counties. The Children's Trust Fund also funded 70 local councils that served 80 counties. It supports community-based prevention programs through:

- Training and technical assistance.
- Evaluation assistance.
- Parent leadership.
- A Child Abuse Prevention Month campaign.

Service Description

The Children's Trust Fund provides funding to statewide prevention programs to help strengthen Michigan's families and prevent abuse and neglect and provides leadership to its statewide network and other prevention initiatives.

Local Councils

Local councils entered their first year of a new three-year grant cycle. For a complete list of local councils, see Children's Trust Fund Attachment 1. Most local councils serve a single county but several northern Michigan councils serve two or three counties. In FY 2010, the Children's Trust Fund provided funding to the following councils:

- Tier I – 23 received \$5,000.
- Tier II – 27 received \$10,000.
- Tier III – 20 received \$20,000.
- Multi-county – received \$1,000 for each additional county serviced.

By statute, local councils' primary purpose is to develop a collaborative community prevention program. Local councils conduct (or participate in) needs assessments and increase public awareness of child abuse prevention. They provide non-direct services including:

- Information and referrals.
- Public awareness campaigns.
- Child Abuse Prevention Month activities.
- Prevention leadership on local committees.
- Local resource directories.
- Educational workshops and in-service training on shaken baby syndrome, safe sleep, body safety, parent education, and mandated reporting).

FY 2010 local council activities include:

- Information booths and fairs (371).
- Baby pantries (645).
- Mandated reporter trainings (190).
- Education services and activities (4,222 - parent education workshops, shaken baby prevention sessions and sexual abuse prevention programs).

Direct Services

Direct service grants fund prevention programs and services to promote strong, nurturing families and to prevent child abuse and neglect. They provide services to families who do not have an active CPS case. In FY 2010, the Children's Trust Fund funded 21 direct service grants in:

- Parent education/family support programs (7).
- Home visitation programs (6).
- Positive youth development programs (2).
- Teen parenting programs (2).
- Fatherhood programs (2).

- Individual family support program (1).
- Home-based counseling program (1).

See Children's Trust Fund Attachment 2 for a more detailed summary of direct service programs.

Direct service programs provided services to 3,623 adults and 3,936 children. The type of direct services provided and number of services in FY 2010 are as follows:

Type of Service Provided	Number of Services
Home Visits	5,154
Parenting Classes	861
Support Groups	341
Group Counseling	247
One-on-One Counseling	2,051
Screening	523
Child Care	1,676
Respite Care	32
Transportation	2,840
Referrals	1,504
Resource Coordination	8,306
Workshops (e.g., Parent Meetings)	3,488
Prenatal	19

Circle of Parents[®]

The Children's Trust Fund is lead agency for the Circle of Parents[®] initiative that provides parent involvement, leadership and support to create shared leadership and strong parenting skills to an existing or new community support group for all parents, but especially for those at risk for abuse or neglect. Circle of Parents[®] increased from 18 to 22 program sites with multiple groups

operating at most sites. Five hundred twenty-nine parents/caregivers and 565 children participated in the program, up from 302 parents/caregivers and 259 children in 2009.

In FY 2010, the Children's Trust Fund conducted these activities to strengthen prevention services in Michigan:

- Administered the second year of a grant to the Michigan State University Department of Advertising, Public Relations and Retailing.
- Planned a joint conference in November 2009 featuring the Children's Trust Fund annual training and the MSU conference "Consumer Culture and the Ethical Treatment of Children: Theory, Research and Fair Practice."
- Served as the acting state lead for Strengthening Families in Michigan and identified steps to become an affiliate of the national Strengthening Families network. Provided Strengthening Families presentations and workshops. Worked with state and local partners to explore ways to support and expand the initiative in Michigan.
- Served on the Great Start Systems Team, which has representation from all family-serving state agencies and is coordinated by the Early Childhood Investment Corporation.
- Served on the Home Visiting Work Group, an interdepartmental team that coordinates Michigan's response to the federal Maternal, Infant and Early Childhood Home Visiting Program.
- Offered the first "Parents Partnering for Change" leadership training to parents and caregivers in CTF-funded programs.
- Established local council regional meetings that provided sharing and collaborating opportunities for local councils.

Expanding and Strengthening Services

The Children's Trust Fund continues to integrate best practices into its work and that of its grantees. It worked with grantees to strengthen evidence-based and evidence-informed programs and practices and reporting program outcomes. Progress on specific FY 2010 goals and objectives includes:

Goal: Assist local councils in sustainability, capacity building and best practice efforts.

Status: Completed. The Children's Trust Fund hosts monthly local council work group conference calls to share ideas and information on best practices, grant requirements, statewide prevention initiatives and strengthen practices and programs.

Goal: Councils will develop stronger partnerships with local initiatives.

Status: Completed. A November 2009 survey reported:

- 95.8% of respondents said that their local council coordinates services with local agencies or organizations.

- 87% coordinate with their local Great Start Collaborative and their community collaborative, followed by United Way (52.2 percent) and faith-based organizations (30.4%).
- Some councils reported they collaborate with other organizations including local law enforcement and DHS.

To support the collaborative work of councils, the Children's Trust Fund offered a workshop entitled "Great Start Collaboratives and Parent Coalitions: Strengthening Communities, Fostering Leaders" and the local council coordinator provided training in spring 2010 to educate local councils about their collaborative role in the direct service grant-making process.

Goal: The Children's Trust Fund will continue to fund 72 local councils at the current level of funding.

Status: Partially completed. Funding to local councils was maintained at current funding levels and the Wayne local council serving metro Detroit was increased from \$5,000 to \$20,000 per year. Two local councils did not receive funding in FY 2010 because of incomplete applications. The two councils are being funded in 2011.

Goal: The Children's Trust Fund will bring Lenawee County, the only county currently without a prevention council, into the CTF-funded network.

Status: Partially completed. The Children's Trust Fund provided extensive technical assistance to Lenawee County, which will join the network as a Tier I council and receive funding in FY 2011.

Goal: Provide leadership for Child Abuse Prevention Month by implementing a coordinated statewide initiative.

Status: Completed. The Children's Trust Fund held Prevention Awareness Day at the State Capitol in March 2010 as a kick-off to Child Abuse Prevention Month, where 125 participants planted a pinwheel garden to show support of prevention programs in Michigan.

Goal: The Children's Trust Fund will provide adequate resources to councils for Child Abuse Prevention Month.

Status: Completed. The Children's Trust Fund supported the "Pinwheels for Prevention" Prevent Child Abuse America campaign at the state and local level and provided pinwheels to local councils and they were used on Prevention Awareness Day. They also produced a toolkit specific to Michigan and advised councils how to carry out the campaign through the toolkit. Thirty councils held pinwheel events in their communities.

Twenty-seven councils (a 39 percent response rate) responded to a survey distributed after the event and 100 percent of respondents found the toolkit useful.

Goal: Incorporate continuous quality improvement principles through a formal peer review process.

Status: Completed. The best practices work group met seven times in FY 2010. Comprised of 12 local council representatives, its goal is to help local councils strengthen best practices, evidence-based and evidence-informed programming. In FY 2010, the group focused on:

- Peer review.
- Strengthening families/protective factors.
- Prevention definitions.
- Evidence-based and evidence-informed programs and practices for councils.
- Creation of an evidence-based and evidence-informed matrix.

Goal: Pilot a local council peer review process.

Status: In process. After researching models, the best practices work group held an all-day, in-person meeting in September 2010, to create a peer review pilot. Our FRIENDS training and technical assistance coordinator, Alicia Luckie, called in for the meeting and worked with the Children's Trust Fund staff prior to the meeting. At the meeting, the best practices work group and the Children's Trust Fund staff created a "Peer Sharing Pilot" which identified the peer review structure, content, training needs, timeframe, etc. Fourteen local councils are implementing the pilot.

Goal: Provide training, public awareness, and education resources/activities to support the work of CTF and our prevention partners. MSU Children's Central will develop and operate a conference on consumer culture and its effects on children.

Status: Completed. In FY 2010, the Children's Trust Fund collaborated with MSU to hold a conference, "Consumer Culture and the Ethical Treatment of Children: Theory, Research, and Fair Practice" in November 2009 with 170 attenders of whom 140 were directly associated with the Fund.

Goal: MSU's Children's Central will contribute to the development of a special issue of the *Journal of Advertising* in 2010.

Status: Completed. The fourth quarter issue of the *Journal of Advertising* was dedicated to research involving marketing and media effects on children. The Children's Trust Fund executive director Michael Foley wrote a forward acknowledging advancing knowledge regarding individual and institutional child abuse and neglect.

Goal: MSU advertising faculty and students will participate with the Children's Trust Fund in the development of a public awareness and/or marketing campaign by the completion of the contract.

Status: In process. In spring 2010, the Snyder-Lantz Children's Trust Fund internship program created four teams of students to work under two national leaders to create a national "brand

manifesto” for child abuse prevention. It provided direction for the third year of the grant to Michigan State University in FY 2011.

Goal: Strengthen parent leadership in the Children’s Trust Fund-funded programs. The Children’s Trust Fund will increase the parent leadership line item in the budget from \$10,000 in FY 2009 to \$20,000 in FY 2010.

Status: Completed.

Goal: Explore options for implementing stronger parent leadership, including parent leadership training.

Status: Completed. The Children’s Trust Fund, the Parent Leadership in State Government Advisory Board and the funds grantees hosted “Parents Partnering for Change” leadership in July 2010 and received excellent evaluations. One hundred percent of participants “strongly agreed” with the statements “I will use the knowledge learned from the training” and “I am going to share what I have learned today with others.”

Services to be provided in FY 2012

The services for FY 2012 will be the same major program areas funded or administered by the Children’s Trust Fund in FY 2011 with the exception of MSU’s grant that ends September 30, 2011.

Local Councils

Councils will support prevention services and activities in their communities to either the general population or at-risk populations in the counties served by the council. By summer 2011, 73 councils will be serving all of Michigan’s 83 counties.

Direct Services

Direct service grants will fund prevention programs as detailed earlier in this section and \$300,000 will be awarded to new direct service grants in FY 2012. For both local councils and direct service grants, the estimated number of individuals and families served can vary based on annual activities and services.

Collaboration

The Children’s Trust Fund is the state chapter of Prevent Child Abuse, a change from previous years when the fund served as a co-chapter with Children’s Charter of the Courts of Michigan. The Children’s Trust Fund also administered the Michigan Citizen Review Panel for Prevention and its statewide network of prevention partners continued which include:

- Policymakers.
- State and local government agencies.
- Nonprofit organizations.

- Parents and providers.
- Prevention advocates.
- Corporations.
- Schools.

In FY 2010, the Children's Trust Fund continued its partnership with MSU and strengthened its relationship with the Parent Leadership in State Government initiative. The Children's Trust Fund partnered with the Departments of Human Services, Community Health and Education through interagency agreements and informal collaboration. Staff served on a work group responding to the federal Maternal, Infant and Early Childhood Home Visiting Program.

The Children's Trust Fund affiliations, memberships and participation include:

- Circle of Parents.®
- Citizen Review Panel for Prevention.
- Early Childhood Investment Corporation.
- Michigan Coalition for Children and Families.
- National Alliance of Children's Trust and Prevention Funds.
- Parent Leadership in State Government Advisory Board.
- Parenting Awareness Michigan.
- Prevent Child Abuse America.
- Prevention Network.
- Signature Auction Event Advisory Committee.
- University of Michigan Child Abuse and Neglect Conference.

The Children's Trust Fund also encourages its local council and service grantees to work with their local multi-purpose collaborative bodies and Great Start Collaborative, particularly on the Strengthening Families initiative.

Local Partnerships

Local councils are a community's prevention voice addressing specific community needs. The Children's Trust Fund local council collaborated with other family-serving organizations within their communities including:

- The new local council three-year work plans were created based on defined community needs. Councils were encouraged to seek input from their community collaborations and other family-serving organizations to determine those needs.
- A session entitled "Great Start Collaboratives and Parent Coalitions: Strengthening Communities, Fostering Leaders" was offered at the FY 2010 annual training.
- During regional meetings, local councils were introduced to peer review principles, including the value of engaging the greater community in this process.

The Children's Trust Fund hosted a monthly local council work group to increase collaboration with local councils on best practices, grant requirements, evaluation, programs, and technical assistance and training needs.

Parent Leadership Collaboration

The Children's Trust Fund served on the interagency Parent Leadership in State Government Advisory Board. In FY 2010, the Children's Trust Fund established parent leadership training in funded programs and served on the Early Childhood Investment Corporation's Parenting Leadership Advisory Committee.

Collaborations and Partnerships

The Children's Trust Fund works with many other individuals and organizations to strengthen our prevention work. For example, policymakers and the business community support our efforts through the Signature Auction Event Advisory Committee and the event itself. Our program work is strengthened through our affiliations with Prevent Child Abuse America and the National Alliance of Children's Trust and Prevention Funds. The Children's Trust Fund executive director regularly participates in network calls and joined the National Alliance board of directors in FY 2010. Staff also works with Prevent Child Abuse America on our Child Abuse Prevention Month and Pinwheels for Prevention endeavors.

Program Support

The Children's Trust Fund conducted or sponsored a number of training, technical assistance, evaluation activities and other supports including:

- Local council regional meetings (seven statewide).
- Electronic grants administration and management system trainings.
- Protective Factors Survey training.
- RFP technical assistance session.
- Annual satisfaction survey.
- Technical assistance for electronic grants administration and management system, data collection, evaluation, sustainability and other issues.
- The Children's Trust Fund listserv was created.
- Survey Monkey use was continued.
- GoToMeeting use was continued to enhance its training and needs assessment capacity.
- The Children's Trust Fund *News Briefs* and website was continued.

Trainings and Conferences

In November 2009, the Children's Trust Fund and Michigan State University held a conference for 170 participants on:

- Protective Factors 10.
- How to Raise Funds in Tough Economic Times.

- Great Start Collaboratives and Parent Coalitions: Strengthening Communities, Fostering Leaders.
- Assessment + Need = Strategic Board Development.
- Beyond Anecdotes: Using Qualitative Data in Program Evaluation.
- Searching for, Writing and Securing Grants: Method or Madness?
- Mandated Reporting: Educating Communities, Protecting Children.
- Safe Sleep: Strategies from a Local Program Model.
- Mechanisms of Child Abuse Public Service Announcements' Effectiveness: Roles of Emotional Response and Perceived Effectiveness.

Local Council Regional Meetings

The local council coordinator held seven regional meetings across the state in the summer of 2010 focused on council sharing, electronic grants administration and management system technical assistance, an overview and discussion of peer sharing, and exploration of regional fundraising opportunities. In total, 69 local council representatives attended these meetings. Overall satisfaction with the training ranged from 4.73 - 4.94 on a scale of 1 to 5.

Protective Factors Training

In November 2009, the Children's Trust Fund offered a Protective Factors Survey training workshop that helped new direct service grantees with the Protective Factors Survey, which was a required evaluation tool for new FY 2010 direct service grants. As follow-up, the Children's Trust Fund held two technical assistance sessions to discuss the survey in more detail with grantees and to identify CTF-specific practices for their use.

The Children's Trust Fund continued its efforts to increase the consistency and reliability of reported data. The Children's Trust Fund provided electronic grants administration and management system training sessions for each direct service grantee and local council. In 2010, staff worked with a small group of local council and direct service representatives to review the program register report in the electronic grants system and made additional changes based on feedback. These new EGrAMS improvements resulted in more accurate and consistent data collection practices among grantees.

One-on-One Training and Technical Assistance

The Children's Trust Fund provided individual training and technical assistance to grantees in FY 2010. The local council coordinator provided over 50 individual sessions including assistance with electronic grants administration and management system, board development and financial sustainability.

Circle of Parents[®] Training

The Children's Trust Fund held one workshop and two trainings for 65 prospective Circle of Parents[®] facilitators, parent leaders and interested community members.

Attendees learned how to develop, implement and evaluate the Circle of Parents[®] model. They were also provided with an overview of the protective factors including:

- The importance of creating “parental balance” and father-friendly programs.
- The art of group facilitation.
- How to develop parent leadership.
- How to apply leadership skills to advocacy issues.

The average evaluation response for the question “The training met my expectations” was 4.8 out of a possible 5.0. In FY 2010, the Michigan National Guard family liaisons expressed an interest in Circle of Parents[®] and training program staff to implement sites for the military family population. This opportunity will be explored further in 2011.

News Briefs

In FY 2010, the Children’s Trust Fund News Briefs were mailed each month to 350 stakeholders sharing information on:

- Events and work group meetings.
- Board appointments.
- Resources and research related to prevention and child welfare.
- Grant requirements and deadlines.
- Grantee events.
- Success stories.
- Funding opportunities.
- Training.
- Technical assistance.

Children’s Trust Fund Website

The Children’s Trust Fund staff made the website more useful for grantees and the public by adding:

- The Local Council Resource Library with Board Development Resources and Volunteer Development Resources.
- A “Research” section to host research data such as Kids Count and other online studies.
- A direct link to the FRIENDS Protective Factors Survey under the Grant Administration area.

In FY 2010, there were 16,470 visits to the website (an average of 45 per day).

Other training, technical and evaluation assistance in FY 2010:

- In June 2010, trainings were held for local councils to clarify their role in the direct service application and endorsement process; the training was attended by 28.

- The Children’s Trust Fund implemented use of the “CTFPARTNERS” listserv in April 2010. It has allowed staff and as our local council and direct service grantees to post information about training and technical assistance.
- For the fifth consecutive year, the Children’s Trust Fund distributed a satisfaction and needs survey to all local councils and direct service grantees.

Anticipated request for technical assistance from the ACF Training and Technical Assistance network as the Children’s Trust Fund implements current or new federal requirements.

The Children’s Trust Fund requested training/technical assistance from the National Resource Center for the annual conference in October 2011. Alicia Luckie will assist grantees with evidence-based and evidence-informed programming, and program evaluation. In the summer/fall of 2011, the Children’s Trust Fund will be reviewing the peer sharing pilot process that is currently being conducted by 14 local councils. They may also ask for assistance in reviewing the Protective Factors Survey data as submitted by the Children’s Trust Fund direct service grantees.

Research, Evaluation, Management Information and Quality Assurance Systems

The Children’s Trust Fund is moving toward greater use of evidence-based/evidence-informed programs, program evaluation and outcome accountability. In FY 2012, the Children’s Trust Fund will train and monitor electronic grants administration and management system and other reporting requirements.

Program Evaluation

In fall 2010, the six new direct service grants completed the first cycle of the Protective Factors Survey with their clients. The results of the PFS from these six grantees are currently being analyzed and will be included in the Children’s Trust Fund’s report in June 2011.

Direct service and local council grantees provide program reports via electronic grants administration and management system. The reports capture data via:

- An activity report on objectives, activities, expected outcomes, measurement tools, and actual outcomes and/or evaluation results.
- A program register that includes data on populations served and services provided.
- An expenditure report that details quarterly expenditures, cash and in-kind matches.

The Children’s Trust Fund will continue to provide electronic grants administration and management system/data collection training and technical assistance to support evaluation. As part of continuous quality improvement process, the Children’s Trust Fund has identified ways to make electronic grants administration and management system reporting more accurate and user-friendly. They will continue to make adjustments and improvements to the system.

Activities and outcomes related to Research, Evaluation, Management Information and Quality Assurance Systems are described below.

Goal: Move toward greater implementation of evidence-based and evidence-informed programs and practices. The Children's Trust Fund will form a best practices work group to examine evidence-based/evidence-informed programs and other local council activities.

Status: Completed.

Goal: The Children's Trust Fund will form a direct services work group.

Status: Completed. The group met six times during this reporting period on grant requirements, program reporting, parent leadership and peer review.

Goal: The Children's Trust Fund will take the Program Assessment Rating Tool evidence-based/evidence-informed program information when making direct service grant awards.

Status: Completed. All direct service applicants were required to submit information on their proposed program's Program Assessment Rating Tool level.

Goal: The Children's Trust Fund will educate grantees and other community partners about the federal Program Assessment Rating Tool and evidence-based/evidence-informed programs via training and technical assistance opportunities.

Status: Completed. Prevention programs interested in applying for the Children's Trust Fund direct service funding in FY 2010 had the option of attending an in-person training, which included a discussion of Program Assessment Rating Tool. In addition, the online grant application included instructions to determine a program's Program Assessment Rating Tool level and a link to additional information on the FRIENDS website.

Goal: Move toward greater implementation of outcomes-based evaluation. Grantees will receive training from the Children's Trust Fund to help implement the Protective Factors Survey.

Status: Completed. A November 2009 workshop was provided on the survey that covered risk and protective factors, developing and administering the survey, and using its database. The Children's Trust Fund also hosted webinar training in September 2009. As follow-up to this training, they held two technical assistance sessions in October to discuss the PFS in more detail with direct service grantees and to identify Children's Trust Fund-specific practices for use of the PFS.

Goal: Meet the federal reporting requirements for Program Assessment Rating Tool. The Children's Trust Fund will provide data on the amount of Community-Based Child Abuse Prevention funding used to support evidence-based/evidence-informed programs.

Status: Completed. The Children's Trust Fund provided the required information on Program Assessment Rating Tool in its FY 2010 Community-Based Child Abuse Prevention grant application.

Goal: The Children’s Trust Fund will educate new direct service grantees about evidence-based/evidence-informed programs and Program Assessment Rating Tool goals and requirements.

Status: Completed. Information was provided at the direct service RFP training prior to the submission of new direct service grant applications. Existing grantees were asked to provide documentation if their Program Assessment Rating Tool level had changed from the previous year.

Goal: All new direct service grants will have a logic model and will minimally meet the “Emerging” Program Assessment Rating Tool level as defined by Community-Based Child Abuse Prevention.

Status: Completed. A logic model or conceptual framework is a required component of the “Emerging” PART level. All new grants approved by the Children’s Trust Fund board of directors for funding in FY 2010 met this objective.

Goal: The Children’s Trust Fund will determine infrastructure costs associated with supporting evidence-based and evidence-informed programs and practices.

Status: Completed. This information was submitted to the Administration for Children and Families via the FY 2010 Children’s Bureau Child Abuse Prevention grant.

THE DHS PREVENTION PILOT PROJECT

In FY 2010, DHS initiated prevention pilot projects in Wayne, Genesee, Kent and Oakland counties to prevent the abuse and neglect of children ages birth through 18 years of age, strengthen families and prevent children from entering the child welfare system.

The pilots give priority to families with CPS Category III and IV cases and those that have three or more risk factors, but who may not have yet come to the attention of CPS. The goal is to provide families with comprehensive, appropriate and timely services to address the challenges in their lives, avoid subsequent contact with CPS and foster care, and prevent out of home placements.

In May 2010, DHS awarded 11 contracts to the following agencies and service areas:

- Lutheran Social Services of Michigan (northeast Detroit, Osborn area).
- Spaulding for Children (northeast Detroit, Osborn area).
- ACCESS (southwest Detroit and Dearborn area).
- Spectrum Child and Family Services (southwest Detroit and Dearborn area).
- Orchards Children's Services (Flint area).
- Ennis Center for Children (Flint area).
- Spectrum Child and Family Services (Flint area).

- Wedgewood Christian Services (Grand Rapids area).
- Child and Family Resource Council (Grand Rapids area).
- Oakland County Health Division (Pontiac area).
- Child Abuse and Neglect Council of Oakland County d/b/a Care House (Pontiac area).

Service delivery requires:

- A child abuse and neglect prevention home visitation model that is evidence-based, evidence-informed and/or proven effective.
- Voluntary parental/caretaker enrollment and participation.
- Focus on enhancing the social, emotional and physical development of children by building the knowledge, skills and confidence of parent(s)/caretaker(s) to improve parenting skills and promote child well-being.
- Service providers must be available during non-traditional hours to accommodate client needs.
- Home visitation must take place at least weekly for duration of not less than one hour.
- Development of family service plans must include goals as identified by the family and the caseworker that are reasonable and attainable. Plans must include a family case conference and may include persons chosen by the family.
- Classes and support groups for families as needed that may include parenting skills building, life skills development or self-improvement.
- Service providers and families must complete an individualized family assessment and develop a safety plan based on the assessment.

In addition, the services must:

- Include individual and/or group parenting skills training focused on positive parent-child interactions.
- Involve collaborative goal setting between the parent(s)/caretaker(s) and service provider(s).
- Include links to other community supports such as substance abuse treatment, domestic violence counseling, homelessness prevention, mental health counseling and legal assistance.

DHS analyzes and evaluates outcomes through the DHS Data Collection Form, the Parenting Stress Index, the Protective Factors Survey and the Parent Satisfaction Survey. Outcome evaluation is collaborative with the Children's Trust Fund, the Michigan Public Health Institute and the contractors who also use independent contracted evaluators such as Michigan State University.

The Protective Factors Survey is used with caregivers receiving child abuse prevention services. The instrument measures:

- Family functioning/resiliency.
- Social/emotional support.
- Concrete support.
- Attachment and knowledge of parenting/child development.

The Parenting Stress Index identifies parenting and family characteristics that fail to promote normal development and functioning in children with behavioral and emotional problems and parents who are at-risk for dysfunctional parenting.

COMMUNITY-BASED SERVICES

The DHS service delivery strategy is to involve families and their natural supports to help keep families together. The services and programs provided under the community-based services umbrella incorporate the federal Child and Family Service Review standards.

Strong Families/Safe Children, Michigan's title IV-B(2) program, Child Protection Community Partners and the Child Safety and Permanency Plan are three examples of intensive, community-based programs designed to keep children safely in their family home. This model includes collaborative planning and decision-making by key stakeholders and providers who make up multi-purpose collaborative bodies. Services commonly provided through the programs include:

- Parent aide.
- Parenting education.
- Supportive visitation.
- Family support or step-down services.
- Wraparound.
- Families Together/Building Solutions.

Families First of Michigan and the Family Reunification Program are evidence-based models and are entering their 23rd year as a key component of the DHS child welfare continuum. These programs reduce abuse and neglect and help reunify children who are in foster care with their families more quickly.

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

Goal: DHS will more closely target services to specific client needs; the services will be evidence-based and will ensure cultural competence as a part of the provision.

Title IV-B(2) Promoting Safe and Stable Families

Strong Families/Safe Children is Michigan's statewide implementation of the federal title IV-B (2) program. DHS is the designated state fiduciary for these funds and provides program support.

Michigan allocates the funds annually to 83 counties for community-based collaborative planning and delivery of:

- Family preservation services.
- Family support services.
- Time-limited reunification services.
- Adoption promotion and support services.

Program Design and Decision-Making Process

The program requires that the local collaborative groups participate in the local community services planning process. They include representation from:

- Michigan Department of Community Health.
- Michigan Department of Education.
- Department of Human Services.
- Public and private service organizations.
- Courts.
- Parents.
- Consumers.
- Other child welfare stakeholders.

Goal: Federal legislation and state program design define these Strong Families/Safe Children goals:

- Keep children safe in their home and prevent the unnecessary separation of families (when appropriate).
- Prevent child maltreatment.
- Promote family strength and stability.
- Return children in foster care to their families in a safe and timely manner.
- Promote and support more adoptions from the foster care system and help families maintain permanency.

Family Preservation/Placement Prevention Services

Services to help families at risk or in crisis, such as:

- Alleviate concerns that may lead to out-of-home placement of children.
- Maintain the safety of children in their own homes when appropriate.

- Provide follow-up care to families to whom a child has been returned from placement.
- Support families preparing to reunite or adopt.
- Assist families in obtaining services and supports to address their needs in a culturally sensitive manner.

The services include:

- Parent aide or homemaker services.
- Parenting education.
- Wraparound coordination.
- Crisis counseling.

Services are targeted to parents or primary caregivers with minor children with an open foster care, juvenile justice or CPS Category I, II or III case.

Time-limited reunification services

Services provided to a child removed from home and placed in foster care and to the parents or primary caregiver during the 15-month period beginning the date the child entered foster care are:

- Individual, group and family counseling.
- Substance abuse treatment services.
- Mental health services.
- Assistance to address domestic violence.
- Therapeutic services for families.
- Transportation to and/or from these services.

They may also include:

- Wraparound coordination.
- Supportive visitation.
- Services to address substance abuse, domestic violence and mental health.

Services are targeted to parents or primary caregivers of minor children in out-of-home placement with family reunification as the goal.

Adoption promotion and support services

Services that encourage more adoptions from the foster care system include pre- and post-adoptive services that expedite the adoption process and support adoptive families. These services may include:

- Adoptive family counseling/post adoption services.
- Relative caregiver support services.
- Foster and adoptive parent recruitment and support services.

Family support services

Services that promote the safety and well-being of at-risk children and families and are designed to:

- Increase family stability.
- Increase parenting confidence.
- Provide a safe, stable and supportive family environment.
- Strengthen relationships and promote healthy marriages.
- Enhance child development.

The services may include:

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

Family support services are provided to parents or primary caregivers responsible for the care and supervision of minor children with:

- An open foster care, juvenile justice or CPS Category I, II or III case.
- A DHS case closed in the past 18 months.
- A CPS investigation in the past 18 months.
- Three or more rejected CPS complaints.

Percentages

The CFS 101 estimates for FY 2012, submitted with this report indicate that Michigan will continue to work toward a minimum of 20 percent in each of the four service categories, with a maximum 10 percent for administrative costs.

Federal reporting percentages for FY 2010 were:

- Family preservation placement prevention services, 20 percent.
- Family support, 26 percent.
- Time-limited reunification, 26 percent.
- Adoption promotion and support services, 25 percent.
- Administrative costs, 3 percent.

For FY 2011, no modification is anticipated.

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

Goal: DHS will provide technical assistance to providers and local offices related to Strong Families/Safe Children program requirements.

Status: These goals continue through FY 2012.

Child Protection Community Partners

This collaborative funding effort requires DHS and community partners to plan and provide services to children of families at low to moderate risk of child abuse or neglect. The funding:

- Supports prevention and early intervention programs.
- Reduces the number of re-referrals for substantiated abuse and/or neglect.
- Improves the safety and well-being of children.
- Improves family functioning.

Client Eligibility Criteria

Families investigated by CPS in the previous 18 months where one of the following is true:

There was a preponderance of evidence of child abuse or neglect and a low to moderate risk of future harm to the child is indicated (CPS Category III; community services needed).

There was not a preponderance of evidence of child abuse or neglect, but future risk of harm to the child is indicated (CPS Category IV; community services recommended).

Services purchased with these funds may include:

- Parenting education.
- Parent aide services.
- Wraparound coordination
- Counseling.
- Prevention case management.

Goal: DHS will continue to provide locally determined prevention and early intervention services targeted to at-risk families.

Status: This goal continues through FY 2012.

Child Safety and Permanency Plan

Funding is targeted to children who are at imminent risk of removal for abuse and/or neglect, and to move children in out-of-home placement to permanence. Services can be used to reduce the length of time a child is in out-of-home placement through the provision of services to his or her birth family.

Client Eligibility Criteria

- Families with an open CPS Category I, II or III case.
- Families with children in DHS supervised out-of-home placement including juvenile justice.
- DHS adoptive families needing post-adoptive services to prevent disruption or dissolution.
- Families with an open DHS prevention case.

Goals and Objectives

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

Examples of services include:

- Counseling.
- Parenting classes.
- Parent aide.
- Wraparound coordination.
- Flexible funds to meet identified needs.
- Families Together Building Solutions.

Goal: DHS will continue to provide locally determined core family preservation and reunification services, targeted to eligible families.

Status: This goal continues through FY 2012.

Families First of Michigan

Families First is an intensive home-based intervention providing support to CPS, foster care, adoption and juvenile justice programs and also accepts referrals from domestic violence shelters and Native American tribes in select areas.

Examples of intervention services may include:

- Parenting skill modeling.
- Budgeting,
- Housekeeping.
- Counseling.
- Advocacy.
- Connecting families with community resources.

Child Welfare Training Institute staff provides training on the model to contractors that perform the service.

Client Eligibility Criteria

Eligible families have at least one child at imminent risk of placement in out-of-home care. Agencies that provide services to tribal children and families must ensure cultural competence in program intervention. Similarly, designated domestic violence shelter programs for families may also make referrals with at least one child at risk of homelessness due to domestic violence.

Goals and Objectives:

- Keep children safe in their own home and prevent foster care placement.
- Return children to their families in a safe and timely manner.
- Provide enhanced safety for children in the home.
- Defuse the potential for violence within the family.

Program Utilization/Effectiveness

Goal: In the coming years, DHS will increase the success rate of the program beyond 88 percent of families retaining custody one year after intervention without further abuse or neglect.

Status: The program served 3,848 families in FY 2010 and 89 percent of families served continued to have their children in their home 12 months after the intervention ended. DHS plans to maintain this success during FY 2012.

Family Reunification Program

The Family Reunification Program provides an array of intensive, in-home services that enable children and families to reunify within 12 months of their removal from the home. It is available in 26 counties that serve nearly 85 percent of Michigan's child welfare population. Service delivery averages four hours per week for four-to-six months with 24/7 availability. Services may begin as early as 30 days prior to the expected return home.

Client Eligibility Criteria

The Family Reunification Program is available to families who have a child in out-of-home placement due to abuse or neglect. Out-of-home placement includes but is not limited to:

- Residential treatment.
- Family foster care.
- Group family foster care.
- Relative placement.
- Psychiatric hospitalization.

Program Utilization

The Family Reunification Program served 984 families in FY 2010.

Goal: Assess expansion into additional service areas.

Status: In FY 2011, the Family Reunification Program was expanded to three additional counties.

PERMANENCY: FOSTER CARE

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

The safety and support of children remains a focus for Michigan. Achievement of an appropriate permanency goal within the Adoption and Safe Families Act timeframes is the desired outcome. The foster care program provides case management services to children placed out-of-home and to their families.

Michigan identifies needs, provides services and engages families in the case planning process and collaborates with families through family team meetings and Concurrent Permanency Planning to enhance engagement and achieve timely permanency. Michigan CFSR outcomes are the goals and objectives for its foster care program.

Safety

DHS policy directs staff to assess circumstances within a potential resource family prior to placing a child in an unrelated foster or relative home. The caseworker must evaluate the family's ability to meet the child's needs and the extra demands of another placement. During the previous fiscal year, DHS limited to three the number of children who can be placed in an unrelated foster home or relative home. A process for requesting and granting exceptions on a case-by-case basis is available. During the fiscal year, 583 exceptions were approved; 345 kept siblings together.

Michigan uses daily-automated central registry clearances for "named caregivers" that immediately reports if a caregiver has been identified as a perpetrator of abuse or neglect. An automated process performs monthly criminal history checks where "named caregivers" are cleared for arrests and criminal convictions. Manual criminal history and central registry checks for all other adult household members must be completed quarterly by the local DHS office and documented in the case service plan.

During FY 2010, Michigan established a Maltreatment in Care Committee to review information on children who experience an incident of abuse or neglect in care. A work group recommends solutions to prevent maltreatment of children in foster care to identify what supports must be provided for families in order to provide exceptional care for children.

Permanency

Community involvement and partnership with the courts, universities, private providers and child welfare advocates is essential to reducing the number of children awaiting reunification,

adoption, guardianship or permanent placement with a fit and willing relative. Action steps include:

- A data management unit to provide essential statistical information to all 83 counties on children in the foster care system.
- Monthly permanency reports to counties to increase the effectiveness of their case management efforts.
- Local plans that address barriers to permanency for children in their custody.
- Specialized permanency positions to focus on children who have been in foster care for long periods.

DHS is implementing family team meetings, formerly Permanency Planning Conferences, a family-centered and team-guided decision making approach to guide decisions concerning a child's safety, placement and permanency that include parents, relatives, foster parents, youth, child welfare staff and other members the family identifies that support or influence their lives. During the family meeting, information is shared by caregivers to identify paternal or maternal relatives and absent parents. A trained non-caseload carrying facilitator manages meetings in the Big 14 counties.

Concurrent, rather than sequential, permanency planning is family-centered, child-focused and community based to, first, maintain children safely in their own homes. When this is not a safe and stable option, the goal is to transition from the uncertainty of foster care to the security of a permanent family. Concurrent Permanency Planning holds equal promise for expediting family reunification or another permanency goal through structured, focused and respectful involvement of parents, family and team members early in the planning process.

Progress: The new Michigan MiTEAM will focus caseworkers on teaming, engagement, assessment and mentoring when working with a family from CPS intervention to permanency. Michigan has established a steering committee to implement MiTEAM. Trained facilitators will begin MiTEAM in the Big 14 counties where family team meetings are implemented. This transition plan will ensure that family engagement will not be interrupted. MiTEAM will allow families, caregivers, certification workers, attorneys and caseworkers to request team meetings when they have the most impact. The strategies outlined in the Program Improvement Plan review effectiveness thorough quality assurance case reads.

Michigan reunification alerts are available to field staff for review at any time. The caseworker and supervisor use the tool to initiate a family team meeting to discuss case planning, strengths and barriers to reunification. Structured Decision-Making policy has been revised to require and strengthen notification to relatives, sibling placement and visitation plan, assess educational needs and services provided, address medical, dental and mental health services and permanency goal approval.

Policy Revisions

Foster care policies that were implemented in FY 2010 to support stability of a child in placement and facilitate timely permanency include:

- Supervisors and caseworkers must have monthly case consultation on all cases.
- Limitations on the number of children in a foster home including a combination of foster placements and the caregiver's own children.
- A diligent relative search and notification must be made within 30 days of a child's placement in foster care.
- Relatives must be licensed or approved to forego licensure.
- Limitations were made on the use of emergency and shelter placements.
- A child's placement must be within 75 miles of a child's removal home.
- Limitations were made on the separation of siblings. If siblings are not placed together, the caseworker must outline the sibling visitation plan in the treatment plan with quarterly reassessment on ways to reunite the siblings.

Relative Search and Placement

Michigan strengthened its relative search policy to help caseworkers provide timely and appropriate notice to family members to involve them in the child's care and placement. Engaging families in family team meetings encourages relatives to become involved early in the case planning process.

Michigan is helping relative caregivers become licensed caregivers. The Bureau of Children and Adult Licensing grants variances for non-safety standards, when possible, to overcome barriers relatives may encounter.

Licensure of Relatives

Foster care workers must advise relative caregivers of the advantages of becoming a licensed foster care provider and provide the relative with the DHS-972, Relative Agreement for Placement and Licensure. The relative caregiver must sign the form indicating they have discussed licensure with the worker and indicate whether they agree to become licensed. Licensing relative providers remains a priority for DHS through FY 2013. Local community support groups offer training and resources for grandparents raising grandchildren.

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

Status: During FY 2010, Michigan licensed 983 relatives, a 14 percent increase over FY 2009. Michigan strategies that enhance practice and resolve barriers to timely licensure include:

Financial resources to assist with home (structural) barriers

The legislature allocated \$375,000 in FYs 2009, 2010 and 2011 to eliminate barriers to licensing including home repairs, medical statements, beds, and smoke detectors. The grant provided

financial assistance for applications to obtain medical statements. In FY 2010, 180 relatives used this fund for licensure. Between October 2009 and September 2010, 64 relatives have had variances granted to licensing rules for non-safety standards such as bedroom space, income and child capacity.

Increasing awareness of the benefits of licensure

A relative mentor program is being piloted in Wayne County, where a licensed relative supports and guides an unlicensed relative through the licensing process. A best practice timeline was developed and provided to both mentor and mentee. An evaluation will be completed to determine effectiveness of the best practice timelines and to see if the additional supports offered by other caregivers increases timeliness to licensure.

A relative caregiver informational booklet provides information on the benefits and requirements for licensure, resources to support the licensing process, permanency living arrangement options and the court process for children entering the child welfare system.

Technical assistance

In partnership with the Child Welfare Training Institute, relative engagement training is being developed for front line staff on engagement strategies and licensing rules. An outline has been developed and curriculum is in development.

Family team meeting facilitator refresher courses were held between August and September 2010 on the benefits and requirements for relative licensing. Conference calls are being scheduled quarterly with facilitators to reinforce practice.

Statewide trainings on the importance of caseworker visitation included a home visit tool reminder for the foster care worker to address the status of the relatives' progress towards licensure.

Streamlining the licensing process

Policy became effective April 1, 2011 delays referral for licensure until after approval of the 30-day relative home assessment.

Well-Being

Concurrent Permanency Planning

Concurrent permanency planning will expedite permanency for Michigan's children. Key areas include:

- Family search and engagement through family team meetings.
- Collaboration and engagement between the birth and foster families to develop and implement the reunification plan.
- Frequent parenting time (parent/child visits) and success strategies.

- Front-loading services for family reunification.
- Concurrently establishing a back-up permanency plan in the event reunification is not possible.

Status: Michigan piloted concurrent permanency planning to integrate concurrent planning and family engagement strategies, revise policy and implement best practices for statewide implementation. Prior to implementation in Ingham County, training was provided to state children's services staff and private placement agency foster care providers in Ingham County. Community stakeholder (foster parents, courts, relative caregivers and service providers) training began in April 2010.

A steering committee will appoint someone from the State Court Administrative Office to assist in the implementation. Court involvement is crucial to the success of this practice change. Concurrent permanency planning will be implemented in tandem with the family engagement model.

The timeline for transition from permanency planning conferences to family team meetings will coincide with the statewide implementation plan for the MiTEAM model. The Big 14 counties will be the initial implementation of the MiTEAM Model, where they have trained non-case carrying facilitators to assist with training and mentoring.

Caseworker Visitation

DHS training improves the rate and quality of caseworker visits with children and their caregivers and is focused on improving safety, permanency and well-being case outcomes. The Data Management Unit is developing supervisory reports to monitor monthly visits with parents and children as well as compliance with parenting time and policy was updated to reflect required entry of caseworker visits in SWSS.

Maintaining Important Connections

Michigan is improving placement of sibling groups, enhancing visitation with parents, siblings and caregivers and to preserving family connections and relative placements through reports to monitor parenting time and timeliness to reunification and revised foster care policy to enhance contact standards with parents and siblings.

Policy Revisions

Contact standards with parents and siblings were revised to include:

- Separated siblings must have at least monthly contact and quarterly case reviews to reunite siblings, when possible.
- Two worker-parent visits during the child's first month in care, at least one of which must occur in the parental home.
- At least one face-to-face worker-parent contact monthly and one quarterly contact in the parental home.

- At least weekly parenting time unless the worker has documented reasonable exceptions within the service plan.

Wayne County Baby Court

The “Baby Court” pilot is a specialized docket that addresses abuse/neglect cases where infants and young children are under court and DHS supervision to assure young children move to permanency as quickly as possible through reunification or termination of parental rights. Genesee County successfully implemented a Baby Court and data is beginning to be evaluated.

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

Status: The Wayne County pilot has been operational 11 months with 10 families active, and all fit the following profile:

- The mothers are between the ages of 16 and 25.
- The children are under two years of age.
- Most children are less than one year of age.
- Family size is limited to two children.

The model was adopted from Miami/Dade, Florida, whose team has provided training and technical assistance. Wayne State University has a research project assessing the Wayne County court. During the next 12 months, the objectives include development of refined procedures, policy and best practices. Our goal is to increase the number of families served to 20.

Fetal Alcohol Spectrum Disorder Task Force

DHS health services unit and juvenile justice analysts participate in the task force. DHS supports the task force strategic plan by increasing identification and diagnosis, and working to expand and improve service access and delivery in the child welfare system. The task force works with the Child Welfare Training Institute to promote awareness in training components.

Michigan Substance Abuse/Child Welfare State Team

In June 2010, in response to child welfare cases involving parental substance abuse, the directors of DHS, the Department of Community Health and the State Court Administrative Office signed an agreement to promote cross-system training and collaboration between the three systems. The systems are trying to coordinate county level activity by summer 2011.

Children will receive appropriate services to meet their educational needs.

Michigan requires a plan that ensures educational stability of a child while in foster care to implement provisions of the Fostering Connections to Success legislation. During the previous year, DHS initiated contact with the Michigan Department of Education and identified how legislative changes with the McKinney-Vento Act applies to foster children in Michigan. Based

on these collaborative efforts, Michigan passed legislation in December 2009 amending Section 1148 of the Revised School Code (MCL 380.1148). The law states:

“[A] school district shall allow the child to enroll in and attend the appropriate grade in the school selected by the Department of Human Services or a child placing agency without regard to whether or not the child is residing in that school district. If the selection results in a child transferring to another school, the child’s records shall be transferred, as provided under section 1135.”

The Michigan McKinney-Vento coordinator identified resources to ensure children enrolled in school can access transportation from their placement to school of origin, among other benefits. Best interest factors were identified when considering a child’s school placement that includes the child’s:

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

Michigan completed the following activities to support implementation of the policy:

- The Child Welfare Training Institute addresses educational policy in new worker pre-service and program specific transfer training.
- Fourteen educational planners were hired and trained in policy requirements and McKinney-Vento resources for DHS staff when children enter foster care or are moved from one placement to another. In turn, the educational planners developed a PowerPoint training for school personnel and child welfare staff and supervisors that communicates DHS foster care education policy and their roles.
- In June 2010, the educational planners began developing relationships with local schools and intermediate school districts and educated DHS and placement agency foster care staff on their roles and responsibilities.
- In August 2010, DHS presented *Educational Stability for Foster Youth* on Fostering Connections legislation, the responsibilities of the educational planners, and foster care policy at the Educational Issues in Child Welfare conference.

CFSP 2010-2014 Goals and Objectives

Michigan has adopted CFSP outcomes as overarching goals and objectives for the foster care program and will take action to achieve the outcomes indicated below. Michigan has also incorporated the consent decree outcomes and measures, predicated on the CFSP, into our

strategic plan. These blended outcomes form the basis of our five-year Child and Family Services Plan.

Safety

Federal Outcome	Children are, first and foremost, protected from abuse and neglect.		
Performance Indicators/ Baseline	Absence of repeat maltreatment while in a foster care placement - 99.51%		
Results:	2009	99.51%	
	2010	99.06% ** ¹	
Action Steps	<p>Assess the current circumstances of any potential foster/relative home prior to placing another child in the home.</p> <p>Implement (Completed) and oversee the limitations on the number of children in a foster home.</p> <p>Continue unannounced home visits with all foster care providers quarterly.</p> <p>Conduct and review ongoing criminal history and Central Registry checks of all caregivers monthly and other household members quarterly.</p> <p>DHS will negotiate the percentage of improvement on this outcome during the development of the CFSR Program Improvement Plan.</p>		

¹ **AFCARS 2009BA Supplied by Child Welfare Improvement Bureau Data Management Unit

Permanency

Federal Outcome	Timeliness and permanency of reunification		
Performance Indicators/ Baseline	Rate of foster care re-entries – 3.2% within 12 months of prior episode		
Results:	2009	3.2%	
	2010	3.8% **	
Action Steps	<ol style="list-style-type: none"> 1. Provide an array of services to reduce the rate of re-entry. 2. Utilize SDM tools to ensure families are receiving the services needed to rectify removal conditions. 3. Review and/or revise statewide policy to ensure that all case planning involves the family and youth. (Refer to Case Management Section). 		
Federal Outcome	Increase percentage of children reunified in less than 12 months.		
Performance Indicators	Reunification achieved in less than 12 months from the date of removal – 47.7%		
Results:	2009	51.9%	
	2010	53.4% **	
Action Steps	<ol style="list-style-type: none"> 1. Utilize SDM tools effectively to assess the family’s needs and progress towards reunification. Increase supervisory oversight of assessments and service plans through monthly consultation with the caseworker prior to each assessment and service plan being finalized. (Policy implemented). Collaborate with courts to conduct regular and frequent permanency-planning hearings. 2. Pilot Concurrent Permanency Planning. (Refer to well-being above). 3. Review Michigan’s Needs Assessment and examine the service gaps. Develop best practices reunification tool in collaboration with community partners. 4. Continue to send the Reunification Alert report to local DHS offices and the court. (Tool has been automated). 		
Federal Outcome	Decrease the median length of time to reunification.		
Baseline			
Performance Indicators/ Baseline	Reunification achieved in less than 12 months from the date of most recent removal		
Results:	2009	11.6 months	
	2010	13.4 months	
Action Steps	Same as previous topic - “Increase percentage of children reunified in less than 12 months.”		

Placement Stability

Federal Outcome	Increase or maintain the percentage of children having two or fewer placements while in foster care.
Performance Indicators/ Baseline	Two or fewer placement changes for: Set A: Children in care less than 12 months – 85.8% Set B: Children in care between 12 and 24 months – 72.5% Set C: Children in care longer than 24 months – 45.4%

Results:	Year	< 12 months	12 to 24 months	> 24 months
	2009	85.6%	73%	47.7%
	2010	87.6%	75%	46.3%

Action Steps	<p>Continue to assess current circumstances of any potential foster/relative foster home in accordance with individual needs of the child.</p> <p>Develop policy to limit the use of emergency or temporary foster care facilities. (Completed).</p> <p>Develop policy and protocol to limit the number of children in residential care facilities. (Protocol completed).</p> <p>Monitor the implementation of the limitations on the number of children in foster homes.</p> <p>Continue to implement and evaluate Treatment Foster Care Services in the identified pilot counties. (Refer to Mental Health Section).</p> <p>Identify barriers to relative caregivers becoming licensed as foster family homes. (Completed).</p> <p>Monitor policy implementation of relative notifications as established.</p>
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Outcome	Children will have placements in close proximity to their family home.
Performance Indicators/ Baseline	87% of placements in close (< 75 miles) proximity of family home.

Results:	2009	96%
	2010	97%

Action Steps	<p>Implement policy on the limitations of placement within 75 miles of removal placement. (Completed).</p> <p>Provide training regarding the new policy for relative search and placement. (Completed).</p> <p>Provide data to county offices regarding geographical proximity of placements. (Data is provided at least yearly for Recruitment and Retention planning).</p>
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Outcome	Increase number of relative placements.		
Performance Indicators/ Baseline	Set A: Relatives licensed as a foster family – 12% Set B: Children in foster care are placed with relative caregivers – 35%		
Results:	Year	Relatives Licensed	Children placed with Relatives
	2009	11%	36% 9/30/09
	2010	13%	38% 9/30/10
Action Steps	<p>Identify barriers to relatives becoming licensed foster care homes. (Completed).</p> <p>Collaborate with Bureau of Child and Adult Licensing to develop and implement policy regarding waivers of licensing standards for relative caregivers. (Completed).</p> <p>Implement 30-day notification requirements to relatives when a child enters care. (Completed).</p>		
Outcome	Children will have visits with his/her caseworker monthly.		
Performance Indicators/ Baseline	90% of children visited monthly by caseworker by 9/30/2011.		
Results:	2009	43%	
	2010	70.9%	
Action Steps	<p>Improve data collection to report information accurately. (Completed; L-Letter Timely Entry of Caseworker Contacts).</p> <p>Coordinate private CPA interface with the SWSS system to increase caseworker visit reporting. (Refer to DMU/SACWIS Section).</p> <p>By October 2012, develop and implement policy increasing face-to-face contacts with the child to two visits per month in the first month. (Completed; FOM 722-6).</p>		

Well-Being

Outcome	Families have enhanced capacity to provide for their children's needs.			
Performance Indicators/ Baseline	Set A: Needs and services of child, parent and foster parents – 50% for parents, 17% for youth, 70% for FP/relative Set B: Child, parent and foster family/relative involvement in case planning – 72.5% Set C: Monthly Visits Between Caseworker and Parents - 40%			
Results:	Year	Set A	Set B	Set C
	2009	48%	46%	31%
Action Steps	<p>Continue to utilize SDM tools to identify the needs and strengths for children and families.</p> <p>Implement MiTEAM as statewide practice model.</p> <p>Monitor and evaluate Wayne County Baby Court pilot.</p> <p>Implement statewide the Substance Abuse/Child Welfare protocol. (Completed; protocol released in 2009).</p> <p>Extend foster care eligibility to age 20 (Ongoing).</p> <p>Participate on the Fetal Alcohol Spectrum Disorders Statewide Taskforce and identify and implement policy changes. (Ongoing).</p> <p>Review statewide needs assessment and identify service gaps. Explore funding sources to fund effective programs identified.</p> <p>By October 2009, implement policy increasing face-to-face contact with the parent to two contacts in the first month. (Completed).</p>			
Outcome	Children receive appropriate services to meet their educational needs.			
Performance Indicators/ Baseline	No baseline data is available.			
Action Steps	<p>Collaborate with the Michigan Department of Education to ensure children are enrolled in school timely. (Ongoing).</p> <p>Advocate with the state legislature to revise state law MCL 380.1148 changing residency from foster home to child's original home school district. (Completed).</p> <p>Develop policy and procedures to screen children for general and special educational needs. (Completed).</p> <p>Develop policy and procedures to limit the number of school changes for a child in foster care. (Completed).</p> <p>Implement educational planners for identified groups of youth. (Completed; refer to Chafee Foster Care Independence Program Section).</p> <p>Increase statewide awareness on obtaining a child's educational record. (Completed; L-Letter disseminated, policy implemented, PPT implemented in Child Welfare Training Institute new worker training).</p> <p>Establish baseline measures to monitor that children receive appropriate services to meet their educational needs.</p> <p>Develop and implement policy and processes to reimburse for transportation expenses to maintain a child in their school after removal. (Completed).</p>			

CHAFEE FOSTER CARE INDEPENDENCE PROGRAM: YOUTH IN TRANSITION

The Chafee Foster Care Independence Program in Michigan is called Youth in Transition. The goals are to support youth in foster care and increase their opportunities by focusing on their physical, social, economic and psychological needs. The DHS cooperates in the program's national evaluations. The key components of the program include:

- Independent and supervised independent living programs.
- Skill training.
- Education and employment programming.
- Mentoring.
- Helping youth make permanent connections to supportive adults.

Eligibility Criteria

Youth in foster care between ages 14-21 and former foster youth ages 18-21 that were in foster care at least one day after age 14 are eligible for the program. Foster and juvenile justice youth must have been in foster care through an eligible DHS placement or a child caring institution. Educational and Training Voucher eligibility is the same and includes youth adopted from foster care or placed in a relative guardianship if the adoption or guardianship took place after the youth's 16th birthday. DHS staff and contractors provide services.

In FY 2010, DHS spent \$5,227,999 (\$4,182,399 Chafee; \$1,045,600 match) on independent living services. The table below shows a breakdown of services.

Chafee Funded Services and Expenditures				
Type Expenditure	Chafee	Match	Total Expenditure	Service Array
Contracted Independent Living (IL) and Supervised Independent Living Programs (SIL)	\$2,742,243	\$685,561	\$3,427,804	Assessments, case plans, monthly contacts, tutoring, mentors, employment skills and work experiences, educational support, financial, literacy, youth boards, intensive supervision (SIL only).
Youth in Transition Funding (YIT) for 82 counties	\$822,686	\$205,671	\$1,028,357	Skill training, mentor programs, employment and educational support, transportation, housing, YIT contracts.
YIT Funding to Wayne County	\$253,696	\$63,424	\$317,120	
MI Youth Opportunity Initiative/Youth Service Delivery Model	\$363,774	\$90,944	\$454,718	Youth boards, asset training, IDA matches, permanency teaming, individualized support.
Totals	\$4,182,399	\$1,045,600	\$5,227,999	

The department has developed two programs that address the needs of older youth in care and transitioning from care; the Michigan Youth Opportunities Initiative and Youth Service Delivery Model, which are described later in this report.

Progress Achieved and Planned Activities for Chafee Foster Care and Independent Living Programs

Independent living programs are provided statewide. Youth age 16 and older placed in an independent living or supported independent living program may live with an approved adult, alone in an apartment, or in a structured supervised placement. At a minimum, the caseworker must:

- Assess each youth's strengths and needs.
- Involve the youth in developing the treatment plan.

- Provide services to meet the identified needs.
- Conduct monthly face-to-face visits with the youth.

Youth participate in daily living skills development, support groups, youth advisory boards, mentoring or other supportive adult connections, education and employment services, leadership development, preventive health services, counseling and cultural enrichment activities. The data in the table below summarizes the number of youth involved in contracted programs funded through Chafee during FY 2010.

IL/SIL Program Data			
Type of Program	General Independent Living	Supervised Independent Living	Total
DHS Supervised	913		913
County Child Care Funded – Contractor Supervised	617	3	620
Contractor Supervised	200	201	401
Number of Youth Served	1730	204	1934

In FY 2010, there were 29 contractors providing independent living services and 14 providing supported independent living. All youth in a program receive a monthly stipend of about \$560 paid by state general funds or county child care funds.

Youth in Transition Funds

The DHS gives funds to counties for independent living services for all foster youth at risk of aging out of foster care. Counties can contract with private agencies or give funds directly to youth to obtain services. Payments to youth or to vendors can include first month's rent, security deposit, utilities, car repair, day care, preventive services, mentoring, securing state identification cards, participation in support groups and youth advisory boards.

Services Planned for FY 2011

Implementation of Title IV-E Funded Extensions

Michigan has requested technical assistance from the National Resource Center on Youth Services to develop a model extending foster care to age 21 based on the federal legislation. The model will include:

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

Goals: Develop strategic plans for improving services and programs and to extend foster care past age 18 in Michigan by:

- Requesting technical assistance from the National Resource Center on Youth Services to develop a model for foster care over age 18 based on the Fostering Connections Act.
- Conducting a planning meeting facilitated by the National Resource Center on Youth Services to include youth, caseworkers, supervisors, foster parents, service providers, youth services staff and other stakeholders.
- Determining the implications for services and the optimum funding streams to support programs for youth over age 18.
- Restructuring contracts for services to older youth based on the model.

Status:

- Request for technical assistance from the NRC approved by the Children's Bureau Region V office by April 2010. **Completed.**
- Telephone conference to plan for the technical assistance completed in April 2010. **Completed.**
- Meeting with identified stakeholders held to begin planning the model by June 10, 2010. **Completed.**
- Subcommittees developed with identified outcomes completed by August 1, 2010. **Completed.**
- Statute and policy language revisions drafted by August 15, 2010. **Completed.**
- Reconvene the committee to complete the model for extending care and improving services by August 15, 2010. **Completed.**
- Revise contract language for independent living and supported independent living services by September 15, 2010. **Postponed until legislation is introduced and passed.**
- Modify data and payment systems to accommodate youth in foster care to age 21. **SACWIS and payment system updates in progress.**

Transition to Self-Sufficiency: Youth Services Delivery Model

The model is focused on sustaining the Michigan Youth Opportunities Initiative and implementing a new youth casework practice called permanency teaming.

Accomplishments in FY 2010

- A kickoff event was held with DHS and private agency representatives, youth and Jim Casey Youth Opportunities Initiative staff.
- A steering committee and three action teams were created to help counties implement the model.
- The model was shared with county directors, district managers, supervisors and private agency manager.

Implementation activities include:

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

Permanency Teaming in Practice

Permanency teaming is the primary case management activity to support youth and assist caseworkers by engaging a young person's natural network to:

- Increase understanding of the youth's needs.
- Address the traumatic loss and separation the youth experiences when growing up in foster care due to abuse and neglect.
- Achieve and support family permanence.
- Encourage creative family search strategies and develop permanency options.
- Maintain a safe, long-term family connection.
- Build an adoptive or guardianship family when a parent cannot care for a youth full-time.
- The teaming process continues until a youth has a legal family and leaves the child welfare system. If legal permanence is not possible, the teaming process focuses on long-term commitments between a youth and important adults.

Services Planned for FY 2011

Goal: Help youth develop connections and skills to transition to self-sufficiency by:

- Developing child welfare policy for the Youth Services Delivery Model.
- Developing data to compare outcomes for counties using the permanency teaming model to those counties that do not.
- Identifying and train new sites.

Status:

- Policy is completed by September 2011.
- Baseline data is collected by September 2011.
- Increase number of counties using the permanency teaming model by September 2011.

Employment Related Education, Training and Services

Beyond services available in other programs, summer employment options for foster youth are a priority. Collaboration continues with the Department of Licensing and Regulatory Affairs and Michigan Works Agencies to assist foster youth in obtaining employability skills.

Accomplishments in FY 2010

Policy was published directing foster care workers to refer all foster youth age 14 and older without a goal of reunification to Michigan Works Agencies. Youth Services worked with Child Welfare Field Operations to develop and implement a process for reporting youth referred to the Michigan Works Agencies and the type of services received. The information is collected and reported in SWSS. Documentation released to the field provided specific instructions on how to report employment referrals.

The Summer Youth Employment Program was implemented in eight Michigan Works Agencies in FY 2010 through agreement between DHS and the Department of Licensing and Regulatory Affairs that served 333 foster youth. A new agreement supports the Summer Youth Employment Program for 2011 and is in effect until August 31, 2011. DHS is using \$600,000 of Chafee funds, to implement this program at six Michigan Works Agencies. The program will serve youth in Kent, Ingham, Clinton, Eaton, Wayne, Genesee, Shiawassee, Macomb and St. Clair counties including foster youth 14 and older with work readiness classes and employment placement, credit recovery and GED courses will also be offered. DHS has developed data reports that each Michigan Works Agencies must complete that show outcomes, work readiness and follow-up reporting.

Services Planned for FY 2011

Goals: Develop opportunities for foster youth that prepare them for employment by:

- Completing the 2011 agreement to provide Summer Youth Employment for 350 youth in nine counties.
- Collaborating with the Michigan Works Agencies to ensure each program has an educational component.
- Improving service coordination.

Status:

- The number of youth referred to Michigan Works Agencies during FY 2011.
- The number of youth receiving Michigan Works Agencies services during FY 2011.
- The number of youth participating in summer employment during FY 2011.
- The number of youth participating in an educational component during FY 2011.
- The number of youth participating in Summer Youth Employment Program during FY 2011.

EDUCATION AND TRAINING VOUCHER PROGRAM

This state administered program is delivered through contract with Lutheran Social Services of Michigan and is monitored by DHS. The contractor maintains a database and website that

streamlines the application process. Youth can apply through the website, by paper application, or by calling to request an application (1-877-660-METV).

The contractor has developed collaborative relationships with community colleges, universities and vocational schools that will help youth apply for admission, financial aid and vouchers. Lutheran Social Services of Michigan trains partner institutions.

Accomplishments in FY 2010

In FY 2010, the staff completed 45 outreach activities including:

- Annual regional meetings.
- Foster care youth job and career fairs.
- Mass informational emails to DHS and private agency caseworkers.
- Presentations to youth boards.

In FY 2010, 93 percent of the funds were directed to youth with administration costs of 7 percent. As of March 31, 2011, 519 foster youth were awarded funding and the staff completed 24 trainings, presentations and mass mailings.

Employment and Training Voucher Data

Year	July 1, 2009 to June 30, 2010	July 1, 2010 to March 31, 2011
Number of Youth Awarded Vouchers	679	643
First Year Vouchers Awarded	320	281

Number of Years Awarded to Individual Students in 2009-2010

1 Year	2 Years	3 Years	4 Years or Beyond
47.1%	21.5%	16.9%	14.4%

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

4 Year University	Community College	Private 4 Year Univ.	Trade or Vocational
37.4%	47.2%	5.9%	9.4%

During FY 2010, the contractor started an Educational Training Voucher Facebook page. The social networking site provides a youth friendly website where staff post updated information on program expectations, award amounts, application processes and deadlines. The application was modified to encourage applicants to join the Facebook page.

Services Planned for FY 2011

Goal: Ensure vouchers are available to all eligible youth.

- Eligible youth will be aware of the program when attending post-secondary education programs.
- The contractor will process applications and award vouchers in a timely manner.
- The education analyst and contract staff will complete trainings throughout the state for the remainder of FY 2011.
- A site visit will be scheduled by the education analyst to ensure contractor compliance.

Status:

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

Preparation for Post-Secondary Education and Training

EduGuide is an award winning, Michigan-based, non-profit agency that equips educators with family engagement strategies to support school success and encourage post-secondary training and education. Through a partnership with the EduGuide organization, Michigan began a special Foster Care College Goal Sunday to assist foster youth in filling out the Free Application for Federal Student Aid. The annual event was held February 20, 2011 at the University of Michigan-Dearborn.

In FY 2010, EduGuide approached DHS with an offer to become a partner organization in a web-based academic support system for foster youth. EduGuide is actively securing grant funds to create the customized online mentoring system. This system will be used to support foster youth life skills development. An education planner serves as the coach, creates a team page much like Facebook, and invites his/her foster youth to become members.

Services Planned for FY 2011

Goal: Ensure youth have the necessary support to achieve educational success. Education planners will develop team pages on the EduGuide site to mentor youth and develop plans to improve education outcomes for foster care youth in Detroit Public Schools.

Status:

- The number of DHS foster youth teams established in the EduGuide website by November 2011.
- The number of youth actively participating in the EduGuide mentoring process during FY 2011.
- Develop an operational plan with clear goals and objectives by July 2011.

Accomplishments in FY 2010

In FY 2010, DHS developed a plan for providing ongoing educational assistance for foster youth. The chart below lists counties with an education planner.

Counties Served by Education Planners	Number of Planners
Wayne	4
Macomb	1
Oakland	1
Genesee	1
Kent	1
Calhoun/Kalamazoo/Branch/Hillsdale	1
Ingham/ Barry/Eaton	1
Jackson/Livingston/Shiawassee/Lenawee/Monroe	
Isabella/Midland/Saginaw/Bay/Arenac	1
Berrien/Cass/St. Joseph/Van Buren	1
Muskegon/Ottawa/Allegan	1
Dickinson/Delta/Menominee	1

Services Planned for FY 2011

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

- Education planners will provide training on topics specific to educational issues of foster youth to diverse audiences in the community.
- Continue to provide, at minimum, quarterly training sessions.
- Continue to have monthly phone conferences with the education planners to provide support and technical assistance.
- The education planners will complete monthly reporting forms until data can be entered into the Juvenile Justice Online Technology system.
- Work with the Data Management Unit and Field Operations Administration to have education planner information entered onto a database.

Status:

- Number of education planners hired and trained by June 1, 2010; 12 education planners were hired by May 2010; two were hired in August 2010. A 15th planner was hired in December 2010.
- Report requirements and forms were developed by September 2010. The referral form and three separate reports are developed and in use by the education planners.
- Outcomes and data collection methods are identified by September 2010.
- Reporting mechanism will be present in Juvenile Justice Online Technology system by January 1, 2012.
- The number of youth served by education planners beginning in June 2011.
- The number of trainings provided by the education planners to child welfare staff and school personnel in FY 2011.

- The number of youth served who entered post-secondary programs in FY 2011.

Post-Secondary Institutions

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

The Seita program has a full-time DHS staff person dedicated to the program on Western Michigan University's campus. This staff member assists with Youth in Transition requests, Education and Training Voucher applications and any other DHS services that may be required. Outcomes for the Seita program have been extremely positive. The chart below shows the performance statistics for each cohort.

Western Michigan University

First Semester Performance Statistics by cohort 2008/09, 2009/10, and 2010/11

Number of students	2008/2009	2009/2010	2010/2011
Enrolled in fall semester	N=51	N=47	N=53
Enrolled at end of fall semester	94%	100%	96%
Returned for spring semester	76%	94%	94%
Enrolled at end of spring semester	71%	83%	
Returning for 3 rd semester	53%	81%	

The University of Michigan provides the Blavin scholarship to foster youth. During FY 2009, DHS collaborated with the University of Michigan to improve the Blavin Scholarship Program for foster youth. The number of students awarded the scholarship increased from five in 2008 to eleven in the 2010-2011 school year.

Ferris State University developed the Ferris Youth Initiative that assists former foster youth obtaining a college education by providing support and learning opportunities to promote academic success. The program includes a financial scholarship of \$4,000 per year, an academic mentor and supportive services to give students assistance navigating the college experience.

Services Planned for FY 2011

Goal: Increase the number of post-secondary institutions offering assistance to foster youth. DHS is working to bring one additional university on board by September 2011 to provide opportunities in higher education for foster youth.

Status:

The number of post-secondary institutions providing services to foster youth in FY 2012.

Supportive Relationships with Mentors and Dedicated Adults**AmeriCorps VISTA Volunteers**

Collaboration established with the Corporation for National and Community Service and several local DHS offices resulted in the placement of three AmeriCorps VISTA volunteers in three sites in FY 2010. The responsibilities of the VISTA members include developing mentor programs, community volunteer opportunities and skill training to obtain stable housing for foster youth.

Accomplishments in FY 2010

In FY 2010, local sites recruited, interviewed and selected the VISTA candidates. The selected AmeriCorps VISTA candidates began working with six DHS site locations.

Services Planned for FY 2012

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

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

Status:

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

Supports and Services to Former Foster Care Youth**Michigan Youth Opportunities Initiative**

The Michigan Youth Opportunities Initiative is a partnership between the Jim Casey Youth Opportunities Initiative and DHS. The program was created to improve outcomes for youth transitioning from foster care to adulthood. It supports youth in learning skills for financial literacy, opening and saving in bank accounts, expanding their financial resources, which includes each youth having a personal savings accounts and an individual development account.

As Michigan completes the sixth year of the program, it is more reliant on Chafee for funding the program to support account matching and local expenditures. Chafee funds support youth boards and stipend payments for specific activities; individual development account matches

for Chafee eligible purchases, asset and media skills training and the annual statewide the Michigan Youth Opportunities Initiative coordinator meetings.

The Michigan Youth Opportunities Initiative has had four implementation phases. In FY 2010, the fourth phase focused on the remaining non-MYOI urban and larger counties and the Upper Peninsula pilot sites.

Michigan Youth Opportunities Initiative Sites	
County Sites	Youth Enrolled
Phase One Sites - 2002	
Wayne	130
Northern (Grand Traverse/Leelanau, Emmet/Charlevoix, Antrim/Kalkaska, Wexford/Missaukee, Benzie/Manistee)	80
Phase Two Sites - 2004	
Bay/Arenac	37
Livingston/Shiawassee	13
Macomb	40
Saginaw	16
Washtenaw	10
Phase Three Sites - 2006	
Alpena/Presque Isle	12
Crawford/Otsego	9
Genesee	23
Kent	21
Mecosta/Osceola	20
Midland/Isabella	17
Ogemaw/Roscommon	8
Ottawa	9
Phase Four – Chafee Expansion - 2010	
Barry/Eaton	0
Chippewa/Luce	9
Gogebic/Ontonagon	40
Ingham	2
Kalamazoo	7
Marquette	0
Oakland	13
St. Clair	17

Accomplishments in FY 2010

Each site records activities through a quarterly report to DHS. Activities include youth boards, outreach events, fundraisers, presentations and community board meetings. In FY 2010:

- 298 youth board meetings were held, with 2,626 youth attending.
- 107 outreach events and presentations took place, with 538 participants.
- 9 fundraising events were held.
- 22 community partner board meetings were held.
- \$19,218 was raised through cash or in-kind donations from community partners.

Youth Specific Supports

510 youth had individual development accounts at the end of FY 2010. The accumulated savings totaled \$193,068.

Services Planned for FY 2011

Goal: Increase the opportunities for youth to participate in youth boards by:

- Increasing the number of community partners in each site.
- Increasing the number of youth participating in youth boards.

Status:

- The number of community partners added by September 2011.
- The number of youth participating in youth boards by September 2011.

Housing Resources

DHS is committed to ensuring that youth transitioning from the foster care system have safe and affordable housing. To reach this goal, the department is developing diverse opportunities for housing, including:

- Federal funding options through grant applications to the Department of Housing and Urban Development.
- Revising contracts to expand housing options through the Homeless Youth and Runaway programs and referring youth to the Michigan State Housing Development Authority Tenant Based Rental Assistance program.

DHS is developing alliances with land banks and developers while mobilizing the community through local partnerships. The AmeriCorps VISTA volunteers support these efforts in an effort to provide stability for youth transitioning from foster care.

Accomplishments in FY 2010

The Homeless Youth and Runaway (HYR) program contracts reported 21.7 percent (124) of the 572 homeless youth served were foster youth. This represents an increase of nearly 7 percent from 2009.

DHS developed local partnerships with the faith-based community in Genesee County to initiate a housing pilot for transitioning foster youth. Youth are provided mentors from local churches, attend landlord/tenant training prior to tenancy and must volunteer for a community project. In March 2010, six youth were selected, trained in landlord/tenant responsibilities and placed in housing.

A Kent County program was modeled after the Genesee pilot, where youth pay \$250 to \$275 in monthly rent if they attend landlord/tenant training and agree to work with a community mentor who lives in the community where the home or apartment is located. Property owners were willing to reduce monthly rent amounts, knowing that participating youth were more likely to be responsible renters given training and support.

Services for FY 2012

Goal: Increase safe affordable housing options and supportive services for former foster youth ages 18 to 21.

- Ensure 25 percent of the youth served in the transitional living placements in 2010 and 2011 are former foster youth or homeless due to a dissolved adoption or guardianship.
- Increase the number housed in the Genesee pilot to 10 by December 2010.
- Expand the housing resource pilot to Kent County by October 2011.

Status:

- The number and percentage provided housing in the transitional living program.
- The number housed in the Genesee County housing project.
- The number of housing resource pilots initiated.

Foster Care Transitional Medicaid

DHS provides a Foster Care Transitional Medicaid brochure to private and public agency caseworkers for distribution to youth prior to their exit from the child welfare system.

Accomplishments for FY 2010

DHS collects data on a bi-annual basis on the number of youth eligible and enrolled. The statewide implementation of the Bridges provided the platform for automatic enrollment for youth aging out of the foster care system at ages 18 through 20. On April 13, 2010, 677 youth were active, a significant increase from the 94 enrolled in March 2009.

Services Planned for FY 2012

Goal: Increase the number of youth transitioning from foster care who are enrolled in Foster Care Transitional Medicaid and distribute informational stickers to DHS, private agency and workers across the state.

Status:

- Number of youth enrolled in during FY 2011.
- Number of informational stickers distributed.

Report of Activities that Enhanced Service Collaboration

Teen Pregnancy

Michigan departments of Education, Community Health and Human Services developed a state team to reduce teen pregnancy. The team developed the Michigan Foster Care Youth Health Behavior Survey to obtain statistical information on foster youth sexual behavior, to provide information to reduce teen pregnancy in foster youth, to obtain statistical information on the prevalence of pregnancy in foster youth and the number of foster youth who have children. The survey will resume in the fall of 2011.

Services for FY 2011

Goal: Reduce teen pregnancy in Michigan's foster youth population. DHS will implement the Michigan Foster Youth Health Behavior Survey.

Status:

- The number of foster youth taking the survey.
- Baseline data collected on the number of pregnant or parenting foster youth.

Training: Youth Service Delivery Model

DHS provided training in the permanency teaming model for staff and for new Michigan Youth Opportunities Initiative coordinators. The trainings are listed below:

Type	Date	Date II	Location	DHS	Contract Agency	Youth
Permanency Teaming	10/13/09	10/14/09	Gaylord			
Permanency Teaming	2/3/10	2/4/10	Gogebic	4		
Permanency Teaming	3/2/10	3/3/10	Lansing	22	5	0
Permanency Teaming	3/30/10	3/31/10	Marquette	2	8	
Permanency Teaming	4/14/10	4/15/10	Isabella	9	0	1
Permanency Teaming	9/9/10	9/10/10	Macomb	40	2	0
Permanency Teaming	9/29/10	9/30/10	Cheboygan	6		
Permanency Teaming	1/12/11	1/13/11	Macomb	29	1	
Permanency Teaming	2/14/11	2/15/11	Washtenaw	19	2	0
Permanency Teaming: Train the Trainer	1/12/10	1/13/10	Gaylord	17	1	0
MYOI Training	12/18/09		Lansing	10	2	
MYOI Training	12/29/09		Escanaba	4	2	
MYOI Training	2/17/10		Oakland	4		
MYOI Training	5/6/10		Traverse City	9		
MYOI Training	3/15/11		Barry/Eaton	2		
MYOI Training	2/17/11		Gogebic	2		

Training planned for FY 2011

Goal: Increase the number of DHS and private agency staff trained in the Youth Services Delivery Model by:

- Increasing the number of staff trained in current sites.
- Training three new sites in the permanency teaming model.

Status:

- Phase 5 sites are identified by April 2011.
- Phase 5 sites' DHS and private child placing agency staff are trained in permanency teaming by September 2011.

Educational Opportunities**Accomplishments for FY 2010**

The education analyst conducted 14 presentations and trainings during FY 2010. As of March 31, 2011, seven trainings were completed for the year. The training focuses on accessing Chafee funds and Education and Training Vouchers to support foster youth.

Training planned for FY 2011

Goal: Increase the awareness of child welfare staff about post-secondary educational opportunities and funding through:

- Training scheduled in Lansing, Grand Rapids and Mackinac Island.
- The education analyst who will provide training as requested to DHS offices, private agencies or other community partners.

Status:

- The number of trainings completed by May 1, 2011. Fourteen training were completed in FY 2010 and thus far, 7 have been completed in FY 2011.
- The number of trainings completed by May 1, 2012.

Statewide Training for Youth**Accomplishments for FY 2010**

- In FY 2010, Michigan Youth Opportunities Initiative provided 59 financial literacy trainings for 306 participants with an additional 100 asset trainings to 809 participants.
- Two youth media trainings were held April 1 and April 6, 2011. Nineteen youth attended the trainings.

Training planned for FY 2011

Goal: Ensure youth are provided training that supports their transition to adulthood by increasing the number receiving media training and training that supports self-sufficiency.

Status:

- The number of media trainings provided by September 2011.

- The number participating in media trainings by September 2011.
- The number participating in asset training.

Youth Involvement in Improving Statewide Services

Fostering Connections

The Fostering Connections legislation required a new 90-day discharge meeting for youth transitioning from foster care. Staff developed an annual transition meeting form with input from stakeholders.

Accomplishments in FY 2010

In FY 2010, two transitioned foster youth reviewed and provided feedback on the 90-Day Discharge and Annual Transition Meeting forms.

As part of Michigan's efforts to improve the rate of monthly caseworker visitation, DHS produced a video of youth who spoke about their relationships with their caseworkers and how caseworker visitation improved case plans and outcomes. The video was used during statewide caseworker training to improve the frequency and quality of visitation with children. Michigan presented a one-day conference on family engagement that featured a panel of former foster youth who shared information on effective engagement through caseworker and child visitation.

Youth Participation Planned for FY 2011

Goal: Youth are actively involved in the planning and implementation of the Fostering Connections legislation. DHS will implement a media campaign and youth will educate other youth in foster care, caseworkers, courts and other stakeholders on the importance of permanency and the extension of foster care to age 21.

Status:

The youth media campaign will be implemented once legislation extending foster care to age 21 is passed.

Youth Participation in Improving Foster Care

Accomplishments in FY 2010

One hundred forty-five Michigan Youth Opportunities Initiative youth presented at 45 conferences throughout the state to DHS and private agency staff, the Child Welfare Training Institute, PRIDE, Rotary Clubs, colleges, non-profit groups and other community organizations. Youth involvement during the year included:

- Genesee and Macomb county youth addressed the importance of the teaming process to the DHS and private child placing agency staff.
- Presentations to educators on the importance of providing post-secondary opportunities for former foster youth such as the WMU Seita Scholars program.

- Presentations to foster and adoptive parents during the Michigan Association for Adoptive, Foster and Kinship conference.
- Participation in youth panels during Child Welfare Training Institute foster care worker training for DHS and private child placing agency staff.
- Presentation by one Seita scholar during the DHS child welfare reform media event on March 8, 2010.
- The statewide youth board met December 10, 2010, and provided feedback on fundraising extension of foster care until age 21.

Youth Participation Planned for FY 2011

Goals: Foster youth are involved in developing practices, policies and procedures to improve child welfare. The Statewide Youth Board will continue to meet biannually to discuss policy reviews and proposals, local youth training curriculum, or other issues they choose. The annual *Youth Voice* publication will be shared with DHS staff, leadership and legislature. The youth advisory committee will develop the foster care handbook for youth.

Status:

- The *Youth Voice* was shared in March 2011.
- The second statewide youth board will meet by August 2011.
- The foster care handbook will be completed by September 2011.
- Lesbian/Gay/Bisexual/Transgender brochures will be completed by September 2011.

Michigan's Progress in Developing and Implementing a Foster Care Trust Fund

Public Act 525 of 2008 creates the State Foster Care Advisory Board in DHS to administer the Foster Care Trust Fund. Funds may not be spent or appropriated from the trust fund until the amount credited meets or exceeds \$800,000.

The board is required to work collaboratively with private and public foster care programs to identify and address the problems facing children in the foster care system, raise awareness of foster care and develop a support network for youth transitioning from foster care.

Accomplishments in FY 2010

The act amends the Michigan Income Tax Act to permit an individual to designate a contribution to the Foster Care Trust Fund on their annual Michigan income tax form.

Activities Planned for FY 2011

Goals: Establish a foster care trust fund program for youth receiving independent living services for transition assistance. When established, DHS will ensure a former foster youth is placed on the Foster Care Trust Fund Board. The target date for this is uncertain; DHS cannot predict when sufficient funding will be available to establish the board.

Status: DHS has identified two former foster youth as potential board members once the board is established.

Coordination/Consultation with Michigan's Federally Recognized Native American Tribes

DHS has relationships with Michigan's 12 federally recognized tribes to ensure tribal youth have access to Education and Training Vouchers and Chafee funds. DHS invited tribal partners to meet regarding access of tribal youth and to identify tribal interest in sharing and administering a portion of the state's federal allotment.

Accomplishments in FY 2010

Staff collaborated with the Native American Affairs director to ensure Michigan's tribes have the opportunity to contribute to policy changes for Chafee funding and receive ongoing communication on service opportunities and Indian Child Welfare Act compliance.

In FY 2010, staff participated in the Tribal Training Day and provided resources to tribal youth.

Staff now attend Tribal State Partnership quarterly meetings and they made a presentation at the July 2010 meeting. At the January 2011 meeting, a Youth in Transition subcommittee was formed to develop the process for tribal youth to access funding.

Services Planned for FY 2011

Goal: Youth from Michigan's 12 federally-recognized tribes will receive the same services and benefits afforded all foster youth.

- Youth Services will determine how many tribal youth are eligible.
- A decision will be made for how tribal youth will access services by October 1, 2011.
- Tribal partners will help develop policy, processes and procedures for tribal youth to access services by October 1, 2011.
- Staff will identify tribal partners to administer programs if not administered through central office.
- Staff will invite the 12 federally-recognized tribes in Michigan to participate in a presentation on the services and funding available to tribal youth by June 15, 2010. In December 2010, an invitation was sent to each tribe by DHS Native American Affairs office.
- By October 1, 2010:
 - DHS will participate in one quarterly Tribal State Partnership meeting.
 - Youth Services has attended meetings since July 2010, the most recent being March 2011.
 - DHS will consult with two or more tribes.
 - Three tribes are participating on the subcommittee that is working toward developing a plan.
 - Tribal partners will identify how DHS can support access to services for foster youth.
 - Tribal partners will help develop policy, processes and procedures for tribal youth to access services.

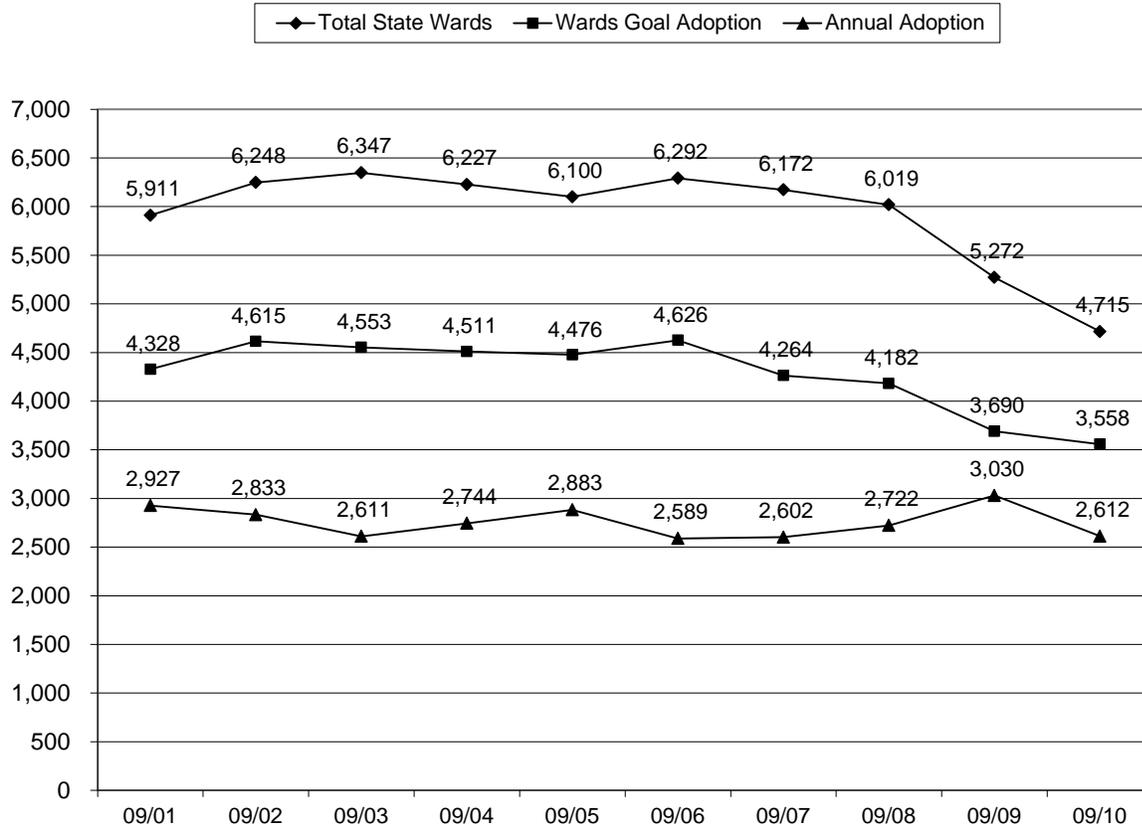
- Identify tribal partners to administer programs, if not administered through central office.

Status:

- The number of quarterly Tribal State Partnership meetings attended.
- Policy and practice changes implemented as a result of tribal consultation.
- The number of tribal youth receiving vouchers and Chafee funds.
- Education and Training Voucher and Youth in Transition policy updates reflect the tribal input.

ADOPTION

In FY 2010, Michigan achieved fewer adoptions compared to FY 2009 due to there being 492 fewer children with a goal of adoption. This resulted in 418 fewer adoptions in FY 2010. There is a consistent trend over the past 10 years; though fluctuations exist, completed adoptions in Michigan have remained in the range of 2,500 to 3,000 from 2001 to FY 2010.



	09/01	09/02	09/03	09/04	09/05	09/06	09/07	09/08	09/09	09/10
Total State Wards	5,911	6,248	6,347	6,227	6,100	6,292	6,172	6,019	5,272	4,715
Wards w/Goal Adoption	4,328	4,615	4,553	4,511	4,476	4,626	4,264	4,182	3,690	3,558
Annual Adoptions	2,927	2,833	2,611	2,744	2,883	2,589	2,602	2,722	3,030	2,612

DHS convened the sixth Permanency Forum in October 2010 and it included reports from the 23 counties. Counties reviewed progress toward improving all areas of permanency and their progress on the backlog cohorts. Speakers presented information on:

- Creative funding.
- Recruitment.
- Planning and local initiatives.
- Extending foster care to age 20 in Michigan.

CFSR Program Improvement Plan Goal

DHS worked to improve timeliness to adoptions for children with a goal of adoption. In 2010, approximately 85 percent of adoption cases were transferred to private agencies for supervision. DHS continues to supervise some adoption cases directly, so partnership and collaboration remain essential in meeting the adoption goals.

Goals:

- Make timely referrals to private agencies to initiate adoption specific services and complete the adoption in less than 12 months.
- Review cases identified as children living with an adoptive resource family for over six months from the date of termination of parental rights without a court order of adoption placement.
- Review recruitment plans for children without an identified adoption resource family at termination to ensure an appropriate recruitment strategy is in place.
- Conduct reviews for children with a goal of adoption for six months from the termination without an identified adoptive resource.
- Provide technical assistance and review by a contracted expert for any case in which a child has been available for adoption for a year from termination without an identified family.
- Incorporate policy changes into the new worker training curriculum.
- Develop and distribute semi-annually a state level analysis of:
 - The number of children without an adoptive resource at the beginning of the period.
 - The number of children who had an adoptive resource at the end of the period.

- The number of cases reviewed.
- Outcomes and barriers to identifying adoptive resources or achieving adoption resulting in recommended actions to improve timeliness.
- Provide the semi-annual report to the Permanency Options Work Group.
- Review and revise adoptive parent recruitment strategies at state and local levels based on the semi-annual report.
- Assess and report on the work of the permanency resource managers regarding children in their county whose goal is adoption and who do not have an identified family within six months of termination of parental rights.

Status:

- Collect data on the length of time from termination to referral to a private agency by county through the review of transfer forms sent to DHS central office.
- Document reviews of children on “hold” status with an identified adoption resource family by agency and determine the barriers.
- Collect data on individual recruitment plans submitted to Michigan Adoption Resource Exchange (MARE) by agencies and approved or returned for additional efforts.
- Document case exploration meetings held by permanency resource managers, the task assigned and the eventual outcomes.
- Collect data on individual status and composites of average and median time from termination to finalization in each county.
- Develop a “toolkit” of best practice recruitment strategies information.

Adoption Policy/Program Improvements

To improve timeliness to adoption, adoption policy was revised effective December 1, 2010 that includes:

- Referral to adoption services must occur within five working days from the date of receipt of the order terminating parental rights
- Acceptance of the case by the private agency must be received by DHS within seven working days from the date the referral was received by the agency.
- An adoption worker must be assigned within three working days of case acceptance, and adoption activities must begin.
- If a child does not have an identified adoptive family, the adoption worker must submit a written child-specific recruitment plan and the MARE registration for photo listing of the child to MARE within 30 calendar days of case acceptance.
- A child specific recruitment plan template was finalized in October of 2010.
- If a child does have an identified adoptive family, the adoption worker must obtain a signed DHS 4809, Intent to Adopt form, signed by the prospective adoptive parent(s) within four working days of case assignment.
- If the child is not being adopted by a licensed foster care provider, the adoption worker must initiate evaluation of the prospective adoptive home within seven calendar days of the acceptance date of the referral or identification of the adoptive family, whichever is

later. The BCAL 3130, Initial Foster Home/Adoptive Evaluation must be completed within 90 calendar days from the date of assignment of the case.

- If the child is being adopted by a licensed foster care provider who has a previously approved BCAL 3130, the DHS-612, Adoptive Family Assessment Addendum, must be completed within 30 calendar days.
- The Child Adoption Assessment must be completed within 45 calendar days of case acceptance.

To assist counties with achieving timely adoptions, the Adoption Alert Report was published in January 2011 that lists all children legally free for adoption. The message is displayed on the reports as a reminder that a review of the case is required when a child is in adoption status at three months with no identified family. Additional case reviews are required at six and twelve months if the child still does not have an identified family. In counties where there is an assigned permanency resource manager, they monitor these cases and conduct the adoption reviews.

On August 1, 2010, a contract was awarded to Adoption Resource Consultants to provide services to Genesee, Oakland and Wayne counties. The consultants conduct additional case reviews for children beginning at the 12-month timeframe without an identified adoptive family.

DHS Collaboration and Partnerships: Adoption Oversight Committee

The committee:

- Examines adoption services in Michigan.
- Makes recommendations for improvements.
- Develops action plans to increase the number of child welfare adoptions.

The work of the Adoption Oversight Committee has been instrumental in the following areas:

- Review of pre-adoption training requirements.
- Development of a court protocol for post-termination review hearings.
- Surveys for parents, caseworkers and youth involved in disrupted/dissolved adoptions.
- Research and presentation of national post-adoption models.
- Provision of input and recommendations on policy changes.

Permanency Options Work Group

In 2006, Michigan established the Permanency Options Work Group. Its meetings in 2010 focused on:

- Extending jurisdiction to age 20.
- Waiving tuition for in-state college for foster youth.

- Reinstatement of parental rights.
- Open adoptions.
- Federal Adoption and Safe Families Act law (requiring an agency to file a termination petition for any child in care for 15 out of the most recent 22 months, unless certain exceptions apply).

Adoption Day

Twenty-nine county courts participated in Adoption Day in 2010, a day when courts finalize many adoptions. During the six years in which Michigan has celebrated Adoption Day, more than 16,000 children have been placed into adoptive homes from foster care.

Goals: Continue strong partnerships and collaboration to improve policy and practice leading to increased adoptions from foster care. Continue collaboration between the DHS Adoption Program, State Court Administrative Office, the Adoption Oversight Committee and other stakeholders to improve practice, expand recruitment and address the needs of children in need of a permanent home. Involve adoptive parents, foster parents and youth in decisions made on policy and practice.

Status:

- Number of policy and statute changes resulting from work groups and committees.
- Membership of resource parents and youth on work groups and teams.

Michigan Adoption Resource Exchange (MARE)

MARE is an information and referral service contracted by DHS to facilitate finding permanent homes for children that:

- Produces recruitment and service brochures.
- Maintains a website of children available for adoption.
- Helps communities develop adoption recruitment activities.
- Produces quarterly newsletters for professionals, parents and children.

One of MARE's recruitment activities is the Michigan Heart Gallery, a traveling photographic and audio exhibit created to find families for children in foster care. A Heart Gallery Opening is scheduled each year to launch the new photo display. This year's event held March 26, 2011 in Detroit attracted 171 attendees who registered and returned information cards, and 64 families who registered at the event. The Heart Gallery exhibit is displayed in many communities throughout the year and at special events and conferences.

MARE has developed a youth advisory board through the Michigan Youth Opportunities boards across the state. The youth provide a voice to inform and influence adoption services in Michigan.

ADOPTION INCENTIVE FUNDS

Michigan received \$3,511,033 to be expended by December 31, 2012. Contracts have been awarded for the following services:

- **Adoptive Parent Consultants** - This contract was awarded to Adoptive Family Support Network in Kent County, experienced adoptive parents who serve as peer mentors and trainers to pre-adoptive and adoptive parents.
- **Adoption Resource Consultants** - This contract was awarded to Orchards Children's Services in Oakland County to provide enhanced oversight and case planning for children and youth with terminated parental rights for over one year without a family identified.
- **Adoptive Parent Training** - This contract was awarded to Michigan State University School of Social Work to provide adoption-specific training and support to parents who are adopting or have adopted a child from the child welfare system.

Permanency staff is developing contract proposals for the development of:

- Additional adoptive parent consultant contracts throughout the state.
- Extreme recruitment contract to locate kin resources for youth in need of an adoptive family.
- An adoptive parent handbook.
- Contracts with private agencies to provide regional post adoption services.
- An interagency agreement between DHS and the Department of Community Health/Community Mental Health for pre- and post-adoption transition therapy assessments.
- Two statewide adoption conferences with national experts for adoption staff, court staff, youth and adoptive parents.
- Other adoption specific activities allowable under titles IV-B and IV-E of the Social Security Act.

Adoption Subsidy

The DHS Adoption Subsidy program provides financial support and/or medical subsidy to adoptive families to help children adopted from Michigan's foster care program or eligible for supplemental security income. DHS policy effective March 1, 2011 clarified the administrative hearing process regarding adoption support subsidy, medical subsidy and nonrecurring adoption expenses.

In 2009, a Leadership Academy team reviewed the medical subsidy residential treatment policies and made recommendations to the department for changes. A work group reviewed the medical subsidy program and draft policy was developed. An adoptive parent handbook has also been drafted.

Goal: Review and determine changes needed in the medical subsidy program to assist families who have adopted children from foster care with special needs.

Status:

- Permanency staff will finalize policy and form changes by December 31, 2011.
- The Permanency Unit staff will distribute the adoptive parent handbook to adoptive parents by December 31, 2011.

Permanency Planning

Michigan is reducing the number of children awaiting reunification, adoption or guardianship for over one year. The children awaiting permanency include:

- Temporary court wards, children with a goal of reunification who were in care for more than a year as of January 1, 2009.
- Permanent state wards, children who were “legally free” for adoption for more than one year, as of January 1, 2009.

Progress in Permanency for Temporary Court Wards Cohorts

The goal for FY 2010 was to achieve 85 percent closure in the temporary court wards permanency backlog cohort. Michigan had a 77.8 percent closure rate or 3,905 cases as of September 30, 2010, and had an 84 percent closure rate or 4,214 cases as of March 31, 2011. The goal is to achieve 100 percent closure by September 30, 2011. It is important to note that if permanency is achieved for the remaining open temporary court wards cohort cases, the closures due to permanency can only reach 96 percent.

Progress in Permanency for Permanent Court Wards Cohort

The goal for FY 2010 was also to achieve 85 percent closure in the permanent state wards permanency backlog cohort. Michigan had a closure rate of 63.6 percent or 2,785 cases as of September 30, 2010 and a closure rate of 70.5 percent or 3,083 cases as of March 31, 2011. The goal is to achieve 100 percent closure by September 30, 2011. It is important to note that if permanency is achieved for the remaining open cohort cases, the closures due to permanency can only reach 71 percent.

Data collection and analysis has been critical in developing strategies to address the permanency needs of the children in the cohorts. To support local efforts to achieve permanency, several efforts were undertaken, including:

- Monthly sharing of cohort data with the State Court Administrative Office for distribution to the local courts.
- Distributing a spreadsheet of remaining open cases itemized by county and district in each cohort group to the county directors each month as of January 2011. Beginning in June 2011, the spreadsheets will be updated and sent to the county directors weekly.

- Distributing cohort data to 23 county teams participating in the Permanency Forums, which led to the collection of information from local courts about barriers to permanency.
- Continued development and enhancement of DHS web-based reporting, updated daily on DHS' internal data management system (InfoView). Local office staff readily access InfoView and can provide updates to private agency staff.

Goal: DHS will achieve legal permanency for children in the two cohorts by the following dates: One hundred percent by October 2011. (Refer to section above.)

Status:

- Data on the permanency resource manager reviews of cohort cases in the 15 largest counties, the tasks assigned and eventual outcomes.
- Monthly cohort data reports provided to counties and courts.

Permanency Planning Assistants and Permanency Planning Specialists

As planned, these positions have been eliminated. Foster care and adoption workers, managers and supervisors are required to review and develop permanency strategies for foster youth. Foster care and adoption workers have taken on the responsibilities to ensure that permanency is achieved on all foster care cases. In counties in which there is a permanency resource manager s/he assists staff in mining files, talking with youth about important people in their lives, setting up and facilitating meetings to focus on identifying a supportive permanent placement or resource and assisting staff in completing permanency paperwork. Through March 31, 2011:

Temporary Court Ward Backlog Cohort

County Name	Total Baseline	Open Cases	Open Cases %	Closed Cases	Closed Cases %
GENESEE	360	52	14.4%	308	85.6%
KENT	275	43	15.6%	232	84.4%
INGHAM	112	20	17.9%	92	82.1%
MACOMB	272	13	4.8%	259	95.2%
OAKLAND	529	43	8.1%	486	91.9%
WAYNE	2007	457	22.8%	1550	77.2%
URBANS	3555	628	18%	2927	82%
STATEWIDE	5017	803	16%	4214	84%

Terminated Parental Rights Court Ward Backlog Cohort

County Name	Total Baseline	Open Cases	Open Cases %	Closed Cases	Closed Cases %
GENESEE	416	135	32.5%	281	67.5%
INGHAM	185	33	17.8%	152	82.2%
KENT	158	34	21.5%	124	78.5%
MACOMB	287	62	21.6%	225	78.4%
OAKLAND	320	115	35.9%	205	64.1%
WAYNE	1533	566	36.9%	967	63.1%
URBANS	2899	945	33%	1954	67%
STATEWIDE	4376	1293	29.5%	3083	70.5%

Goals:

- Further develop and train staff on permanency.
- Utilize the permanency resource manager expertise to provide training and increased support to the foster care and adoption staff in developing best practices for permanency.

Status:

- Monthly leading to weekly backlog data reports demonstrating increased permanency outcomes.
- Permanency resource manager monthly reports of training and support of foster care and adoption staff.

Permanency Resource Managers

Permanency resource managers work closely with local DHS and private agency staff. They are assigned to counties based on the distribution of permanency backlog cohort cases to:

- Meet with foster care and adoption staff regularly to discuss case-specific and systemic barriers and gaps.
- Help determine resources and service needs.
- Offer expertise in community resources and new approaches to plan for children in the system for extended periods.
- Identify new strategies toward permanency with case managers.
- Help complete paperwork and reports related to permanency.
- Review spreadsheets of all open backlog cases with office managers monthly to ensure urgency to find permanency for these children.

Counties Identified

The Permanency Unit determined the 15 counties which are assigned one or more permanency resource managers because they had a higher percentage of open cases than the state average in either or both cohorts. It was determined they had a sufficient number of cases to warrant

assignment of a permanency resource manager. There are six assigned to the residential cohort.

Training and Support

Permanency resource managers help caseworkers develop narratives for the approval process and have conducted trainings for private agencies, DHS staff, residential staff and other stakeholders. They worked with management teams to develop and streamline internal processes and helped track and monitor progress. They help interpret new policies and consult with management teams to determine training needs for field staff.

In FY 2010, 85 percent of adoption cases were transferred to private agencies; therefore, DHS adoption workers and supervisors responsible for monitoring the adoption cases needed training on adoption policy and process. Permanency resource managers presented training on:

- Adoption policies.
- Child and family assessment templates and timeframes.
- SWSS requirements.
- Michigan Adoption Resource Exchange requirements.
- Individualized recruitment plans.
- Adoption subsidy.
- Court process.

Case Exploration Meetings

The permanency resource managers conduct “case exploration meetings” for children on the permanency backlog to determine if the appropriate permanency goals are in place and to prescribe services and actions required to secure the defined outcomes. Permanency staff conducted over 3,200 case explorations on the backlog cohort cases as of March 31, 2011. There were approximately 2,000 follow-ups to the case explorations, which consisted of e-mail, telephone, case conferences and face-to-face contacts with the assigned workers/supervisors.

Additionally, the permanency resource managers began adoption case reviews on all cases in addition to backlog cases. This additional review focuses on those cases that are six months post-termination of parental rights without an identified adoptive family. They conduct adoption reviews to determine the recruitment efforts made and to discuss alternative methods of recruiting a family. Since beginning this process, they have conducted over 150 adoption reviews and made over 200 follow-up contacts. By October 2011, all DHS and private agency staff will conduct adoption case review meetings at defined intervals to address case-specific delays in adoption.

In order to assure youth aged 16 and older achieve permanency, the permanency resource managers attend transitional meetings for youth to ensure their permanency plans include the

required components. They attended almost 100 transitional meetings that develop annual transition plans or discharge plans since beginning this process in late 2010.

Residential Permanency Resource Managers

Residential permanency resource managers achieve permanency for children in residential placement in both cohorts and ensure these children complete residential treatment and are discharged to step-down programs or returned to the community. The Residential Treatment and Transition Unit was re-structured in July 2010 and is responsible for:

- Developing a residential case practice model.
- Developing a service delivery model.
- Policy writing.
- Training development.
- Conducting case reviews of backlog cohort children in residential treatment.
- Conducting case reviews of children at risk of extended length of residential stays.
- Coordinating Residential Transition and Planning Managers, DHS and private agencies, central office and other state partners overseeing the Wayne County Residential Permanency Initiative.

Residential Transition and Planning Managers

In July 2010, four of the 26 permanency resource manager positions were allocated to the Residential Transition Treatment Unit to address the permanency, mental health and behavioral needs of children in the backlog cohort residing in residential placements, initially beginning with children in Wayne County. They work with local DHS staff to:

- Establish an appropriate permanency goal for each child.
- Review the residential placement.
- Work collaboratively with families, agencies and community providers to identify services and actions required to secure defined outcomes.

The Residential Transition Planning Managers may review the youth's case files to gain an understanding of the child's past and present medical, behavioral, mental health and social history. They may visit the residential facility and meet with residential staff and the child regarding the treatment plan.

Wayne County Residential Permanency Initiative

In April 2010, the unit spearheaded the Wayne County Residential Permanency Initiative to:

- Gather information regarding the current issues surrounding children in residential treatment.
- Determine when residential treatment is appropriate.
- Develop a residential case practice model.

Target Population

Twenty-seven cases were identified that include Wayne County backlog cohort children under the age 14 currently in residential treatment awaiting reunification or adoption. Comprehensive case file reviews were conducted and managers followed up with the residential facilities, treatment providers, related professionals and other interested parties.

Goals: Provide case review for youth in the foster care system for long periods. Through the review process, improve permanency outcomes for children and decrease the number of youth emancipating from the system without permanent connections by:

- Determine permanency strategies to ensure children and youth are provided with permanent homes or connections.
- Review cases of children in the identified cohorts.
- Determine permanency strategies, assign tasks and monitor the outcomes.
- Identify specific and system-wide gaps in services.
- Increase accountability in case management and adherence to policy.
- Collect and analyze data relating to county performance to track trends at the practice level and determine if technical assistance is needed in particular areas of the state.
- Provide technical assistance on identified barriers and issues.
- Assist in developing policy, outcome-based services and best practices.
- Verify data accuracy.
- Assure that children receive the level of care appropriate for their clinical needs.
- Develop a continuum of services that focuses residential treatment on therapeutic intervention.
- Develop a multi-disciplinary case practice approach.
- Develop a “gatekeeper” process for placement of children into residential treatment.
- Develop outcome based services and best practices.

Status:

Documentation of:

- All case reviews.
- Goal changes.
- Tasks assigned.
- Gaps in services identified.
- Outcomes for all cases reviewed.
- The number of youth emancipating from foster care without approved permanency goals.
- Case reviews for children in residential placements.
- Treatment plans and discharge for residential placements.
- Published policy on the requirements for residential placements at all levels by September 2011.

- Training curriculum developed by September 2011.

Gap Analysis

Each county completed a gap analysis worksheet for each of the cases in the Temporary Court Ward and Termination of Parental Rights cohorts that detailed permanency barriers for that child or youth. The permanency resource managers continue to provide analysis on the gaps in services and other system issues that affect permanency as they review individual cases in the counties.

Goal: DHS will collect and synthesize the findings of the permanency resource managers to identify service gaps and system issues leading to policy revision and improved services by:

- Using managers' monthly reports to define service gaps and barriers to permanency.
- Developing new services or system changes that address gaps and barriers identified.

Status:

- Permanency resource managers monthly activity reports and data.
- Documentation of new or revised policy, contracts and collaborations to address gaps.

Michigan Permanency Goals

DHS revised the Michigan permanency goals to align the state with federal permanency goals. Reunification remains the optimal goal; when returning home is not appropriate, permanency staff pursue adoption and guardianship. If permanency through the preferred goals is not possible, the caseworker may use the remaining permanency goals of permanent placement with a fit and willing relative and another planned permanent legal arrangement including emancipation.

Permanency staff submitted over 962 permanency goal approvals through March 31, 2011. In November 2010, incomplete permanency goal requests were returned to the applicable county offices. The following chart describes the types and disposition of permanency goals as of March 31, 2011:

	Relative	Another Planned Legal Arrangement	Emancipation
Approved	163	116	471
In Process	17	16	73
Withdrawn	0	2	2
Denied	1	0	1
Closed	3	3	16
Returned	13	17	48
Total Submitted	197	154	611

CFSR Program Improvement Goal: Review permanency goals for timeliness and appropriateness and:

- Monitor and provide technical assistance in cases where a child's permanency goal does not meet the policy standards.
- Assure the permanency goal is updated in a timely and appropriate manner at the time of the approval of the updated service plan.
- Conduct a specialized worker and supervisory review of each child's permanency planning goal commencing one year from the date of case acceptance to determine appropriateness of the goal and identify action steps.
- Submit the permanency goal request for relative, another legal arrangement and emancipation to central office approval to identify trends and barriers to achievement.

Status:

- Track permanency goals and exits through SWSS data.
- Review of permanency goals submitted for approval to ensure optimum outcomes.
- Maintain data on goals submitted and approved or denied by county.
- Summary report of trends, barriers and plans to address them.

Implementation of the Guardianship Assistance Program

The program went into effect July 1, 2009. It offers alternative permanency when reunification and adoption are not viable with a monthly subsidy equal to the foster care payment until the child reaches age 18. Guardianship may be especially favorable in the following circumstances:

- Relatives who want to maintain their current relative status.
- Older youth who will not consent to adoption after counseling on the importance of permanency.
- Families in certain cultures who do not approve of termination of parental rights.

The Permanency Unit anticipates that 1,500 children may find permanency this way. Many of the eligible children will be those who have had a goal of reunification or adoption but barriers or challenges have prevented permanency from occurring.

The number of requests submitted, approved and funded as of March 31, 2011:

Submitted	Approved	Withdrawn	Funded	Closed
424	229	53	150	09

Applications from foster parents and relatives as of March 31, 2011:

Submitted	Relatives	Foster Parents
424	285	139

Goal: Increase the number of children reaching permanency through guardianship with assistance by 10 percent each year by:

- Developing a Guardianship Alert to track all children in care with a goal of guardianship.
- Providing training to local agencies and courts.

Status:

The Permanency Unit will use the database to monitor guardianship activity for children who:

- Have been in care 18 months.
- Exited care with a finalized guardianship within 24 months of removal.
- Are in care longer than 24 months who have not reached permanency with a goal of guardianship.

Permanency Training

The Permanency Unit provides training and technical assistance to local DHS, private agency and the court staff on:

- Permanency issues and goals.
- Guardianship assistance program.
- Data on the permanency backlog cases.
- Policy and applicable forms clarification.

Grant Projects

Two private child-placing agencies received federal grants to develop programs that help older children maintain connections with birth families. Bethany Christian Services and Homes for Black Children disseminated the findings at the October 29, 2010 Permanency Forum. Oakland County DHS and Spaulding for Children received a \$2 million federal grant to develop and pilot a best practice outreach model in Oakland, Macomb and Wayne counties.

Michigan CFSR Permanency Outcomes 2 and 3 Baseline Data

For FY 2010, DHS' performance on Permanency Composite Two: Timeliness of Adoption was 111.0. The national standard is 106.4 or higher.

Performance on the individual measures was:

	Baseline FY 2008	2009	2010	2011	2012	2013	2014
C2-1: Exits to adoption in less than 24 months 75 th Percentile = 36.6%	30.6%	34.8%	34.0%				
Measure C2-2: Exits to adoption, median length of stay 25 th Percentile = 27.3 months	29.5 months	28.7 months	29.1 months				
Measure C2-3: Children in care 17+ months, adopted by the end of the year 75 th Percentile = 22.7%	23.7%	27.9%	28.8%				
Measure C2-4: Children in care 17+ months achieving legal freedom within 6 months 75 th Percentile = 10.9%	11.8%	14%	16.4%				
Measure C2-5: Legally free children adopted in less than 12 months 75 th Percentile = 53.7%	33.5%	38.7%	40.1%				

Source: DHS Data Warehouse

DHS' overall performance continues to improve for Composite 2: Timeliness of Adoptions. Composite measures C2-3 and C2-4 improved and met the 75th percentiles. Composite measures C2-1 and C2-2 showed a slight decrease between FY 2009 and FY 2010 and did not meet the 75th and 25th percentiles. The measure C2-5, legally free children adopted in less than 12 months, showed a 1.4 percent improvement but there remains a need for a much higher improvement in this area.

For FY 2010, DHS' performance on the Permanency Composite 3: Permanency for Children and Youth in Foster Care for Long Periods of Time was 124.4. The national standard is 121.7 or higher. Performance on the individual measures was:

	Baseline FY 2008	2009	2010	2011	2012	2013	2014
Measure C3-1: Exits to permanency prior to 18 th birthday for children in care for 24+ months 75 th Percentile = 29.1%	27.6%	31.4%	33.4%				
Measure C3-2: Exits to permanency for children with Termination of Parental Rights 75 th Percentile = 98.0%	96.4%	96.7%	96.8%				
Measure C3-3: Children emancipated who were in foster care for 3 years or more 25 th Percentile = 37.5%	48.7%	46%	48.8%				

Source: DHS Data Warehouse

Data Analysis

Based on the efforts described throughout this report, Michigan continues to increase performance outcomes on Composite 3: Permanency for Children and Youth in Care for Long Periods of Time. All composite measures improved, demonstrating continued effective efforts. C3-1 and C3-3 have surpassed the 75th and 25th percentiles. The C3-2 measure, exits to permanency for children with termination of parental rights increased to 96.8 percent, which is 1.2 percent away from the 75th percentile.

INTER-COUNTRY ADOPTIONS

In Michigan, inter-country adoptions are exclusively within the purview of licensed private adoption agencies. An adoption agency licensed in Michigan to provide them has an agreement with the foreign country specifying the responsibilities of the agency in completing adoptions. Children in families at risk of disruption or dissolution are eligible for the same services and supports as a child born in this state when entering foster care.

There were no internationally adopted children whose adoptions were identified as disrupted or dissolved in FY 2010 in Michigan.

ADOPTIVE AND FOSTER PARENT RECRUITMENT AND RETENTION

DHS will develop and maintain an adequate number and array of adoptive and foster home placements to meet the safety and permanency needs of all children requiring out-of-home care. DHS is increasing recruitment and retention for adolescents, sibling groups and children with disabilities by:

- Collecting and analyzing data.
- Increasing public awareness of the need for adoptive and foster homes.
- Collaborating with the Office of Faith Based and Neighborhood Partners and other faith based initiatives.
- Providing technical assistance to produce viable recruitment and retention plans.

During FY 2010, DHS collected and analyzed licensing data trends on issuing licenses, closing homes and the number of kin compared to non-kin homes.

In FY 2010, DHS licensing bureau issued 2,130 new foster home licenses, an increase of 219 from the previous year. During that period, 1,775 homes closed, an increase of 164 from the previous year. In FY 2009, Michigan increased finalized adoptions to 3,030 children, an increase over the previous year. This is significant because the closed home surveys shows that the majority of homes close voluntarily, citing adoption as the top reason for not continuing as a foster parent. DHS expects that the increase in adoptions will affect trends of closed homes over the next few years. The chart details the trend of enrollments, open and closed homes over the last three years in what DHS identifies as urban counties:

County	Enrollments Received			Original Licenses			Closed Homes		
	2008	2009	2010	2008	2009	2010	2008	2009	2010
Genesee	130	248	202	73	115	111	126	101	117
Ingham	53	106	83	38	64	62	59	52	73
Kent	190	263	224	128	133	172	136	131	119
Macomb	113	287	239	76	159	186	93	96	106
Oakland	169	308	219	106	142	159	130	122	132
Wayne	523	675	601	130	235	296	418	356	312
Totals	1178	1887	1568	551	848	986	962	858	859

Although enrollments showed a decline of 17 percent from FY 2009 to FY 2010, there was a 16 percent increase in original licenses issued in the urban counties. There was only an increase of one foster home closing from FY 2009 to FY 2010 in the urban counties. The chart below describes the types of homes (relative versus unrelated) opened by public and private agencies in urban counties during FY 2010:

County	Agency	Kin	Non-Kin	Sum
Genesee	Department of Human Services*	5	9	14
	Private Agencies Opened in Genesee County	57	40	97
Genesee County Total		62	49	111
Ingham	Department of Human Services*	2	4	6
	Private Agencies Opened in Ingham County	30	26	56
Ingham County Total		32	30	62
Kent	Department of Human Services*	4	3	7
	Private Agencies Opened in Kent County	62	103	165
Kent County Total		66	106	172
Macomb	Department of Human Services*	14	28	42
	Private Agencies Opened in Macomb County	85	59	144
Macomb County Total		99	87	186
Oakland	Department of Human Services*	14	4	18
	Private Agencies Opened in Oakland County	54	87	141
Oakland County Total		68	91	159
Wayne	Department of Human Services*	11	17	28
	Private Agencies Opened in Wayne County	154	114	268
Wayne County Total		165	131	296
Total		492	494	986

* May include DHS homes opened in other counties.

Goal: Ensure that Michigan DHS can meet the capacity and need for foster and adoptive homes through:

- Using licensing and SWSS data to determine the capacity and need for foster and adoptive homes in Michigan.
- Continuing to develop and produce specialized reports for local use on numbers of licensed homes, kin and non-kin homes and types of licenses.
- Working with the Data Management Unit to develop standardized reports on adolescents, sibling placements and splits, children with disabilities, and children waiting

for recruited adoptive homes for each county, including new foster care entry data and other relevant data.

Status:

- Licensing bureau reports on the numbers of licenses, closed homes, etc. by county.
- SWSS data on adolescents, sibling placements and splits, children with disabilities and children needing adoptive homes including data on:
 - Initial entry of foster children by age, living arrangement, gender, race and ethnicity.
 - Number of foster care youth by living arrangement and age.
 - Number of children with a goal of adoption by county and month.

Adoptive and Foster Parent Retention and Recruitment Plan

The annual plan template was released to the counties and private agencies with a due date of August 1, 2010. However, the data reports required for the plans were not distributed until September 2010 because the recruitment coordinator position was vacant from May - August 2010 and the deadline was extended to October 31, 2010. With increased collaboration between DHS county offices and private agencies, 60 plans covering all 83 counties were submitted for FY 2011.

In January 2011, responses to the plans went to county directors with the expectation the responses would be shared with all agencies and individuals that participated. The responses highlighted:

- Agencies that were actively licensing homes in the county.
- Goal for the number of non-relative homes needing licensure.
- County plans to recruit foster and adoptive families.
- Public and private agencies made site visits to the big 14 counties in March 2010 for a six month update on the plans.

Goals: Local county offices and private agencies will use best practices to recruit and retain adoptive and foster care families to increase the number and retention of homes to assure:

- Each child placing agency will develop and submit a plan that defines the number of specialized homes needed and activities to recruit families focusing on adolescents, sibling groups, children with disabilities and children waiting for adoption.
- The coordinator will complete site visits to public and private child placing agencies to collect additional information on placement needs, recruitment strategies and retention ideas.
- DHS will disseminate best practices information statewide through the DHS website and other media.
- The coordinator will develop and distribute a report to agencies that demonstrates best practices used in Michigan.

Status:

- Data collected from each local office and private agency plan with measurable goals and outcomes.
- Increase in the number of adoptive and foster care homes in Michigan based on data collected by DHS licensing bureau.

Media and Events

- Michigan uses the Adopt Us Kids© campaign for public service announcements.
- There was an increase in the number of radio ads during November 2010 in conjunction with Adoption Month. Comcast, a national cable company, ran continuous spots on their on demand channel in Lansing, Flint, Detroit and Grand Rapids from early December through the month of January 2011.
- Comcast customers interested in adopting could send their information to Adopt-Us-Kids who forwarded it to Michigan Adoption Resource Exchange, which handles certain parts of the state adoption program.
- Michigan Adoption Resource Exchange, or MARE, tracked 196 inquiries and provided a data report.
- The project was a free service due to the partnership with Adopt Us Kids and the “You Don’t Have to Be a Perfect Parent” campaign.
- DHS and Detroit public television placed public service announcements in December 2010 and January 2011 with foster and adoptive parents and foster youth telling their stories while the MARE contact information appeared onscreen. These PSAs aired as recruitment tools for the Wayne County area.

The DHS contractual partnership with MARE includes recruitment and retention activities. MARE is the liaison between adoptive applicants and the agencies that supervise the adoptions. It receives referrals from families interested in Michigan children who are photo listed on the Adopt Us Kids website (334 as of September 30, 2010) and refers families to the appropriate agencies responsible for the child. The Michigan Heart Gallery, a traveling photographic and audio exhibit created to find families for children in foster care, is a MARE recruitment activity to increase the number of adoptive families for children needing homes in our state. It pairs professional photographers with waiting children to have quality photographs available for display.

There are over 300 children available for adoption posted on the MARE website. There have been 4,662 inquiries to MARE regarding the children available for adoption during FY 2010. Of these inquiries, 2,240 came from families already approved as adoptive families.

MARE had 13 regional recruitment events during FY 2010 including match parties that provide a comfortable environment for adoptive families to meet available children. After the events, the families and children have the chance to follow up with any questions. MARE also hosted 30

Heart Gallery events in Michigan communities during this reporting period. The Heart Gallery has been shown to be an effective tool to recruit adoptive and foster families.

The DHS recruitment coordinator works with DHS Communications and the Adoption Oversight Committee Recruitment and Retention Subcommittee to create a recruitment tool kit to ensure consistent messages in local outreach efforts. The anticipated outcome is streamlined recruiting using less time and effort.

Goal: Increase awareness of the need for adoptive and foster parents a media campaign and special events by:

- Working with national and state associations to develop a marketing campaign.
- Designing new or using established television and radio public service announcements and advertisements to recruit adoptive and foster care homes.
- Developing posters, brochures and handouts on the need for foster families.
- Help counties develop local news coverage at local events on the positives of foster care parenting.
- Improving the website for Michigan's adoptive and foster parents.
- Developing a social media campaign using Facebook, Twitter and podcasts.

Status:

- Increased participation in events as reported in each agency's plan.
- Collecting Adopt Us Kids responses, MARE inquiries and caller referral sources..
- Increase in web inquiries to DHS and MARE.

Foster/Adoptive Parents as Recruiters

DHS local offices and private agencies include experienced foster and adoptive parents in local recruitment activities that have:

- Developed resource books and newsletters for adoptive and foster parents.
- Established mentoring programs.
- Used recognition events to honor foster parents in each county.
- Presented information through malls, church and 4-H groups and other community forums.

The recruitment coordinator has met with public and private staff on the importance of such collaboration to meet recruitment and retention goals.

Goal: Increase recruitment and retention efforts by utilizing experienced adoptive and foster parents by:

- Including experienced foster parents in recruitment activities to explain the benefits of fostering and adopting children, and focus on the need for homes for adolescents, sibling groups and children with disabilities.
- Developing partnerships between child placing agencies and community partners to use adoptive and foster parents and foster children to increase awareness.
- Enhancing partnerships with national and state associations such as the Michigan Association for Adoptive, Foster and Kinship parents and private agencies.
- Enhancing collaboration and partnerships to engage local churches, schools and community organizations in recruitment activities.

Status:

- Annual local plans that provide data and narrative indicating foster parent recruitment efforts.
- Increase the number of adoptive and foster homes.
- Increase in the number of public-private coalitions as reported in the annual recruitment plan.

Targeted Recruitment

Local DHS offices and private agencies include adolescents, children from sibling groups and with disabilities at community presentations to increase recruitment activities for children and youth available for adoption that do not have an identified family.

Goal: Target recruitment for special populations of adolescents, sibling groups, children with disabilities and children waiting for adoption.

- Each agency submitted a plan for recruiting homes for adolescents, sibling groups, children with disabilities and children waiting for adoption.
- Recruitment efforts will include adoptive and foster care adolescents, sibling groups and children with disabilities, telling their stories.
- Engage adolescents in identifying connections and recruitment activities to find a permanent family.
- Involve foster children in activities such as after-school programs and volunteerism to increase interaction among foster youth.
- DHS will:
 - Develop individual and family recruitment for teenagers, children with disabilities and sibling groups.
 - Provide child-specific backlog data to help identify children's permanency needs.
 - Use permanency resource managers work with backlog cases to address children's' permanency needs.
 - Geo-map areas where children are being removed and develop targeted recruitment efforts in those communities.
 - Provide resource books and newsletters to adoptive and foster parent groups describing special populations' needs.

- Implement mentoring for adoptive and foster parents.
- Increase the number of foster parent recognition events.
- Increase the number of community events where information about foster parenting is distributed.

Status:

- Completed plans by each DHS office and private agency will indicate targeted recruitment efforts that used youth, adoptive and foster parents.
- Decreased the number of adolescents placed in non-family settings.
- Decreased the number of adolescents siblings separated in care.
- Increased the number of adolescents foster and adoptive parent support groups to provide ongoing training, resources and crisis intervention for new and experienced foster parents.
- Decreased the number of adolescents children placed in residential treatment centers for long lengths of time.
- Decreased the number of adolescents children waiting for an adoptive home.

Faith-Based Recruitment

The Faith Communities Coalition in Michigan wants to help support recruitment of foster and adoptive families in Michigan. Orphan Ministries throughout Michigan supports children in foster care, and religious leaders are calling to their congregations to care for children in need of families. DHS invited leaders of Faith Communities Coalitions and Orphan Ministries to present at the Permanency Forum in October 2010.

DHS is engaging the faith communities to recruit resources and foster and adoptive parents while also organizing them to work together. This is crucial to allow all of the faith communities to more effectively and efficiently serve the children in foster care.

Goal: DHS will facilitate successful adoptions of children and youth waiting in the foster care system by involving members of the faith community through recruitment, training and supporting adoptive families and foster care agencies.

- Increase awareness of the need for foster and adoptive parents among congregations.
- Provide gatherings where congregations, organizations and child placing agencies can network to provide help for foster children and aging-out youth.
- Educate and motivate congregations to help alleviate the suffering of children in foster care and those aging out.
- Challenge congregations to collaborate with child placing agencies in projects or programs to benefit foster children, foster/adoptive/kinship families, or aging-out youth.
- Encourage congregations to issue calls for more foster and adoptive parents and mentors.

Statewide Strategic Recruitment and Retention Plan

DHS established a planning committee of staff, partners and agencies to create a comprehensive recruitment and retention plan in Michigan.

Goal: Create and implement a strategic plan that encompasses all retention and recruitment supports within Michigan in a collaborative effort to recruit and retain foster and adoptive parents that will:

- Raise awareness of the need for foster and adoptive parents among agencies, congregations, and other community stakeholders.
- Create and distribute best practice guides to agencies, organizations, faith communities, and others.
- Create a tracking system to assist agencies in recruiting and licensing foster parents.
- Educate agencies on current recruitment activities that are successful.

Status:

- Public and private agencies will collaborate to create one annual Adoptive and Foster Parent Retention and Recruitment Plan for each county.
- Fewer children waiting for permanency.
- More foster and adoptive parents.

HEALTH CARE SERVICES PLAN

Goal: Every child in foster care will have an updated physical examination by March 31, 2010.

Status: Completed.

This was a time-limited initiative focused on updating medical examinations and documentation for children in foster care. DHS spreadsheets demonstrated substantial compliance with the requirement. The only children who were not up-to-date with a physical examination or able to be scheduled for a physical examination were children who were away from their placement without leave or those in out-of-state placements.

Infrastructure

Goal: DHS will develop a Health Unit by June 2010

Status: Completed.

Health services were combined with education and youth services creating a new unit, the Health, Education and Youth Unit in the Child Welfare Bureau. The transfer of health services to the Child Welfare Bureau affords a closer coordination of policy and practice for child welfare programs. By addressing the well-being of children involved in programs administered by the bureau, DHS will not only achieve permanency, but will also sustain permanency for all children

in the system. The health-related responsibilities include centralized strategic planning, oversight and tracking of psychotropic medication and health policy. The medical director reports to the unit and there are two policy analysts for health-related matters.

Coordination and Collaboration

The Michigan Department of Community Health is responsible for health programs and DHS relies on it to move our health agenda forward. A team approach in building a system solicited input and feedback from a variety of experts that includes Community Health staff, local DHS directors and staff, and local Community Mental Health directors and staff. Private child-placing agency and residential care providers provided information and suggestions.

Transition of Foster Children to Managed Care

Goal: Children in foster care will be enrolled in managed care plans by October 2010.

Status: Completed.

- In November 2010, all children in foster care during that month were transitioned to Medicaid Health Plans from fee-for-service Medicaid. From November 2010 forward, all children entering foster care are enrolled in plans.
- A health liaison officer ensures timely health care access for children entering foster care.
- The health liaison officer:
 - Knows all the available managed care providers.
 - Backs-up workers in the enrollment and disenrollment process.
 - Ensures that established health care procedures are followed.
 - Assesses family, child and provider satisfaction.
 - A position description was written in September 2010 and 25 positions were allocated for FY 2011 including seven in Wayne County.

Goal: All 25 health liaisons will be hired, trained and providing services.

Immunizations

The American Academy of Pediatrics recommends an immunization schedule congruent with the Michigan Medicaid program. In addition, a schedule of required childhood immunizations for Michigan school settings serves as a minimum standard for children in care. Policy requires parental or Michigan Children's Institute consent for the human papillomavirus vaccine.

Immunizations are considered "routine medical care" but some parents refuse to have their children immunized because of religious beliefs. If this is the case, parents sign a statement specifying the prohibition, which is retained in the case record.

Goal: DHS will utilize the expertise of its medical director to evaluate all recommended immunizations to determine their appropriateness as preventive health care for foster children.

Status: In process. The medical director and relevant DHS and DCH staff discuss immunization policy and practices recommended by the Centers for Disease Control and Prevention and determined DHS policy on the human papillomavirus vaccine is too restrictive. The DHS medical director will discuss revisions with DHS Children's Services Administration and Legal Services.

The Michigan Child Immunization Registry tracks immunizations of all children in the state. Since March 2005, Services Worker Support System (SWSS) automatically downloads data from DCH to get up-to-date information on the immunization of foster children that prevents duplicate or missed immunizations. DHS updated foster care policy on December 1, 2009 instructing workers to review immunization records and immediately take action if immunizations are not up-to-date.

Goal: Policy will be updated to define the immunizations that are considered "routine medical care."

Follow-Up Medical Care

DHS updated foster care policy in FY 2010 regarding follow-up medical and dental care. Caseworkers must review the medical and dental forms completed by physicians and note whether follow-up care is required. If the child requires follow-up care, the caseworker is responsible to ensure that the child receives required tests or attends appointments. Supervisory case reading will monitor these activities.

Psychotropic Medication Management Policies and Procedure

The DHS medical director is a child psychiatrist who guides policies, procedures and oversight of psychotropic medication management of children in DHS care.

Goals for FY 2011: By September 30, 2011, DHS will update policies and procedures for the use of psychotropic medications. DHS will conduct a pilot in three counties to review cases flagged because a child is prescribed psychotropic medication outside of DHS guidelines.

Status: In process. DHS was unable to meet the goal date of September 30, 2010 and established a new goal date of September 30, 2011.

DCH is no longer involved with the Pharmacy Quality Improvement Project for children that analyzed prescribing mental health medications for Medicaid members and identified prescribing patterns inconsistent with evidence-based guidelines. DHS was working with DCH to use the project to track and oversee psychotropic prescribing practices for foster children. In April 2010, DHS developed new guidelines and data reports to flag children prescribed psychotropic medication outside acceptable prescribing patterns. A pilot program is being developed in three counties to begin tracking and oversight.

The DHS Medical Director established the Child Welfare Health Advisory Board and the first meeting was held in June 2010. The board reviews new health information and determines its

application in the child welfare system. In the area of the prescribing of psychotropic medication, it will:

- Review and update prescribing guidelines.
- Develop a plan for ongoing professional oversight at a regional level.
- Conduct reviews on complex cases.
- Provide input on informed consent policies.

The board developed new guidelines for informed consent that will be incorporated into the psychotropic medication policy scheduled for release on September 30, 2011.

Serious Emotional Disturbance Waiver Pilot

Goal for FY 2011: Expand the pilot to two new sites and increase the number of children served.

The pilot expands home and community-based services that support children at risk of psychiatric hospitalization and residential or institutional placement by using the 1915(c) waiver to provide additional services. The pilot serves DHS foster children with extensive mental health needs in eight counties where DHS redirected \$1.76 million in state funds and matched \$6.3 million in Medicaid funds to serve 266 children. The first DHS child began receiving services in December 2009.

Since the foster care pilot began, 185 children have been served. The DHS match of \$1.76 million is now a line item in the DHS budget appropriation. DHS is in the process of identifying other general funds to use as match in order to expand the pilot to more counties.

Serious Emotional Disturbance General Fund Benefit

In July 2010, DCH and DHS met with pilot staff to notify them of a new benefit to ensure provision of mental health services for children in DHS foster care who are ineligible for the DHS SED waiver pilot. To date, 21 children were served.

The general requirements include:

- The full array of specialty mental health services and supports are provided through Community Mental Health service providers (with Wraparound as a required service).
- It is available only to children identified as seriously emotional disturbed and new to CMH services after August 1, 2010, or children who have not received services within the prior six months, not children currently served by CMH.
- Local DHS and CMH agree on children to be referred and served.
- Eligibility priority is given to:
 - Foster children placed by DHS in a residential facility, having an Axis 1 mental health diagnosis, and who are being transitioned to community services and/or a permanent home with birth family, relative or adoptive family.

- Foster children placed in foster care having an Axis 1 mental health diagnosis with total Child and Adolescent Functional Assessment Scale score of 80-110 or 30 level sub-scores in at least two areas or significant functioning difficulty as indicated on the Preschool and Early Childhood Functional Assessment Scale.
- Children, aged 0-3, identified as being at significant risk and in need of enhanced services.
- Foster children having an Axis 1 mental health diagnosis where extensive community services are necessary to maintain and support foster care placement/family reunification. Child and Adolescent Functional Assessment Scale / Preschool and Early Childhood Functional Assessment Scale sub scores in home, school/child care and behavior toward others are 20 or above may be used to determine risk versus the child's total score.

Goal: Assist DCH with pursuit of 1915(a) contract to expand pilot to two additional sites and increase the number of children served.

Medical and Mental Health Training

In FY 2010, the Child Welfare Training Institute, in collaboration with the DHS medical director, offered a new medical and mental health training series to caseworkers and supervisors in child welfare. The first covered:

- Common psychotropic medications.
- Attention Deficit Hyperactivity Disorder and anxiety disorders in children.
- Childhood depression and suicide.

An additional class was added in September 2010 covering Failure to Thrive/Reactive Attachment Disorder. More than 1,900 staff attended the courses in 2010. Three additional topics, Bipolar/Behavioral Intervention, Medically Fragile Children and Pervasive Developmental Disorder, are being added for 2011.

Foster Care Public Health Nurse Pilot

DHS, DCH and three public health departments developed the Foster Care Public Health Nurse pilot to provide:

- Enhanced health services to children entering foster care.
- Oversight to children on psychotropic medication.
- Medical consultation to older youth exiting the foster care system.

DHS entered into contracts with Ingham and Ionia counties and the Mid-Michigan District Health department that assigns a nurse to the DHS office in their service area.

The nurse will:

- Complete a health needs assessment for each child entering care that includes a health history and current medical needs.
- Consult with foster care workers to ensure timely and accurate completion of medical passports and informed consent forms.
- Review the files of all children in the county on psychotropic medication and flag cases for further review when prescribing patterns fall outside acceptable DHS guidelines.
- Meet with older youth aging out of foster care to develop a health care plan for ongoing needs.

Expected outcomes for the pilot include:

- Timely medical and dental exams.
- Improved documentation and completed medical passports.
- Early identification of health needs.
- Psychotropic medication oversight.
- Medical home for each youth and continuity of health care.
- Exiting youth better prepared to continue needed medical care.

Goals for FY 2011: Develop an evaluation for the pilot and continue and/or expand the pilot if health outcomes improve in pilot counties.

Electronic Tracking of Medical and Dental Examinations

The DHS Data Management Unit measures whether the initial physical and dental examinations and yearly physical and dental examinations were met in accordance with DHS policy and the consent decree. DHS sent an instructional memorandum to local offices in March 2010 to provide workers with the steps for entering medical and dental information into SWSS FAJ for all children in state custody. At the same time, DHS informed private agency foster care providers and child caring institutions of electronic tracking and reminded them to forward medical and dental information to the DHS monitor. Caseworkers were required to complete the initial data entry by May 15, 2010.

In July 2010, DHS issued a field directive outlining the requirement to update the data in SWSS FAJ to reflect provision of initial medical and dental examinations. The effort succeeded, and DHS uses the information in SWSS FAJ to report on initial and yearly medical and dental examinations.

The most recent report available, covering April 2010 through September 2010, shows 77 percent of the children entering foster care received a medical examination within 30 days. Of the children requiring an initial dental examination during the same period, 47 percent received one within 90 days.

Goal: Improve the percentage of children receiving timely initial medical and dental examinations.

STAFF DEVELOPMENT AND PROGRAM SUPPORT: CHILD WELFARE TRAINING INSTITUTE

Child welfare worker training ensures that staff in Michigan are prepared to carry out the responsibility of keeping children safe from abuse and neglect. The training institute trains public and private agency foster care providers in the laws, programs, policies and philosophy of Michigan's child welfare system. This update details training activities that occurred between April 1, 2010 and March 31, 2011.

The pre-service institute prepares newly hired CPS, foster care and adoption workers to assume a child welfare caseload with program-specific transfer training for workers who have previously completed the pre-service institute in one program area, but who have transferred to a new program area. Workers who need transfer training join the pre-service institute for three weeks of program specific training. The training curriculum remains the same as described in the 2010-2014 Child and Family Services Plan. The Child Welfare Training Institute provides a competency-based written examination for all pre-service and supervisor training to evaluate trainees' level of knowledge and ability.

Children's Protective Services (CPS) Training

All newly hired CPS workers must complete a nine-week pre-service institute. Three hundred forty-nine trainees completed the training, after which they are able to assess families, develop investigation reports and service plans required under Michigan's Child Protection Law and CPS policy.

Child welfare staff that transfer to CPS from another child welfare program area take 18 days to cover the new policies and procedures. During this reporting period, 145 staff completed the CPS program specific transfer training.

The institute offered in-service training and the number of attendees:

- CPS Forensic Interviewing (48).
- CPS Legal Process (46).
- Interviewing and Investigations (49).

Foster Care Training

Child Welfare Training Institute offers a pre-service institute training for DHS and private agency foster care new hires that provides the skills and knowledge necessary to prepare staff to ensure safety, well-being and permanency to children who are committed to DHS for care and supervision. During this reporting period, 132 DHS and 356 private agency new hires completed the pre-service institute.

As part of a pilot, Child Welfare Training Institute staff trained and certified several private agency staff as trainers for foster care pre-service training. This offered additional pre-service institute opportunities for private agency foster care staff. The pilot ended in January 2010 due

to contracting issues. A new contract allowing private agencies to offer additional pre-service trainings for their staff is in process.

The foster care program specific transfer training class had 125 individuals from DHS and 13 from private agencies complete the training during this reporting period. Eighty-nine staff members received training in the foster care legal process.

Adoption Training

Newly hired adoption workers participate in a nine-week pre-service institute. During this report period, the following lists the training and number of attendees:

- Adoption program specific training (66).
- Adoption transfer training (64).

In addition to the required pre-service and transfer training courses, some individual sessions are available as in-service training. The following lists trainings and the number of attendees:

- Adoption Legal Process (96).
- Adoption Subsidy (76).
- Transitioning Successful Adoptive Families (89).

Juvenile Justice Training

DHS juvenile justice case managers attend a 10-day program specific transfer training which is offered as needed. Most juvenile justice case managers are court employees and are trained by the Michigan Judicial Institute of the State Court Administrative Office. During the reporting period, DHS trained 43 juvenile justice workers. Transfer trainings are offered quarterly.

Child Welfare Supervisor Training

A group of public and private agency foster care workers, supervisors, program managers, the Michigan State University School of Social Work and the Office of the Children's Ombudsman worked with Child Welfare Training Institute to develop a training package for CPS, foster care and adoption supervisors. This 40-hour child welfare supervisor training began in April 2009 and is ongoing for all private and public supervisors. The training currently consists of:

- Two days of general supervisor training.
- Three days of program-specific training.
- A competency-based written examination.

During this reporting period, the following supervisors successfully completed the training:

- CPS (85).
- Foster care (201).
- Adoption (82).

The Child Welfare Training Institute offered a new training series titled *Secondary Trauma: Supervisor Recognition and Response* to assist child welfare supervisors and others more readily identify how secondary trauma manifests in the workplace and effectively work to maintain a strong and resilient work force. Child Welfare Training Institute offered this two-part training in five locations during June through September 2010. The following lists the series and the number of attendees:

- Secondary Trauma: Recognition and Response Part I (161).
- Secondary Trauma: Recognition and Response Part II (98).

In-Service Training

The seven Michigan universities with graduate social work programs have developed a DHS approved in-service track for continuing education. The contract provided 21 half-day training sessions between January and September 2010. DHS provided several in-service training options including:

- **Confidentiality.** This is a full-day in-service training offered to all DHS and private agency staff. The curriculum ensures staff understands confidentiality law and policy to avoid potential liability and protect client's rights. DHS strongly recommends that this training include court staff, attorneys and judges. Two hundred and fifty people were trained during this reporting period.
- **Report writing.** The training provides skills to promote individualized, program-specific, behavioral-based narratives and goal development to meet CFSR outcomes. Two hundred and six people completed this training.
- **Medical and Mental Health Training Series.** DHS training staff and medical director developed the series that helps workers and supervisors identify and meet the medical and mental health needs of children involved with the child welfare system, particularly children in foster care or a residential placement. The training series is:
 - ADHD and Anxiety Disorders in Children.
 - Bipolar/Behavioral Intervention.
 - Common Psychotropic Medications.
 - Childhood Depression and Suicide.
 - Failure to Thrive/Reactive Attachment Disorder.
 - Medically Fragile Children/Chronic Diseases - will be offered three times between May and July 2011.

Each full day training is offered to DHS and private agency workers and supervisors. The training sites alternate between Lansing and Detroit locations, with a plan for one to three days of training in Traverse City (in northern Michigan). During this reporting period, 1,972 people completed training.

Additional in-service trainings provided during this report period with trainings and the number of attendees:

- “Promoting Positive Outcomes through Caseworker/Child Visits” to improve the rate and quality of caseworker visits with children in foster care placements. The training was offered in 35 sessions around the state. Some 2,200 DHS and private agency workers and their supervisors were trained on federal and state requirements for caseworker visits with children and how to ensure visits are of sufficient quality to ensure the safety, permanence and well-being of the children.
- “Fostering Change: A New Vision for Family Engagement” was offered for judges, referees, policymakers, court personnel, Lawyer-Guardians ad Litem, parents’ attorneys, child welfare professionals, service providers and caseworkers with 351 attendees.
- Title IV-E training for child welfare funding specialists and their supervisors (19). The Federal Compliance Division developed and presents this three-day training.
- Title IV-E refresher training for child welfare funding specialists and their supervisors (118). The Federal Compliance Division developed and presents this one-day training, offering six sessions in this report period at various locations statewide.
- Concurrent Permanency Planning for supervisors (11).
- Education Planners were offered a variety of training opportunities:
 - Education Planner: How to Make an Effective Presentation (9).
 - Education Planner Part II (21).
 - Education Planner training part III (24).
 - Education Planner training part IV (21).
 - Education Planner training part V (17).
 - Education Planner training part VI (12).
 - Education Planner training of funding sources (38).
- Permanency Planning staff had a variety of responsibilities in which they were trained:
 - Permanency Planning Assistant training (96).
 - Permanency Planning Conference Database (184). Permanency Planning Team Decision-Making (now Family Team Meeting) Facilitator (303).
 - Permanency Planning Specialists (88).
 - Permanency Planning Facilitator Update webinar (73).
 - Permanency Planning Facilitator Update webinar part B (21).
- Foster Care Transitional Medicaid – 45 attended.
- Transitional Medicaid – Private Agency – 16 attended.

In addition to the staff who received this training during pre-service and transfer training, in this reporting period, special topic trainings were offered. The following lists the training and the number of attendees:

- Introduction to Domestic Violence (24).
- Introduction to Medical Findings of Child Abuse and Neglect (44).
- Introduction to Mental Health (49).
- Introduction to Self Awareness/Cultural Diversity (10).
- Introduction to Substance Abuse training (33).
- Transitioning Youth to Independence and Adulthood (13).
- Working Safe/Working Smart (36).
- Introduction to Childhood Trauma (46).
- Introduction to Constitutional Rights (13).
- Introduction to Engaging the Family (7).
- Introduction to Family Preservation (15).
- Introduction to Indian Child Welfare Act (15).
- Introduction to Lesbian, Gay, Bi-sexual, Transitioning and Questioning Youth (LGBTQ) (15).
- Introduction to Poverty (50).
- Introduction to Sexual Abuse (12).
- Mock Trial (4).
- Early Childhood Development (6).
- Forensic Interviewing Update (8).
- His Brain, Her Brain...and Your Approach (25).
- Interviewing and Investigations (49).
- Medical Aspects of Physical Abuse (27).
- Medical Aspects of Sexual Abuse (8).

Expanding services – The Child Welfare Tuition Reimbursement Plan

The Child Welfare Tuition Reimbursement Plan provides financial assistance for child welfare staff to acquire a master's degree in social work. DHS has identified \$1 million to provide reimbursement for FY 2011. It is uncertain if funding will continue in the next fiscal year.

All permanent and certain limited term full time DHS first and second line supervisors are eligible. Upon acceptance into an accredited social work master's degree program and receipt of a B/3.0 grade or higher, DHS will reimburse 75% of tuition costs, not to exceed \$10,000 per individual per year. Staff participating must commit to work in public agency child welfare for two years after completing their MSW.

Family Preservation Services Training

Family preservation services delivers training to private agency contracted staff that provides in-home crisis intervention, support services or reunification services to families. These service programs include Families First of Michigan, the Family Reunification Program and Families Together/Building Solutions.

Family preservation trainings focus on research-based service delivery using strength-based, solution-focused techniques and is open to local DHS staff. The following list includes trainings offered and the number of attendees:

- Families First of Michigan Core Training Series (209).
- Families First Supervisor Orientation (17).
- Family Reunification Program core (57).
- Family Reunification Program core I series (40).
- Family Reunification Program core II series (19).
- Family Reunification Program overview for new workers (18).
- Family Reunification Program supervisor orientation (5).
- Families Together Building Solutions Core (36).
- Program Manager Overview (10).
- Supervisory I (9).
- Supervisor II (12).
- Supervisory III (18).
- Family Preservation Skills Revisited (39).

DHS offered other family preservation topics. The following list includes trainings offered and the number of attendees:

- Behavior by Design (75).
- Incest-Affected Families I (94).
- Incest-Affected Families II (65).
- Lesbian, Gay, Bisexual, Transgender and Questioning Youth (69).
- Personal Safety for Workers (48).
- Mental Health I - Interventions (125).
- Mental Health II – For Kids (24).
- Self-Care for Workers (62).
- Solution Focused training (103).
- Self-Awareness (167).
- Substance Affected Families (185).
- Impact of Domestic Violence (127).
- Domestic Violence Laws (70).
- Testifying in Court (for family preservation workers) (61).
- Money Whisperer (72).

FOSTER AND ADOPTIVE PARENT TRAINING

The Child Welfare Training Institute provides train-the-trainer sessions for DHS and private agency staff who then train foster and adoptive families. The required pre-placement curriculum is the Foster/Adopt Parents' Resource for Information, Development and Education or PRIDE training. DHS offices collaborate with private agencies to provide advanced training. During the report period, 265 DHS and private agency staff members attended PRIDE to train foster and adoptive parents.

Collaboration

The Child Welfare Training Institute expanded its collaboration with public and private partners, university and other stakeholders by continuing the Child Welfare Training Advisory Committee, which reviews training curriculum and course content of Michigan's child welfare training program and makes recommendations for improvement. In FY 2010, the committee reviewed pre-service institute training to explore alternative modalities, such as video conferencing, online training and future redesign to make it more responsive to the needs of the field.

Michigan continued its collaboration with the following groups to provide training:

- Michigan Association for Foster, Adoptive and Kinship Parents.
- Michigan Federation for Children and Families.
- Prosecuting Attorneys Association of Michigan.
- State Court Administrative Office.
- Governor's Task Force.

Evaluation

DHS is evaluating training effectiveness based on:

- The immediate impressions of trainees and whether they learned new information and skills is considered the level one and two evaluation. In most cases, this evaluation is completed on paper.
- Level three evaluation is conducted through online surveys of trainees' supervisors after the trainee has returned to work.
- Level three looks for transfer of skills/knowledge to job performance.

Child Welfare Training Institute Goals

The Child Welfare Training Institute aligned its goals with the Child Welfare Improvement Task Force goals to provide opportunities for training and workforce development to ensure judicial officers and public and private providers have adequate skills and competencies to serve the needs of children, youth and families.

Goal: Communicate training issues to DHS and private agency staff through specialized training letters, website updates and electronic communications in 2011 and 2012.

Status: Child Welfare Training Institute unveiled its new website in June 2010, which is used to enhance communication with local DHS and private agency offices.

Goal: Expand capacity to provide pre-service training to newly hired workers by developing private agency led pre-service institutes.

- In FY 2011 and 2012, expand foster care pre-service training and start private agency led pre-service training.
- In FY 2011 and 2012, evaluate the effectiveness of private agency led pre-service training by comparing trainer evaluations and trainee competency-based examination scores.
- Modify and continue building private agency training capacity through 2014.

Status: Piloted a successful private agency certified trainer program in 2009 that resulted in six certified private agency foster care pre-service trainers.

Goal: Expand in-service training to public and private child welfare workers. In FY 2012, collaborate with universities to develop and present child welfare in-service options and lead a child welfare training consortium to identify and fulfill child welfare training needs for caseworkers, tribes and other child welfare professionals.

Status: Collaborate with Michigan graduate schools of social work to provide free in-service training opportunities for DHS and private agency staff. Child Welfare Training Institute contracted with the Michigan State University School of Social Work for 21 sessions for FY 2010. The FY 2011-2014 contract for future university partnerships will be initiated in the near future.

Child Welfare Training Institute created a child welfare training consortium with over 30 participants, including the State Court Administrative Office, the Prosecuting Attorney's Association of Michigan, universities, private agency and a tribal social services director. Each of the committees for forensic interviewing, Indian Child Welfare Act and in-service training met to identify training needs and ways to address those needs. This consortium will resume regular meetings in the near future.

Goal: Collaborate with the seven graduate schools of social work in Michigan to develop course work that would cover most of the pre-service training to reduce training time.

- In 2010, meet with the universities, identify issues to be explored, and share lesson plans for review.
- Implement course work in at least one university by August 2011 and continue expanding to other university programs, including undergraduate social work programs, by 2014.

Status: The Child Welfare Training Institute is working with two graduate schools and several baccalaureate social work programs in Michigan to develop coursework that will cover most pre-service training information and have this in place by the 2012 academic year. The Child

Welfare Training Institute will initiate discussions with appropriate federal Administration for Child and Families staff to ensure that this process is compliant with federal requirements.

Goal: Identify and implement training to address unmet needs of children and families that present barriers to safety, permanency and well-being.

- In 2012, the Child Welfare Training Institute will continue to integrate family preservation concepts into child welfare training to reduce unnecessary removal and placement of children.
- In 2011 and 2012, the Child Welfare Training Institute will work with the foster care program office to implement concurrent planning policy and training to enhance worker skills.
- The Child Welfare Training Institute will continue to weave core concepts throughout its training and develop individual training modules or in-service training on key issues.

Status: The Child Welfare Training Institute is integrating family preservation into child welfare training and offers many family preservation “core” training modules as in-service training options for workers. Child Welfare Training Institute is integrating information about concurrent permanency planning into lesson plans to ensure workers are familiar with the concepts even if the program has not yet been formally introduced in all counties. The Child Welfare Training Institute liaisons meet with program staff on concurrent permanency planning and its implementation statewide.

Goal: During FY 2010, DHS revised its Public Assistance Cost Allocation Plan to include the “expanded training group” under P.L. 110-351, Fostering Connections to Success and Increasing Adoptions Act of 2008.

Status: DHS is working on modifying its cost allocation plan in FY11.

Goal: By 2011, Child Welfare Training Institute will implement new training for relative caregivers and guardians, foster and adoptive parents and private agency adoption workers.

Status: Child Welfare Training Institute is in the process of converting PRIDE Training to be delivered using compact discs. This format would allow the training to be available to a wider audience.

Goal: Child Welfare Training Institute will implement a process in the Juvenile Justice Online Technology system to certify that supervisors have reviewed revised policy with their staff.

Status: Completed. The Child Welfare Training Institute records in-service training hours for supervisor and staff review of new policy. Supervisors use an automated process with an electronic signature that certifies they have reviewed policy with their staff. DHS will use this information during the CFSR program improvement plan to validate that staff have reviewed all new policy.

OFFICE OF PROFESSIONAL DEVELOPMENT

The Office of Professional Development trains DHS staff on non-programmatic issues and provides training and consultation for the program offices. Staff produce instructional videos, web-based training, video conferences, and other tools for performance support and distance learning and delivers service through:

- **New Supervisor Institute:** Offered several times a year for recently promoted DHS supervisors. All new supervisors are expected to attend training that typically spans three months combining classroom instruction and web conferences.
- **New Director Institute:** A learning opportunity for new directors, this institute combines classroom instruction and web conferences. Subject matter experts lead topics of special interest and offer networking and in-depth discussion. Trainers conduct classroom sessions on leadership competencies most important for new directors. To reduce time and travel expense, some topics are delivered by web conference.
- **Customer Service Excellence Training:** This web-based training involves identifying customer conditions, adapting, and personalizing the delivery of service. Trainees are taught positive self-talk, effective listening and questioning skills and appropriate interaction strategies to increase customer satisfaction. All new DHS employees are required to complete this course.
- **Working Safe/Working Smart:** This web-based course focuses on 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 to increase the knowledge and skills of staff in recognizing emotionally charged situations. This includes early risk assessment, prevention of exacerbation and using appropriate referrals. The training focuses on the use of non-physical crisis intervention methods to defuse aggressive or hostile behavior.
- **Leadership Academy:** The academy develops a pool of 20-25 high potential candidates who are prepared and ready to step into leadership positions as they become vacant. Members are trained in leadership competencies rather than groomed for particular positions. All DHS employees with Civil Service classification level of P-11 or above and supervisors at any level are eligible to apply for Leadership Academy. The academy requires a two-year time commitment that can be demanding and time consuming, similar to attending graduate school.
- **Leadership Development Program:** Training is open to all staff statewide with management approval to provide or increase leadership skills and address succession planning needs by preparing staff for supervisory opportunities. The program has classroom training, online learning courses, assessment and development plans and the mentoring partnership to identify and build strengths to prepare emerging leaders for supervisory positions.

CHILDREN'S SERVICES CONTINUOUS QUALITY IMPROVEMENT PROGRAM

DHS developed the Quality Assurance Unit under the Continuous Quality Improvement Division to ensure:

- Consistent, high-quality services to children and families.
- Permanence, safety and well-being of children.
- Reduction of possible adverse occurrences.
- Continuous improvement in programs and processes to achieve targeted outcomes.

Goal: By December 2009, one quality assurance analyst will be located in five of the six urban counties, as well as other local offices in each geographic region based on child welfare population and program participation.

Status: The 12 analysts assigned geographically assure statewide coverage.

Goal: By January 2010, analysts will track and analyze outcome data for children under DHS care and supervision, and prepare quarterly tracking reports for the counties and DHS central office management. By June 2010, the Quality Assurance Unit will create reports identifying trends and patterns.

Status: DHS has developed specific data driven outcomes to be monitored by the Children's Services Administration and the Quality Assurance Unit. The Data Management Unit is developing data reports for each outcome identified. The field will test the reports for accuracy and completeness and once approved, they will become production reports available for managers and quality assurance staff.

The Quality Assurance Unit is also developing an automated case reading system. The CPS supervisory case reading tool is completed and being tested. The CFSR case reading tool is currently being programmed into the system. Quality Assurance Unit staff and the Child Welfare Contract Compliance Unit are developing a case review tool to evaluate private agencies and DHS on the same questions. The Quality Assurance Unit will assess the case reading data and make recommendations from improvement.

Goal: Quality assurance staff will make recommendations to the Children's Services Administration and field operations for improving the child welfare system. These recommendations will be integrated into DHS policy and procedures upon approval.

Status: Ongoing. The staff creates a quality improvement plan for program offices that identifies barriers in policy and programs that affect service delivery and make recommendations for change.

Goal: By March 2010, analysts will develop and track the completion of quality improvement plans for local offices not meeting benchmarks. Starting in June 2010, analysts will monitor and re-evaluate processes to ensure changes affect the areas needing improvement.

Status: Completed. It is the responsibility of the analysts to monitor and assess quality improvement to ensure the plan addresses the areas needing improvement. The analyst assists the identified county with the following:

- Identify baseline data on each recommendation and select at least three recommendations that the county will address in the quality improvement plan.
- Develop action steps, measures, and identify persons responsible to address areas identified.
- Submit the quality improvement plan within 30 days of receipt.
- The Quality Assurance Unit tracks all quality improvement plans on state and county levels.
- The Quality Assurance Unit will utilize the baseline data and, if needed, follow up case reviews to monitor success.
- Progress on all quality improvement plans will be reported by the Quality Assurance Unit through an annual summary report and future county reports if appropriate.

Goal: By June 2010, quality assurance analysts and the DHS county directors will develop local quality improvement teams.

Status: In April 2010, the Quality Assurance Unit began the development and implementation of local Continuous Quality Improvement Teams. The following projects are currently underway:

- Macomb County will focus on the quality of the face-to-face contacts entered into SWSS FAJ. The group will develop a best practice standard to measure the quality of the face-to-face contacts.
- Lapeer County will evaluate and develop a protocol for licensing relatives.
- Kent County will establish protocol and agreement on communication between private agency foster care workers and DHS monitors.
- Washtenaw County will review and modify CPS intake process.
- Oakland County will resolve barriers to documenting communication between CPS and foster care concerning investigations for youth in out-of-home placement.
- Ionia County will improve consistency of work with relatives, from initial CPS involvement through foster care.

Goal for FY 2011 and FY 2012: By April 2011, the Quality Assurance Unit will evaluate findings of the continuous quality improvement teams in pilot counties. By April 2012, teams will be implemented statewide.

Status: Continuous Quality Improvement Teams are established in Macomb, Lapeer, Kent, Washtenaw, Oakland and Ionia counties. The next phase of the Continuous Quality Improvement teams is to roll out to several additional counties. The Quality Assurance Unit will compile findings by reviewing county-level data identified as trends to assist in overall improvement strategies and make recommendations from the team's findings.

Data Profile

The Quality Assurance and Data Management Units will compile a comprehensive statewide data profile based on county-level data that defines a baseline for ongoing qualitative and quantitative measurement of program outcomes. From this profile, it will be possible to define acceptable thresholds for each indicator statewide, as well as the individual county or office level.

Goal: Develop baseline data for the measurement of DHS program outcomes that includes the CFSR goals of safety, permanence and well-being.

Status: DHS is developing reports for each outcome that will be tested by the field. Once approved, the reports will be available to administration and field staff.

Goal: By March 2010, quality assurance analysts will maintain local office excellence through the quality-monitoring loop and share best practices with other local offices.

Status: Quality assurance analysts provide quarterly feedback summaries based upon the results of the special reviews on higher-risk cases to the counties. Analysts also provide immediate feedback to local management regarding best practices noted during case reads and immediately notify local office management on any case where a child may be at imminent risk of harm.

Children's Protective Services Quality Assurance

The CPS case reading review process has been developed and the purpose is to apply standards that support quality service and strengthen program practices. There are two components:

- CPS supervisors complete internal case readings and evaluate the patterns and trends noted in in their county.
- Quality assurance analysts complete case readings.

An important component for quality improvement is to assure that feedback is provided on reviews and performance improvement is re-assessed after the initial quality improvement plans are implemented. The Quality Assurance Unit will complete county summary reports along with annual statewide reports that identify any patterns and/or trends and will make recommendations for program enhancements.

Goal: By July 2010, the quality assurance analysts will track, report and analyze data from the completed CPS supervisory case reviews. They will prepare quarterly tracking reports for the counties and DHS central office management.

Updated Goal: By July 2011, quality assurance analysts will conduct targeted CPS case readings and complete data analysis. They will prepare annual reports that identify patterns and trends and make recommendations for program improvement.

Status: Starting in July 2010, each county compiled the information from the CPS supervisor case reading forms and provided a summary report. The Quality Assurance Unit produced a CPS

Statewide Quarterly Report to identify patterns and trends. The unit completed two reports for the periods covering July-September 2010 and October-December 2010.

QUALITY ASSURANCE: MALTREATMENT IN FOSTER CARE

Goal: Develop policy and practice to reduce maltreatment in care below the national standard.

Status: A DHS team of experts will use continuous quality improvement to assess occurrences of maltreatment in foster care. They will document and analyze data obtained from cases to identify and recommend reporting needs, system enhancements and policy changes to reduce instances of maltreatment. The committee has established sub-groups on:

- Policy and training.
- Prevention policy and practice.
- Data integrity, analysis and quality assurance.

Quality Assurance Unit reads a random sample of CPS complaints investigated by the current Maltreatment in Care units and will evaluate using interviews and surveys of staff and community stakeholders, then make recommendations for policy or procedure enhancements.

Special Reviews for High Risk Cases

Goal: The consent decree requires DHS to conduct special reviews of five cohorts of high-risk cases for children who have been:

- Subject of an allegation of abuse or neglect in a foster home or residential care setting, 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.
- Subject of three or more reports alleging abuse or neglect in a foster home, the most recent of which report was filed during or after July 2007, and who remain in the home in which maltreatment is alleged to have occurred.
- In three or more placements, excluding return home, within the previous 12 months.
- In residential care for 12 months or longer.
- In unrelated caregiver placement, defined as an unlicensed home, in which the caregiver is not a relative of the child but has been approved as a placement resource because of prior ties to the child and/or the child's family.

Status: As of December 31, 2010, the Quality Assurance Unit has completed 2,779 case reviews in this breakdown:

- Cohort A: 293
- Cohort B: 149
- Cohort C: 1,491

- Cohort D: 571
- Cohort E: 275

The Quality Assurance Unit has authored and made public four state reports on the special reviews of higher risk cases. A fifth report has been completed and is in the approval process. It should be public by June 2011.

QUALITY ASSURANCE: BUREAU OF JUVENILE JUSTICE

In FY 2010, the Bureau of Juvenile Justice continued monitoring state and federal grants awarded to Michigan, managed the regional detention support assignment unit for all juvenile justice residential placements, and managed three residential juvenile justice facilities that provide treatment for delinquent male and female youth ages 12-20 referred by county courts whose offenses and assessed risks warrant more intensive services than community-based treatment can provide. Services include sex offender, substance abuse and mental health treatment and treatment for severely violent and chronic offenders. All residential facilities operate at the DHS secure level with direct 24-hour, seven day per week staff supervision. Early in 2010, two state community justice centers and the Nokomis Challenge Center were closed because of decreases in the resident population and continuing budget pressures.

The Bureau of Juvenile Justice Quality Assurance Unit was administratively combined with the Child Welfare Quality Assurance Unit. Staff continued to conduct site reviews at the three state-operated residential facilities to ensure compliance with DHS residential policy. Site reviews are conducted using policy-based checklists and include reviews of safety, security, facility administration, residential programming, medical services and youth behavior management. Techniques used include tours, observations of facility routine, reviews of documentation, inspections of facility transport vehicles, and interviews with residents and staff. Facility management staff are debriefed and findings are documented in written reports which are provided to management. Quality assurance staff conduct follow-up visits to verify that the facility effectively implemented any corrective action plan.

Quality assurance staff continues development of the monthly statistical package, a comprehensive summary of facility key events (assaults, restraints, and injuries) based on facility incident reports. The package provides a compilation of recent incident data and historical trends that help facility management maintain safety and security. Quality assurance staff also use the Juvenile Justice Online Technology to monitor timeliness of treatment plans and provide reports to bureau leadership.

Goal: Bureau of Juvenile Justice Quality Assurance staff will conduct semi-annual reviews of the three residential facilities to ensure compliance with policy. At least one review will be

unannounced. Quality assurance staff will conduct follow-up visits to verify corrective action plans are effectively implemented.

Status: In 2010, Bureau of Juvenile Justice Quality Assurance staff conducted semi-annual reviews at each of its three residential facilities, with each facility receiving an unannounced visit.

Goal: Bureau of Juvenile Justice Quality Assurance will conduct research on nationally recognized child welfare quality accreditation programs and make proposals regarding accreditation for the three facilities.

Status: Bureau staff completed the research and made a proposal to the DHS administration in March 2010.

QUALITY ASSURANCE: CASE READING AND CFSR BASELINE DATA

The CFSR staff is working with the Data Management Unit and the Department of Technology, Management and Budget to automate case reading tools to collect data for the Program Improvement Plan and assist the contract compliance and quality assurance units, field and program offices. The plan is to automate the following case reading tools:

- DHS quality assurance.
- CFSR case reading.
- Child Welfare Contract Compliance.
- Foster care supervisory.
- CPS supervisory.

The CPS supervisory tool, which was updated to reflect CFSR questions, has been automated, tested and is on target to be automated by May 2011. The other tools are being updated to include questions that map to all 23 items in the CFSR.

The CFSR tool collects data for the Program Improvement Plan baseline and quarterly reporting on CFSR Items 3, 4, 5, 7 and 17-20. This tool is a modified version of the federal CFSR Onsite Review Instrument. DHS received approval to use the modified version of the federal tool by the Program Improvement Plan Management Advisory Group on February 4, 2011. DHS also negotiated with that group on the number of cases that must be read during the two-year reporting period.

DHS will read 100 cases in the first two quarters of the Program Improvement Plan to establish Michigan's baseline data. For quarterly reporting purposes, 25 cases will be read for each of the remaining six quarters. The Data Management Unit will pull a stratified and randomized case sample from Berrien, Calhoun, Genesee, Ingham, Jackson, Kalamazoo, Kent, Macomb,

Muskegon, Oakland, Saginaw, St. Clair, Washtenaw and Wayne counties, otherwise known as the Big 14. Wayne County cases will be represented in the sample numbers at the same level as the onsite review, approximately 30-40 percent of the cases and will be read in all of the reporting quarters.

The case reviewers include individuals from DHS and private agencies, with CFSR unit staff performing second and third level quality assurance reviews. Training to use the CFSR tool was held in April 2011. In addition to reporting in quarterly Program Improvement Plan reports, the results will be shared with the counties where the cases were pulled from, the contract compliance unit, the quality assurance unit, program offices and field offices. This will help Michigan improve casework practice and policy.

New Goal: The CFSR staff will incorporate questions related to all 23 Items into a new tool that will be used by Quality Assurance and the Contract Compliance Unit.

QUALITY ASSURANCE: CHILD WELFARE CONTRACT COMPLIANCE UNIT

The Child Welfare Contract Compliance Unit staff annually review DHS contracts that provide foster care, adoption, supervised independent living and residential services. They also monitor family preservation contracts.

In FY 2011, the new Foster Home Compliance Unit will be assigned to visit a random sample of each contractor's foster homes to assess child safety and the appropriateness of services. DHS is developing policy and procedures for these visits, which will be conducted in conjunction with the annual contract reviews.

Goal: Review each private child placing agency and residential foster care contract at least once a year and conduct investigations as needed.

Status: During FY 2010, DHS completed 100 percent of all contract compliance reviews on adoption, foster care, treatment foster care, residential foster care, sex offender foster care and shelter foster care.

During FY 2011, DHS is on track to complete 100 percent of the reviews for adoption, foster care, treatment foster care, residential foster care, sex offender foster care and shelter foster care.

Goal: Families First reviews began during 2009 and occur annually.

Status: This goal is partially completed. DHS established a standardized review of contracts; however, due to a loss of monitoring staff, specific contract types received priority. During FY

2010, DHS reviewed 86 percent of all Families First contracts. These remain a priority and DHS intends to complete 100 percent of the reviews during FY 2012.

To ensure staff completes all reviews annually and the contractor completes a contract compliance improvement plan on time, the unit has continued to use a tracking system assignment sheet.

Goal: Implement policy and procedures for contract monitoring.

Status: During FY 2010, DHS updated policies and procedures and will continue in 2011 to complete random foster home visits in addition to annual contract reviews. DHS will standardize policies and procedures on safety assessment and services provided to foster children and caregivers.

In FY 2010, DHS developed and implemented a complaint notification form to formalize the process when a local DHS office, court personnel or parties want to file a complaint regarding a provider's compliance with the terms of the contract and/or applicable DHS policy. In 2011, this form was made available on the DHS public website.

There were 97 complaints during FY 2010 and 89 special investigations were completed or resolved. The eight remaining complaints are not considered complete until DHS approves each Contract Compliance Improvement Plan.

DHS amended private agency and adoption contracts to include all requirements set forth in the consent decree.

Performance Based Contracts for Foster Care and Residential Foster Care

Placement Agency Foster Care Contracts

Goal: By October 1, 2010, amend the Placement Agency Foster Care contracts to include the requirement for an agency corrective action plan if the performance based contracting measures are not met.

Status: Completed. DHS and private agencies reviewed the performance measures for the first year to establish a baseline. DHS contract and data management staff continued to extract data to analyze its integrity; however, because of challenges in verifying the accuracy and the process being cumbersome and time consuming, a decision was made to discontinue collection of data on the existing measures until contractors could directly enter case information into the existing system or an updated reporting system.

DHS uses Child and Family Services Review scores to measure outcomes for children and families. To have consistent performance measures across public and private agencies and to assist in obtaining accurate data, DHS and Department of Technology, Management, and Budget are developing an interface for private agencies to access the SWSS FAJ that will allow

private agencies to enter case information. Implementation of SWSS Web is slated for July 2011.

This unit will amend contracts to include CFSR standards as the performance measures and staff will begin to review the data as a part of the annual contract compliance review and determine the type of corrective action required.

Residential Foster Care Contracts

Goal: By July 2009, staff will develop performance-based contracting measures for residential foster care providers, and they will be included in the contracts.

Status: Completed. Child Welfare Contract Compliance Unit amended residential contracts effective September 1, 2009, to include the performance measures. As in the foster care performance management process, contract and data management staff had trouble verifying the accuracy of data submitted by residential providers and discontinued collecting residential performance data.

When completed, SACWIS and SWSS FAJ will allow residential providers to enter information into the system, increasing the timeliness and accuracy of data.

The process for reviewing performance measures will resume once data is available.

Substantiated Abuse/Neglect and Use of Corporal Punishment

To ensure child safety, DHS will consider substantiated incidents of corporal punishment in a contract agency when processing its licensure renewal application. A contract agency that fails to report suspected abuse or neglect to DHS results in an immediate investigation to determine appropriate corrective action, up to and including termination of the contract or placement of a provider on provisional licensing status. A repeated failure to report within one year shall result in contract termination.

DHS licensing and contract staff work together to investigate allegations when the agency is a contracted private child-placing agency. Licensing receives an automated list of all licensed foster parents or 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. When a match is found, they send a letter to the certifying agency advising them that the foster parent or adult member of the foster home has been named as a perpetrator. The letter advises the agency director that a foster home complaint investigation must be opened immediately and that being named as a perpetrator of child abuse or neglect requires a recommendation of license revocation.

Update: DHS staff is required to review all instances of substantiated child abuse and/or neglect against an employee or a foster family certified for licensure by the contractor. Staff reviews for patterns of abuse/neglect and requires corrective action as appropriate. A repetitive pattern could be grounds for adverse contract action.

DHS licensing notifies DHS whenever a member of a foster family licensed by a private contractor is placed on the CPS Central Registry and a supervisor contacts the private agency and determines whether DHS supervised children remain in the licensed foster home.

In FY 2011, DHS is considering a new team to review contracts that have received two violations of failure to report suspected abuse and/or neglect within a 12-month period to consider the circumstances involved in the failure to report, prior to issuing a notice to terminate the contract. Consideration will be given to:

- Circumstances regarding the two failure-to-report violations.
- Submission and approval of a Contract Compliance Improvement Plan.
- Submission and approval of a Bureau of Children and Adult Licensing Corrective Action Plan.
- Contract compliance history.
- DHS licensing compliance history.

After the review, recommendations would be made regarding contract adverse action, up to and including termination of the contract.

The Child Welfare Contract Compliance Unit participates in the DHS Maltreatment in Care Committee, which made a recommendation to track patterns and trends and to make recommendations based on the data. In 2011, staff will develop a tracking system and will review reports to analyze maltreatment in care occurrences.

QUALITY ASSURANCE: THE BUREAU OF CHILDREN AND ADULT LICENSING

Goal: Continue to conduct evaluations and investigations for all child placing agencies and child caring institutions to ensure the safety of Michigan's children.

Public Act 116 of 1973, also known as the Child Care Organizations Act, protects children placed out of their own home by establishing 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:

- Child placing agencies, (Rule 400.12101-400.12713).
- Foster family homes and foster family group homes (Rule 400.9101-400.9506).
- Child caring institutions (Rule 400.4101-400.4666).

The bureau is involved in the process of revising the rules through:

- The Michigan Administrative Hearing System formerly the State Office for Administrative Hearings and Rules, which approves rule changes following public hearings and modifications based on public and user, input.
- Rules are filed with the Secretary of State with an effective date.

Status: Public forums will be scheduled during the summer of 2011 to obtain feedback on the proposed rule changes. The initial draft of the child placing agency rules was completed in March 2011 and submitted to Michigan Administrative Hearing System for review of enforceability and legality of all language. DHS and a group of stakeholders began working on the foster home rules in August 2010, completed the initial draft in March of 2011 and submitted the draft to the Michigan Administrative Hearing System for review. Public forums will be held at the same time as forums of the child placing agency rules.

OFFICE OF THE FAMILY ADVOCATE

The Office of Family Advocate responds to complaints from citizens, the legislature and the governor's office about families and children in the child welfare system. In FY 2010, it responded to 458 case complaints that ranged from providing information to full case reviews; the latter analyzes compliance with department policies and state and federal laws. In FY 2010, the office conducted 22 such reviews as a result of constituent complaints. When necessary, the Family Advocate makes recommendations for changes in local office practice and statewide policy.

The Office of the Family Advocate is also responsible for receiving and tracking child death alerts from DHS field offices to ensure the notice is timely, accurate and complies with DHS policy. Interagency agreements require the office provide death alerts to the Office of Children's Ombudsman and Michigan Public Health Institute.

The Office of Family Advocate is the DHS unit responsible for reporting and reviewing child fatalities that occur in an open foster care cases. Within six months of each fatality, the office issues a report summarizing DHS involvement with the family and child. If concerns with case handling were identified, the report will also include findings and recommendations. Each completed report is forwarded to the appropriate local DHS office or private child placing agency and DHS Child Welfare Field Operations, Bureau of Children and Adult Licensing, Child Welfare Training Institute and DHS program office(s). The report is also submitted to Children's Rights Inc., the Public Catalyst Group and the Quality Assurance Unit.

In cases where the Office of the Family Advocate identified findings, a corrective action plan must be submitted to the Office of Family Advocate and the Quality Assurance Unit for data

collection, identification of trends and other continuous quality assurance and improvement activities. In FY 2010, they reviewed 72 corrective action plans submitted from DHS, private child placing agencies and other entities.

On behalf of the DHS director, the Office of Family Advocate director participates in statewide advisory boards, task forces, and work groups.

Goal: Respond to complaints from citizens, the legislature and the governor's office, conduct in-depth case analysis when warranted and make recommendations for changes to DHS policy and practices.

Goal: Track child deaths reported to CPS or a child placing agency.

- By 2012, revise and update DHS policy concerning child death alert procedures and timeframes.
- On a monthly basis, report to Children's Rights Inc. and Public Catalyst Group each foster child fatality that occurred that month.
- Within six months of each fatality, complete a comprehensive case analysis and submit recommendations for corrective action to the county office and private child placing agency.
- As the plans are completed, submit them to DHS Child Welfare Field Operations and the Quality Assurance Unit for continuous quality improvement activities.
- Beginning in 2011, publish an annual report of child deaths in foster care made available to the public.
- By 2012, develop an interagency agreement between DHS and the State Court Administrative Office outlining procedures for sharing confidential information about children who died in foster care.

Goal: Update statewide DHS policy on confidentiality of child welfare information by 2011 including:

- Soliciting input of stakeholders including CPS policy, legal affairs and field office staff on revisions to policy.
- Using the DHS policy development and review process to finalize amendments to policy.
- Serving as department resource and respond to inquiries pertaining to confidentiality policy and procedures.

Goal: Provide liaison and other services to the Office of Children's Ombudsman including:

- Starting quarterly meetings to discuss interagency procedures, specific problematic cases and other matters of mutual concern.
- Exploring options for enhanced access to electronic case file information to facilitate case reviews.

Status: Completed. Effective March 1, 2011, the Office of Children's Ombudsman was identified as a stakeholder in development of the new SACWIS system; the office began participating March 9, 2011.

Goal: By 2012, update the DHS interagency memorandum of understanding with the DHS statewide policy for responding and the Office of Children's Ombudsman requests and reports.

Status: Achieved. The memorandum of agreement was updated and signed by the DHS director and Children's Ombudsman on February 8, 2011

OFFICE OF THE CHILDREN'S OMBUDSMAN

The Office of Children's Ombudsman is an independent state office administered through Michigan Department of Technology, Management and Budget that investigates complaints concerning children involved in the child welfare system, reviews case files and conducts interviews with case management staff and collateral sources. The DHS Office of Family Advocate is the department liaison.

If the ombudsman's office identifies safety concerns or other issues needing immediate attention, it issues a request for action or administrative response to the family advocate. If the ombudsman identifies violations of law, DHS policy or procedure, it may issue a report of findings and recommendations to DHS. It may close a case administratively when a concern was noted but satisfactorily resolved by DHS. Typically, reports focus on issues that affect child safety, permanency and well-being.

In FY 2010, the Office of Children's Ombudsman:

- Sent 123 completed investigations to DHS.
- Requested responses to seven requests for action or administrative response.
- Requested responses to 30 reports of findings and recommendations.
- Affirmed DHS or private child placing agencies in 51 cases.
- Resolved 40 investigations with administrative closings.

DHS also works with the ombudsman to improve child welfare policy and practice. The office issues an annual report that includes recommendations for legislative and policy changes in the areas of CPS, foster care, adoption and child welfare issues. DHS responds to the recommendations and the report is published. The published report is provided to the governor, DHS director, the Michigan legislature and is made available to the public. The OCO statistics for fiscal year 2010 regarding closed investigations are:

- 42 percent affirmed DHS actions.
- 25 percent had findings of law or policy violations and requested DHS written response and corrective action.
- 33 percent were resolved by DHS or the private child placing agency or the ombudsman determined that no further action or response was needed.

The Office of the Children's Ombudsman reports can be found at:

<http://www.michigan.gov/oco/0,1607,7-133-3195---,00.html>.

MICHIGAN FOSTER CARE REVIEW BOARD

The Foster Care Review Board is a third-party review that monitors and reports on efforts to move children in foster care to safe and timely permanency. The State Court Administrative Office administers the program, which is composed of trained citizen volunteers who serve on one of 30 local boards in the state.

The board reviews a random sample of cases and will also conduct a specialized review where there is a significant concern. Selected cases are reviewed every six months until permanency is achieved. The board provides written findings and recommendations to the local court, DHS and child placing agency for review and consideration.

The board investigates appeals by foster or relative caregivers when a child is moved from a placement and the caregiver does not believe the move is in the child's best interests. They forward findings and recommendations to the agency, local court and Michigan Children's Institute Superintendent regarding the appropriateness of the change in placement.

A statewide advisory committee includes child welfare leaders and advocates who help assure that the program fulfills its statutory mandate and provides maximum benefit. State statute also requires an annual report be published and delivered to the Michigan legislature and governor. The report specifies system issues that delay permanency or compromise child and family well-being and makes recommendations. The annual reports are located at: <http://courts.michigan.gov/scao/services/fcrb/fcrb.htm>.

The 2009 annual report published in May 2010 contained the following recommendations related to DHS. DHS actions made in response to the recommendations are noted afterward.

We recommend that the State Court Administrative Offices Court Improvement Program collaborate with the DHS to form a task force of foster care caseworkers, judges, parent and child attorneys, foster parents and parent advocates. The goal of the task force is to establish a functional and useful written case plan format

and/or a uniform court report format that includes a clear, comprehensive and easily read document containing the information required to establish and monitor a plan to facilitate the safety, well-being and timely permanency of each child in care.

Former Supreme Court Justice Maura Corrigan, now DHS director, convened a work group to address this recommendation. It developed drafts of both standardized court reports and recommendations for improving the case service plan that are being reviewed by DHS for implementation.

We recommend that the DHS increase or otherwise improve new caseworker training on assessment and case plan development, and require regular continuing education to upgrade the assessment and case planning skills of all DHS and private agency caseworkers and supervisors.

Improvements in the training curriculum are being carried out.

We recommend that the DHS and the Michigan Legislature work with state colleges and universities to establish social work classes that are specific to assessment and case planning in the child welfare system.

DHS's and the legislature's response to the status of this recommendation is forthcoming.

We recommend that DHS amend its policy to ensure that incarcerated parents are included in the case planning process.

DHS policy has been amended as recommended and is being monitored for compliance.

DHS Quality Assurance Unit is developing policy and procedure to use these recommendations in quality assurance reviews. Also, the board will provide feedback to DHS regarding progress in meeting CFSR Program Improvement Plan objectives.

DHS DATA MANAGEMENT

The Data Management Unit is the centralized staff that coordinates all county, state and federal information requests. It works with Department of Technology, Management and Budget to provide accurate, timely and validated data to fulfill customer-reporting needs.

Data Reporting

Staff assures timely distribution of reports using:

- A database to track information requests.
- Data extraction into user-friendly reports.
- An internal web page for data sharing with DHS staff.
- Detailed requirements that provide standardized data reports and sets.

DHS shares data electronically with the courts through agreement with the State Court Administrative Office.

Goal: The Data Management Unit will create and test child welfare data reports and compliance reports, which will allow county-level oversight of progress in an effort to achieve state and federally mandated outcomes.

Status: Over the last year, staff has implemented:

- Child welfare data reports specific to each program area that evaluate each county against CFSR measures, caseworker visitation requirements and state-mandated policy measures.
- Compliance reports on a variety of key indicators with capability to report on the district, section, unit and worker level. These reports help county management review for compliance with defined benchmarks and include case specific detail. The reports show trends in decision-making that may lead to non-compliance, safety issues or impeded permanency.

In the previous Annual Progress and Service Report, it was anticipated that the caseworker visit data report would be released in June 2010. Due to reduced staffing and development issues, the caseworker visit reports have been distributed for testing. The caseworker visitation reports will assist in tracking the timely entry of the visitation data into the Services Worker Support System (SWSS).

In July 2011, staff will release reports on monthly CPS caseworker contacts and visits for families with a current and/or on-going CPS cases. The report will track face-to-face hours, complaint-to-commencement hours and complaint-to-disposition days to help ensure compliance with policy.

Goal: The Data Management Unit will create and test a series of alert reports. The intent of these reports is for caseworkers to be alerted of upcoming deadlines for child safety, permanency and well-being, such as medical and dental appointments.

Status: In June 2011, staff will release reports on medical and dental appointments through the department's internal web page. The documents will help county managers define benchmarks and view trends that may lead to non-compliance.

Staff developed an Adoption Alert Report for children who are legally free and have a goal of adoption. The goal for FY 2011 is to provide courts and private agencies access to the report. A data sharing agreement with the courts is pending finalization. Additionally, there is a child

placing agency interface in development that will provide DHS with the ability to identify individual workers.

Goal: Develop a Permanency Tracking System to allow workers, supervisors, managers and county directors to review data reports that provide a status of children in the child welfare system at any point along the continuum of care from initial contact with DHS through permanency.

Status: In September 2010, DHS and the National Resource Center for Child Welfare Data and Technology held a workshop with program staff. It addressed specific data driven reports that DHS executives, county directors and county administrators can use in the decision-making process.

In April 2011, staff began releasing data driven decision-making reports encompassing key indicators to provide a status of children in the child welfare system. The reports provide a statewide summary with county, district, unit and worker level capability. The intent is to view trends in decision-making that may lead to non-compliance, safety issues or impede permanency.

Over the next year, the Data Management Unit will release similar reports for:

- CPS case listings and case counts, Initial Service Plan-Updated Service Plan and data quality and timeliness reports.
- Foster care case listings and counts, stability of placement and goal to adoption, length of time and quality and timeliness reports.
- Adoption case listings and counts, referrals, time to permanency and data quality and timeliness reports.
- Juvenile justice case listings, case counts, Initial Service Plan-Updated Service Plan, stability of placement and face-to-face contacts.

Goal: Develop a web page accessible on the department's intranet.

New Goal: Develop a secure web page for county administrators to obtain case-level detail information.

Status: Staff continues to maintain and update a secure web page. The county directors' internal team site provides executives and county administrators access to monthly reports and case sensitive data.

Goal: Develop a communication and training strategy for report distribution and use, along with SWSS system changes to effect change in service delivery.

Status: Staff continues to work with field operations to develop a communication strategy with local staff. The reports will provide additional information for field operations.

SACWIS COMPLIANCE

Goal: Michigan will have an advanced planning document approved by the Administration for Children Families by July 2011.

Goal: Michigan will implement a SACWIS pilot by October 2012.

Status: DHS and the state Department of Technology, Management and Budget staff drafted a request for proposal to seek a vendor for the development of a SACWIS-certified system. In March 2011, DHS and Department of Technology, Management and Budget selected Unisys as the contracted design, development and implementation vendor. Unisys began work modifying Tennessee's application (called TFACTS) to meet Michigan's needs. DHS submitted a revised planning document to ACF in May 2011.

DHS staff is conducting rapid requirements design sessions with field and policy staff, stakeholders including private agency and court staff, and DTMB staff to define the high-level business flows for the new system. Conceptual design sessions began in May 2011.

Goal: Michigan will implement the new provider payment system by January 2010.

Status: The new system was implemented in September 2010; it includes state and IV-E funded foster care and adoption subsidy payments.

Goal: Develop a private agency interface into the SWSS FAJ application to ensure accurate data collection and monitoring.

DHS and Department of Technology, Management and Budget are designing a web-based interface for contracted private agency staff to access the SWSS FAJ application. Contract agency staff will update foster care, supervised-adoption, dual abuse/neglect and delinquency court ward cases assigned to their agency. DHS and Department of Technology, Management and Budget plan to implement the new SWSS Web application by the July 2011 to:

- Reduce staff time entering data on paper forms.
- Increase staff efficiency.
- Ensure accurate data in SWSS FAJ, particularly with social work contacts.

DTMB will change SWSS FAJ so DHS staff can benefit from the new functionality. DHS will assign a case to the private agency; DHS and private agency will be able to view a history of the responsible agency along with the DHS and private agency staff assigned to the case. Private agency staff will also be able to view case summary information from SWSS FAJ, ensuring accurate and up-to-date case information.

DHS and private agency staff will also have the ability to upload or download documents to a central repository. The document management module will ensure that DHS and private agency

staff are sending case information in a timely manner. The functionality will meet security and confidentiality provisions. DHS will provide training to DHS and private agency staff and the SACWIS Helpdesk staff will provide application support.

Changes to SWSS

- SACWIS staff also execute changes to the existing SWSS system. Over the last year, the majority of the work was devoted to requirement deliverables, strategic planning for the new SACWIS system, and the new provider payment system.
- The SWSS/SACWIS project has a dedicated Helpdesk with five employees. SWSS/SACWIS staff support the SWSS helpdesk and field staff, averaging 500 field calls per month.

Other changes include:

- **Centralized CPS intake:** Technical programming is occurring now; the pilot functionality will begin in Kent and Kalamazoo counties in July 2011 and will be operational statewide in April 2012.
- **Special investigations of abuse and/or neglect while in foster care:** In January 2010, DHS implemented screen changes to SWSS CPS to track special investigations of abuse/neglect for children in foster care. This new functionality will be piloted in July 2011 and statewide implementation is scheduled for October 2011.
- **Michigan goal removal and concurrent permanency planning goals in SWSS:** DHS anticipates these changes will be implemented in the summer of 2011 to track a child's goal(s) in foster care.
- **Guardianship assistance program and extension of foster care to age 21:** DHS policy, SACWIS, field and Department of Technology Management and Budget staff are meeting on these changes to SWSS. Because of the implementation of the new SACWIS system in 2012, minimal changes will be made in SWSS to implement this functionality.

EVALUATION, RESEARCH AND TECHNICAL ASSISTANCE

Michigan received technical assistance for several CFSR and CFSP goals and objectives during FY 2010. Following is a brief description of each of these projects. Additional information can be found in the applicable sections of this report.

Outcomes: Continuous quality improvement process.

Activities: Analysis and improvement of Michigan's quality assurance system and support for its implementation.

National Resource Center (NRC) Lead: Ann Turnlund-Carver, JBS International.

The first steps in the project were review and analysis of Michigan's current quality assurance system with recommendations for improvement. The proposed process moves progressively toward the goal of continuous quality improvement (CQI) with feedback loops, checks and

balances, and the ability to adjust and improve outcomes for children and families. The process is being implemented in urban areas with the expectation of going statewide. This technical assistance consisted of off-site consultation. DHS Quality Assurance Manager Mary Lou Mahoney had a call with the National Resource Center for Organizational Improvement to discuss CQI questions and receive some examples from other states. The resource center followed up with an email that provided numerous links and attached materials from other states' CQI systems.

Status: Complete.

Outcome: Safety, permanency and well-being through improved foster care recruitment and retention.

Activities: Assistance with recruitment and retention of foster families.

NRC Lead: Shari Black, National Resource Center for the Recruitment and Retention of Foster and Adoptive Parents.

Update: Michigan drafted a two-year plan to recruit foster families for sibling groups, teens, children with disabilities and children waiting for adoption. The state will continue to seek support in the implementation of the plan to address statewide recruitment and retention.

Status: Complete.

Outcomes: Permanency and well-being through the Youth Services/Independent Living Finance Project.

Activities: Support for developing a plan to improve independent living services and delivery of those services to youth in care.

National Resource Center (NRC) Lead: Jim Casey Youth Opportunities Initiative and Casey Family Services. The Finance Project assisted the department in developing a youth services program delivery model for independent living services.

Status: Complete.

Outcomes: Permanency through adoption initiatives.

Activities: Support in developing a plan to increase the number of adoptions of children who are legally free for adoption.

National Resource Center (NRC) Lead: John Levesque, National Resource Center for Adoption. Technical assistance coordination was provided by Ann Simmons. Two days of technical assistance were provided on July 22 and 23, 2010. Topics included the role of the Permanency Resource Manager, termination of parental rights and Michigan Adoption Resource Exchange, family assessment and preparation, recruitment approaches, planning for post-adoption services, petition filing and the legal process. The focus was on helping permanency resource managers coach case carrying staff and monitor progress toward permanency.

Status: Completed July 22, 2010.

Outcome: Safety, permanency and well-being through creation of a statewide recruitment and retention plan.

Activities: Planning for improved recruitment and retention of adoptive homes for children in foster care/adoption and training of trainers.

NRC Lead: Shari Black, National Resource Center for Recruitment and Retention of Foster and Adoptive Families at AdoptUsKids; technical assistance coordinator was Ann Carver.

Maureen Heffernan and Tracy Scatterday met with state administrators and Michigan Adoption and Resource Exchange program staff and provided a Train the Trainer of AdoptUsKids/Lasting Impressions. The goal was to assist the state and private contractor to strengthen youth narratives to enhance recruitment efforts for photo-listed youth.

Status: Completed September 13, 2010.

Outcomes: Permanency through increased options for children in care.

Activities: Support in developing a plan to increase permanency; will coordinate with other initiatives to increase permanency and transfer children to a permanent family.

National Resource Center (NRC) Lead: Catholic Community Services of Western Washington, as consultants with Stephanie Boyd-Serafin of the National Resource Center on Permanency and Family Connections.

Technical assistance was provided on March 15 and 16, 2010 in Lansing. Thirty-four staff participated, including permanency resource managers, supervisors, social workers and adoption staff.

Status: Complete March 15, 2010.

Outcome: Safety, permanency and well-being through data-driven decision-making.

Activities: The state requested help to use data reports effectively to improve outcomes for Michigan's children.

NRC lead: Linda Arnold, National Resource Center for Child Welfare Data and Technology.

Technical assistance was coordinated by Ann Turnlund-Carver. The key to achieving the outcomes required in the consent decree is the ability to use data on a day-to-day basis in the field to make decisions. Understanding data and making data-driven decisions will improve the safety, permanency and well-being of children. Two days of on-site consultation took place September 16 and 17, 2010 with John McInturf and Larry Brown, who met with several central office and county staff to discuss how to use data to make programmatic decisions and to assist supervisors in managing staff.

Status: Complete.

Outcome: Strategic planning.

Activities: The state requested assistance to create policy and practice for extending foster care to age 20 and develop coordinated independent living services. This addresses areas the CFSR identified as needing improvement, as well as requirements of the consent decree, and will result in systemic changes and development of a statewide educational campaign. A plan will emerge to align policy, practice and training for the extension of independent living services. The National Resource Center facilitated a stakeholder meeting on June 10, 2010 to plan implementation.

NRC lead: Dorothy Ansell, National Resource Center for Youth Development. Technical assistance was coordinated by JoAnn Simmons.

Status: Complete.

MICHIGAN CHILD WELFARE DISASTER PLAN

Michigan participates in all disaster planning, response and recovery activities required by the Child and Family Services Improvement Act of 2006 and Section 422 (b)(16) of the Social Security Act. The Michigan Child Welfare Disaster Plan addresses these federal requirements:

- To identify, locate and continue services for children under state care or supervision who are displaced or adversely affected by a disaster.
- To respond, as appropriate, to new child welfare cases in areas adversely affected by a disaster, and provide services in those cases.
- To remain in communication with caseworkers and other essential child welfare personnel who are displaced because of a disaster.
- To preserve essential program records.
- To coordinate services and share information with other states.

The Department of Human Services holds the primary state responsibility to perform human service functions in the event of a disaster. The DHS emergency management coordinator is responsible for conducting emergency planning and management, and interfaces with DHS local directors and central office staff to ensure adequate planning.

For this plan, the terms “emergency” and “disaster” are used to describe situations in which the prescribed response is mobilized.

Roles and Responsibilities in the DHS Child Welfare Disaster Plan

- **Michigan Governor:** Responsible to apply for federal disaster assistance as necessary, mobilize state emergency management procedures and access to federal funds for rescue, cleanup and recovery efforts.
- **DHS:** Provides direction, coordination and assistance to plan and prepare for human services to disaster victims. DHS also manages local office emergency procedures and local decision-making authority regarding emergency management.
- **DHS Emergency Management Coordinator:** Coordinates inter-agency state emergency management efforts and mobilizes responsible parties and resources to maintain DHS operations. Serves as liaison to county offices for emergency management activities.
- **DHS Field Operations Administration:** Assists local DHS offices to fulfill their responsibilities in emergencies and disasters and keep them apprised of changes in laws, policies, procedures and resources. Ensures DHS county offices participate in state

and local emergency management activities and assures consistent implementation in all counties.

- **DHS Centralized Intake Director:** In collaboration with the emergency management coordinator and the DHS Field Operations director, monitors operational needs of CPS centralized intake during emergencies and activates backup plans if necessary.
- **DHS local office director or designate:** Responsible to implement human service programs during a disaster, in coordination with local governments, agencies and organizations providing assistance. The director assists local jurisdictions on request. If the county/local Emergency Operations Center is activated, the DHS county director may report there per local procedure to identify and coordinate with agencies and organizations that can best accomplish these tasks. DHS local office directors must be knowledgeable of the resources and capabilities of the local agencies and organizations involved, and familiar with local procedures for mobilizing assistance.
- **Child Placing Agency/Institution Chief Executive Officer or designate:** In areas affected by a disaster, maintains contact with the DHS contract compliance manager or local office director as necessary. The CEO will ensure staff follow DHS disaster procedures to maintain contact with foster parents who have evacuated, informing birth parents of the safety of their children and maintaining services to clients.
- **Child Welfare Contract Compliance Manager:** Maintains communication with private agencies that provide services to DHS clients. The manager ensures contract agencies follow DHS policy and licensing regulations in emergency planning.
- **DHS or child placing agency licensing worker:** Maintains an updated list of local resources to assist during a disaster, including those for shelter, food, clothing, diapers and other emergency assistance. The licensing worker disseminates the list as directed by agency policy and as necessary during a disaster.
- **Child Welfare Field Specialist (DHS and private agency foster care):** Maintains contact information for all children on their caseload on SWSS (for DHS only) as well as a non-automated list, in case computer systems are inoperable. In areas affected by a disaster, the field specialist will contact foster parents to ascertain the whereabouts and well-being of the children in their care. The field specialist is responsible to contact birth parents and inform them of the safety of their children and maintain service provision to children and families on their caseload, as well as to provide services to newly referred clients.
- **Foster, adoptive and kinship caregivers:** Responsible to develop an emergency plan, in accordance with licensing requirements (see II.A., and V.A., below). Foster parents are also responsible to communicate the whereabouts, status and service needs of the children in their care to their caseworker during emergencies when voluntary or involuntary evacuation or shelter has occurred.

DHS Emergency Planning Licensing Requirements

Foster Family Homes and Foster Family Group Homes for Children**R 400.9410 Emergencies.**

Rule 410:

1. A foster parent shall follow agency approved written procedures for each of the following emergencies: fire, tornado and serious accident or injury.
2. A foster parent who provides care for a person who requires assistance to evacuate the home shall follow agency approved written procedures for prompt evacuation.
3. A foster parent shall familiarize each member of the household, including the foster child, according to the child's ability to understand, and persons who provide substitute care with the emergency and evacuation procedures.

PROPOSED NEW RULE: Foster families shall practice drills with all family members every four months.

Child Placing Agencies**R 400.12412 Emergency policy.**

Rule 412.

1. An agency's emergency policy shall, at a minimum, contain provisions for ensuring that a foster parent has agency-approved written procedures for each of the following emergencies: fire, tornado, serious accident or injury
2. An agency shall approve the written evacuation plan for a foster home that provides care for a person who requires assistance to evacuate the home.

Child Caring Institutions**R 400.4170 Emergency and disaster procedures.**

Rule 170. An institution shall establish and follow written procedures for potential emergencies and disasters, including fire, severe weather, medical emergencies, and missing persons.

R 400.4506 Fire drills and telephone.

Rule 506.

1. There shall be quarterly emergency fire drills for each staff shift. Two of the drills shall include evacuations, unless approved by the department in writing, as clinically contraindicated. Where a facility has a 24-hour staff shift, the emergency drills shall be conducted at different times of the day and night. Written records shall be maintained for each drill indicating the date and time of the drill and, where evacuation was a part of the drill, the approximate evacuation time.
2. A telephone or other suitable means of communicating an alarm of fire to the fire department shall be provided. Pay stations are not a suitable means of communicating alarms. The telephone number of the fire department shall be posted conspicuously by all phones designated for outside service.

Emergency Response Planning for State-Level Child Welfare Functions

- **Coordinate with state Emergency Coordination Center.** The state-level Emergency Coordination Center is activated by the DHS emergency management coordinator during a state-declared emergency or at the request of local DHS offices. The coordination center is a central location for coordination of services and resources to victims of a disaster. The center also includes a toll-free telephone line with voice mail that can be checked from any location or answered live.
- **Local shelter and provision of emergency supplies.** DHS requires all county DHS offices to have a plan for disasters that provides temporary lodging and distributes emergency supplies and food, as well as an emergency communication plan. This local plan should use the state plan for widespread emergencies and address local emergencies.
- **Dual site county emergency plans.** In large counties with more than one site or in dual or triple counties, each office is required to have an emergency or disaster plan designed to address unique local needs. Local and district DHS offices submit their emergency office procedures to the Field Operations Administration for approval and to the DHS emergency management coordinator. Local DHS offices review and update their disaster plans annually and re-submit updated plans.
- **Foster parent emergency plans.** In addition, according to the licensing rules for foster family home and foster family group homes for children, foster parents must develop and maintain an emergency plan to use in case of emergency. This plan must include a plan for relocation, if necessary, communication with caseworkers and birth parents, a plan to continue the administration of any necessary medications to foster children, and a central repository for essential child records. The plan must also include a provision for practicing drills with all family members every four months.
- **Institutions.** Similarly, according to licensing rules for child caring institutions, an institution shall establish and follow written procedures for potential emergencies and disasters including fire, severe weather, medical emergencies and missing persons.

Local Office Emergency Procedures

Required elements. Local DHS offices are each required to create their own emergency plans that address local needs and resources. The required elements of local emergency plans are:

- A resource list that includes a listing of local facilities suitable for temporary lodging and local resources for emergency supplies, clothing and food. The licensing worker updates and distributes this list annually and as needed during an emergency.
- An emergency communication plan that includes the person to contact in case of emergency. When there is an emergency or natural disaster, a communications center in a different region from the disaster area shall be established as a backup for the regional/local office. The selected site should be far enough away geographically that it is unlikely to be affected directly by the same event.

- A hard copy listing of all foster placements for children under the supervision of the local office that includes telephone numbers, addresses and alternate contact persons.
- Local emergency plans are submitted to the Field Operations Administration and the DHS emergency management coordinator, and are reviewed and revised as necessary to ensure that all required elements are included.

Staff Communication Protocol. During an emergency, the local office will mobilize a protocol to communicate with staff to ascertain their safety and ability to come to the work site (or an alternative site) and perform emergency and routine duties. The local office DHS director or designate will initiate this protocol. The DHS director or designate will maintain contact with the DHS emergency management coordinator to synchronize services and provide updates.

Caregiver Communication Protocol. During an emergency that involves evacuation, either voluntary or mandatory, foster parents shall inform DHS of their foster children's whereabouts and status, using telephone service, cell phone, email or another means of communication when normal methods of communication are compromised. **Note:** The centralized intake process for CPS is expected to be implemented in April 2012. The centralized intake process will provide a toll-free number that may be mobilized for caregiver communication. Prior to implementation of centralized intake, foster parents shall use telephone service, cell phone or email as a method of informing DHS of this information.

Local Disaster coordination. Each local office will designate an individual(s) to coordinate information from the area affected by a disaster and communicate it to the Field Operations Administration. The protocol will include instructions that all staff in the affected area should call in to a locally designated communication center. The foster parent guidelines for responding to emergencies, as referenced, shall include the centralized intake toll-free number.

The local emergency/disaster plan shall include:

- Who staff and clients may contact for information locally during an emergency during normal work hours as well as after hours.
- The expectation that all staff not directly affected by an emergency shall report for work unless excused.
- Whom clients may contact during an emergency when all normal communication channels are down.
- The person designated to contact the birth parent/relative to inform them of the child's status and condition and whereabouts if appropriate.
- The minimum frequency that foster parents/staff shall communicate with the designated communication site during emergencies or natural disasters.
- The necessary information to be communicated in emergencies.
- How and where in the case record the information is to be documented.
- The method of monitoring the situation and the local person responsible.
- Procedures to follow in case of voluntary or involuntary closure of facilities.

- Any additional requirement as specified by the local or regional office.

Foster Parents' Responsibilities Developing an Emergency Plan

Family emergency plan. Foster parents shall develop and display a family emergency plan that will be approved by their local office and become part of their licensing home study. Foster parents must update and review their plans annually. Their plan should include:

- An evacuation plan for various disasters, including fire, tornado or serious accident.
- A meeting place in a safe area for all family members if a disaster occurs.
- Contact numbers which shall include:
 - Local law enforcement.
 - Regional communication plan with contact personnel.
 - Emergency contacts and telephone numbers of at least one individual who is likely to be in contact with the foster parent in an emergency. It is preferable to list one local contact and one out-of-county contact.
 - DHS centralized intake toll-free number or another emergency number to be used when no other local/regional communication channels are available.

A disaster supply kit that includes special needs items for each household member (as necessary and appropriate), first aid supplies including prescription medications, a change of clothing for each person, a sleeping bag or bedroll for each foster child, battery powered radio or television, batteries, food, bottled water and tools.

Each local office designates a contact person as the disaster relief coordinator. In the event of a mandatory evacuation order, foster parents must comply with the order insofar as they must ensure they evacuate foster children in their care according to the plan and procedures set forth by the State Emergency Management Agency.

- **Communication with DHS caseworkers during emergencies.** Foster parents and DHS caseworkers have a mutual responsibility to contact each other during an emergency that requires evacuation or displacement to ascertain the whereabouts, safety and service needs of the child and family.
- **School response.** As part of the disaster plan, each foster parent will identify what will happen to the child if he/she is in school when an emergency occurs, such as an arrangement for moving the child from the school to a safe, supervised location.
- **Review plan with each foster child.** Each foster home will review this plan with each of their foster children regularly and the worker will update this information in the provider's file.

Federal Disaster Response Procedures

Following is a listing of the required procedures for disaster planning and Michigan's procedures that address those requirements:

1. To identify, locate and continue availability of services for children under state care or supervision

During an emergency that involves evacuation, either voluntary or mandatory, foster parents shall inform DHS of their foster children's whereabouts, status and service needs, utilizing telephone service, cell phone, email or another means of communication when normal methods of communication are compromised. **Note:** The centralized intake process for CPS is expected to be implemented in April 2012. This process will provide a toll-free number that may be mobilized for this purpose. Prior to implementation of centralized intake, foster parents shall use telephone service, cell phone, email or another method to inform DHS of this information.

Following declaration of a public emergency that involves involuntary evacuation or shelter, the assigned caseworker or another designated worker will contact the birth parent, relative or legal guardian to ascertain the whereabouts, condition and service needs of the child and family.

The local office must provide information regarding where to seek shelter, food, and other resources and shall coordinate services with the DHS Emergency Management Coordinator. The voluntary or involuntary closure of facilities in emergencies is addressed in the licensing rules for child placing agencies (R 400.12412 Emergency Policy).

2. Respond as appropriate to new child welfare cases in areas adversely affected by a disaster and provide services in those cases

If current staff is displaced or unable to provide services, alternate counties designated in local DHS disaster plans shall be prepared to help provide services to new child welfare cases and to children under state care or supervision displaced or adversely affected by a disaster. Following implementation of CPS centralized intake in April 2012, the toll-free centralized intake number will be the primary means of accessing services for new child welfare cases.

3. Remain in communication with caseworkers and other essential child welfare personnel who are displaced because of a disaster

In an emergency, children's services workers and foster parents must first attempt to call their local office to report their status and receive information or instructions. If the local office phone lines are unavailable, children's services workers and foster parents will contact the alternate local office. In dual or triple counties, they will call the designated alternate county.

Children's services workers may also use cell phones to remain in contact. Michigan State Police radios are located in offices without cell phone towers in order to maintain cell phone service.

If the local Emergency Coordination Center is activated by the DHS Emergency Management Coordinator, a toll-free number may be available as a backup communication method for current and new child welfare cases.

4. Preservation of essential program records

DHS maintains essential records in the Services Worker Support System (SWSS) database and can access records statewide. DHS foster parents enrolled in electronic funds transfer will not have a disruption in foster care payments, since payments are made to their account electronically.

To safeguard the database itself, the servers are located in Michigan's secure data center. Schedules are configured to perform a full system backup for both onsite and offsite storage. The databases are also configured for live replication in case of a disaster that involves loss of the primary server. The Department of Technology, Management and Budget keeps one quarterly update per year and maintains an annual backup indefinitely. That code base is backed up as well so in case of a catastrophic event that affects the computer system, the application can be rebuilt with minimal loss of time.

5. Coordinate services and share information with other states

In an emergency, the DHS emergency management coordinator is responsible, under the direction of the Michigan governor and in coordination with the DHS director, to mobilize and coordinate the statewide emergency response including sharing information with other states.

The DHS Office of Communications will coordinate communication on the DHS emergency response to the news media, DHS executive staff and human resources, persons served and the public.

State and Local Resources for disaster planning. Michigan makes several resources available to local offices to assist them in local planning efforts. These resources include:

- **The DHS Emergency Planning Coordinator** assists local DHS offices to develop, document and rehearse local disaster plans.
- **DHS has a disaster-planning web site** www.michigan.gov/michiganprepares. Topics include:
 - Family and Community Disaster Planning.
 - Biological Emergency.

- Chemical Emergency.
 - Radiological Emergency.
 - Natural Disaster and Severe Weather.
 - Preparedness Partners.
- **A booklet titled “Family Preparedness Guide”** is available on the Michigan Homeland Security web site:
<http://www.michigan.gov/homeland/0,1607,7-173-23583-25233--,00.html>. This guide was created to help families develop an emergency plan, provide information on how to assemble an emergency supply kit, and provides specific contact telephone numbers and websites for emergency assistance.

Other useful resources for child welfare disaster planning:

- Annie E. Casey Foundation Disaster Preparedness Resource Guide for Child Welfare Agencies – A comprehensive guide to resources for disaster planning for child welfare agencies (69 pages):
<http://www.aecf.org/KnowledgeCenter/Publications.aspx?pubguid=%7B56AD3324-B60C-418F-8F8C-96A43650413C%7D>
- American Public Human Services Association: Crisis Communications Plan; Disaster Communications Plan. Provides formal and informal interactions regarding crisis and emergency situations in public human service agencies: <http://www.ppcwg.org/resources-communications-crisis.html>.

MONTHLY CASEWORKER VISIT DATA

Michigan continues to improve the rate of children in foster care visited by their caseworkers every month. The targets for the percentage of children in foster care visited each month by fiscal year are:

- FY 2008: 20 percent (Michigan achieved 27 percent).
- FY 2009: 40 percent (Michigan achieved 43 percent).
- FY 2010: 70 percent (Michigan achieved 71 percent).
- FY 2011: 90 percent.

Efforts in the last year to improve the rate of monthly visitation include:

- Reducing foster care workers’ caseloads.
- Clarifying policy.
- Providing statewide training to DHS and private agency staff.
- Modifying the Services Worker Support System (SWSS FAJ) data collection to ensure every visit made to children in foster care is counted.

CPS policy was revised in October 2009 to require at least one monthly visit by the CPS worker with the family; visits by service contractors, including Families First of Michigan and Family Reunification Program workers, cannot replace all of the monthly visits. A field instruction incorporated into DHS policy set periods for private agency workers to submit caseworker contacts to DHS, and for DHS workers to enter data into SWSS.

DHS revised adoption policy on June 1, 2010 to require the adoption worker to have a face-to-face visit with the child a minimum of once each calendar month during the period of adoptive placement supervision until the court signs the adoption order.

Foster care, adoption and juvenile justice policy was updated in summer 2010 to ensure uniform requirements regarding caseworker visits. A caseworker must make a face-to-face visit with the child a minimum of once each calendar month and the visit must take place in the child's placement at least every other month.

DHS revised management reports to help supervisors track performance. The reports include:

- The number of monthly visits to the children.
- The number of visits that occurred in the child's residence.
- The timeliness of entering visitation data in SWSS.

Goal: Michigan will report the monthly caseworker visit data each fiscal year by December 15.

Caseworker Visit Funding

Michigan used title IV-B caseworker visit enhancement funds to train 2,200 DHS and private agency foster care, children's protective services, adoption workers and supervisors on the importance of caseworker visitation in improving case outcomes in the areas of safety, permanency and well-being. The training:

- Reviewed DHS policy on caseworker/child visitation for both in-home (CPS ongoing) and out-of-home (foster care, adoption and juvenile justice) cases.
- Linked federal and state requirements on risk and safety assessments to address child and family well-being.
- Focused on strengthening caseworker assessment and communication skills.
- Strengthened caseworkers' abilities to ascertain family needs and strengths to plan services effectively.
- Emphasized correct case record documentation of visits in SWSS to ensure accurate data collection and reporting.

DHS Federal Compliance Division staff interviewed several former foster youth on their experience with their caseworkers. The youth described what their caseworkers did that helped them to understand and grow through their experiences in foster care and gave

recommendations to caseworkers regarding visits and interactions with children. From these interviews, staff produced a short video used in the training to focus discussion on the needs of children and youth in foster care.

Participants attending training by position and affiliation are:

DHS	*Anticipated Number	Number Attended	Percentage of Attendance
Supervisor	296	295	99%
Foster care	766	698	91%
CPS	895	760	85.0%
Adoption	35	56	160%
Total	1,992	1,809	91%

* Anticipated number was based on local office self-report of staffing allocations.

Private Agency	Anticipated Number	Number Attended	Percentage of Attendance
Adoption	168	98	58%
Adoption supervisor	49	21	43%
Foster care	457	216	47%
Foster care supervisor	110	58	53%
Total	784	393	50%

Since DHS staff (rather than private agency caseworkers) are responsible for entering data on visits into case records in SWSS, their receipt of this training should have an impact on visit frequency data.

Family Engagement Conference

DHS and the State Court Administrative Office held “Fostering Change: A New Vision for Family Engagement” in September 2010 for judges, court personnel, child welfare administrators, service providers and caseworkers. It emphasized the importance of collaboration within the child welfare community in assisting families to safely care for their children. DHS evaluated the training effectiveness through attendance and participant ratings. Fifty-seven percent of attendees submitted ratings and those results affirmed that the training was effective in focusing attention on family engagement.

The impact of this training on casework in the field will be measured through quality assurance case reviews where we would expect to see evidence of the following:

- Increased participation by absent parents.
- Improvement in the individualization of case plans.

- Increased effectiveness of service selection and provision to families.

Additional Online Training

DHS is developing two caseworker visit training videos on policy requirements for CPS, foster care, adoption and juvenile justice case visits and how to enter data in SWSS. These trainings will be available in May 2011.

Private Agency SWSS Interface Application

In July 2011, DHS will pilot a SWSS interface so private agency caseworkers can enter caseworker visitation data, minimizing the opportunity for lost information and delays in data entry.

INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN

The uniform law enacted in all 50 states establishes procedures for interstate placement of children and assigns responsibility for those placing the child. Michigan's Interstate Compact Office is liaison between DHS offices and other states to ensure compliance with compact regulations and effective coordination for timely and safe interstate placements.

Children may be sent to other states for placements:

- Preliminary to an adoption and for an adoption.
- For foster care including foster homes, group homes, residential treatment facilities and institutions.
- With parents and relatives when a parent or relative is not making the placement.
- For adjudicated delinquents that need placement in another state's institution.

Number of Michigan Youth Placed Out-of-State

April 2011 data indicates there have been home studies approved that allow 700 Michigan youth to be placed across state lines. The breakdown is:

- | | |
|-----------------------------|-----|
| • Relative | 47 |
| • Adoption | 103 |
| • Private Adoptions | 172 |
| • Parent | 99 |
| • Foster Care | 30 |
| • Court Residential | 136 |
| • Abuse/Neglect Residential | 4 |
| • Relative Foster Care | 108 |
| • Group Home | 1 |

Number of Out-of-State Youth Placed in Michigan

April 2011 data indicates there have been home studies approved so 429 youth from other states can be placed in Michigan. The breakdown is:

- Relative 64
- Adoption 43
- Private Adoptions 62
- Parent 83
- Foster Care 96
- Court Residential 25
- Abuse/Neglect Residential 2
- Relative Foster Care 54

The Safe and Timely Interstate Placement of Foster Children Act

Michigan implemented the Safe and Timely Interstate Placement of Foster Children Act of 2006 to improve child protection and to hold states accountable for safe and timely placement across state lines. The act requires foster care (including relative) and adoptive home studies to be completed within 60 days after the state receives a request from another state.

Michigan Interstate Compact staff completed home study requests within the 60-day requirement for:

- FY 2008: 79% (385 of 785).
- FY 2009: 64% (320 of 499).
- FY 2010: 56% (272 of 481).

For the 44 percent of home studies not completed by Michigan within 60 days in FY 2010, the reasons most often given include:

- Delays in the licensing process.
- Obtaining fingerprinting and background check information.
- Receiving family members' medical information.

By comparison, Michigan sent 376 requests for home studies to other states in 2010, and only 82 (22 percent) were completed in the 60-day requirement.

Interstate Compact for Juveniles

The Interstate Compact for Juveniles regulates proper placement, supervision or return of juveniles, delinquents, and status offenders who are on probation or parole and who have absconded, escaped or run away from supervision and control, and in doing so, have endangered their own safety or the safety of others. The DHS office:

- Ensures supervision and services for adjudicated juveniles and status offenders coming from other states.
- Returns juveniles who have run away, absconded or escaped to the state and request their return.
- Tracks and supervises juveniles.
- Establishes policy and procedure to manage movement between states of juvenile offenders released to the community.
- Monitors compliance with rules governing interstate movement of juveniles.

There are 115 Michigan juveniles placed in other states with parents, relatives and guardians and 145 from other states placed in Michigan through the process. Additionally, the DHS office helped return 56 runaways, escapees or absconders.

Goals and Objectives

Michigan initiatives include:

- Working with the legislature to revise the current Interstate Compact on the Placement of Children to incorporate the new, nationally enhanced compact.
- Reviewing the supporting documentation in court orders so it verifies the criteria for placing juveniles out of state. Staff will update office procedures to ensure verification criteria are met before processing court orders.
- Developing a training curriculum to court personnel, DHS staff and private providers.
- Ensuring interstate policy has greater clarity, is more efficient and results in effective compliance.
- Establishing a state council to advise and advocate in response to requirements of the Interstate Compact for Juveniles.
- Updating and maintaining the DHS website to allow easier access to information on the Interstate Compact Unit.

IV. PIP Matrix

State:	Michigan
Date Submitted:	05/20/2011
PIP:	X
Quarterly Report:	
Quarter:	

Part A: Strategy Measurement Plan and Quarterly Status Report

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

Action Steps and Benchmarks	Person Responsible	Evidence of Completion	Quarter Due	Quarter Completed	Quarterly Update	
	d. Develop and implement implementation plan.	Child and Family Services Review Unit (CFSR)	Summary report of progress. Summary of implementation status.	Q5 Q7		
	e. Policy development and training.	Child Welfare Training Institute (CWTI)/CPS program office	Summary report of progress. Summary of implementation status.	Q8		
1.2	Examine the state's procedures for priority response and commencement of CPS investigation.					
	a. Develop data reports on the timeliness of face-to-face and commencement with the victim.	Data Management Unit (DMU)	Data Reports.	Q1		
	b. Distribute data reports to county directors and Field Operations Management staff.	CPS program office/FOA	Data reports and correspondence.	Q2		
	b.1 Each county will self-identify barriers to priority response expectations and include strategies to address these barriers and submit report to Field Operations Administration.	Field Operations Administration (FOA)	Barrier summary.	Q4		
	c. Convene a work group to develop a statewide process to address this issue.	CPS program manager/CSA /field representatives/ CFSR unit	Workgroup analysis.	Q4		
	c.1 Develop recommendations for executive management review.	CPS program office	Committee recommendations.	Q4		
	c. 2 Executive management approval.	CSA	Executive decision regarding face to face and commencement requirements.	Q4		
	d. Develop and implement the implementation plan.	CPS program office/CFSR	Copy of implementation plan. Implementation update.	Q5 Q7		
	e. Policy development and training.	CWTI/CPS program office	Summary Report of progress.	Q8		
1.3	Determine appropriate CPS policy for Category III cases.					
	a. Request, obtain and review current data on Category III cases by repeat maltreatment and by maltreatment type.	CPS program manager	Analysis will examine re-referral rates based on circumstances for Category III cases.	Q2		
	b. Determine efficacy of maintaining Category III cases as open/on-going cases.	CPS program manager	Recommendations including next steps.	Q5		
	c. Executive management approval and next steps identified.	CSA	Executive decision regarding Category III requirements.	Q6		

Action Steps and Benchmarks		Person Responsible	Evidence of Completion	Quarter Due	Quarter Completed	Quarterly Update
	d. Policy changes to reflect decisions to change current practice. If changes are not recommended, policy will be strengthened to improve services for these cases.	CPS program manager	Copy of policy.	Q8		
	e. Practice guidance for new policy.	CPS program manager	Summarize guidance provided.	Q8		
1.4	Ensure increased safety to children in foster care, children being removed from their parents' care and families by providing safety planning during all home visits.					
	a. Modify the narrative of the SDM templates to reflect the requirement of safety planning at each visit with the child.	CPS program office	Revised form.	Q4		
	b. Develop and implement new policy to require case workers address safety in the narrative of the required quarterly report on each case.	Foster care program office and CPS program office	Policy and practice guidance.	Q4		
	c. Update case reading tools to reflect policy changes and new report requirements.	Foster care program office, CPS program office, Child Welfare Contract Compliance Unit (CWCCU) and Quality Assurance Unit (QA)	Copies of reading tools.	Q5		
	d. Utilize the policy certification process to ensure all field staff are trained.	Foster care and CPS program offices, CFSR, FOA	Roll up report of certification.	Q5		
	e. Compliance will be monitored through case reads.	QA	Summary of progress regarding safety planning.	Q6		
1.5	Provide local offices with additional services for at risk families across the continuum of child welfare cases.					
	a. Revise and rewrite the service models based on the models currently being used in the field for Strong Families/Safe Children (SFSC); funding requiring locally contracted services be evidence-based and contain specific service descriptors.	Child Welfare Bureau	Approved contract standards.	Q2		

Action Steps and Benchmarks	Person Responsible	Evidence of Completion	Quarter Due	Quarter Completed	Quarterly Update
b. Determine appropriate categories for services/contracts to be put in place using SFSC funding.	Child Welfare Bureau/FOA	Approved contract standards.	Q4		
b.1 Create templates for acceptable contracts and programs that use SFSC funding.	Logistics and Rate Setting	Contract templates.	Q4		
b.2 Implement improved contracts to increase quality of services for children and families.	Child Welfare Bureau	Copy of contract.	Q4		
c. Determine whether DHS can expand the Family Reunification Program (FRP) and the Families Together Building Solutions (FTBS) to provide services in areas currently not served.	Child Welfare Bureau/FOA	Summary report which will include the decision, rationale and next steps.	Q3		
d. Conduct statewide survey of CPS and foster care supervisors to address the accessibility of services and the ability to individualize services for clients.	FOA/CFSR	Copy of survey.	Q4		
e. Develop recommendations to address gaps in services for Children's Services Administration.	FOA/CFSR/CPS and foster care program offices	Report summarizing recommendations to address deficits.	Q6		
f. Develop a plan to address service array gaps focusing on accessibility and individualized services.	FOA/CFSR/CSA	Copy of State plan to address deficits identified in needs assessment survey and implementation time frame.	Q8		
1.6 QA will complete a case read on a stratified sample of MIC cases to identify deficiencies and best practices with a focus on safety.					
a. Identify random sample of MIC cases.	DMU	List of sample of MIC cases.	Q2		
b. Conduct a statewide case read and make recommendations based on findings.	QA	Roll up report which will include findings, causes, and recommendations for practice.	Q4		
c. Executive management approval of recommendations.	CSA	Executive decision regarding implementation of recommendations.	Q5		
d. Develop and implement the implementation plan.	CSA/CFSR/QA Unit	Copy of implementation plan. Status report on implementation.	Q6 Q7		
e. Policy development/training as a result of the recommendations.	CPS program office	L-letter or policy bulletin which will reference the QA findings to provide reasoning for changes to the field.	Q8		

Action Steps and Benchmarks		Person Responsible	Evidence of Completion	Quarter Due	Quarter Completed	Quarterly Update
Renegotiated Action Steps and Benchmarks						
Primary Strategy II:		Enhance the state's capacity to provide for children, families and caregivers by identifying needs, providing services, and engaging families in the service planning process from initial contact with a family through the life of a case.		Applicable CFRS Outcomes or Systemic Factors:		Permanency 2 Well-Being 1, 2 and 3 Systemic Factor II Case Review System
Goal:		To engage families, kin, children and foster parents; with particular emphasis on fathers and paternal relatives, at all stages in the life of a case. Engaging families, children/youth and caregivers through increased quality visits and family team meetings will promote participation in case planning which will result in improved assessments and provision of services.		Applicable CFRS Items:		16, 17, 18, 21, 22, 23 and 25
Action Steps and Benchmarks		Person Responsible	Evidence of Completion	Quarter Due	Quarter Completed	Quarterly Update
2.1	Implementation of a family engagement model in the Big 14 counties throughout the life of the case.					
	a. Establish a work group which will include court, private agencies, CWTI, field operations and program offices to finalize the model and the implementation plan.	CPS and foster care program offices	List of work group members and a copy of the model.	Q1		
	b. Develop an implementation plan.	CPS and foster care program offices	Copy of implementation plan.	Q1		
	c. Provide training to initial cohort of counties including courts (4 counties).	CPS and foster care program offices	Roll up report of training provided and a copy of the curriculum.	Q3		
	d. Conduct case reads in the Big 14 counties as part of the PIP measurement to gauge effectiveness of model.	CFRSR	Data roll up report.	Q4 Q6 Q8		
	e. Ongoing observation and technical assistance to counties to ensure practice change.	CPS and foster care program offices	Roll up report of TA, observations and recommendations for modification of FTMs.	Q3 Q6		
	f. Make any necessary modifications to model based on results from initial implementation and case reads.	CPS and foster care program offices	Progress report.	Q5 Q7		
	g. Second phase roll out (4 counties).	CPS and foster care program offices	Progress report.	Q5		
	h. Third phase roll out (4 counties).	CPS and foster care program offices	Progress report.	Q7		
	i. Final roll out (2 counties).	CPS and foster care program offices	Progress report.	Q8		

Action Steps and Benchmarks	Person Responsible	Evidence of Completion	Quarter Due	Quarter Completed	Quarterly Update	
2.2	Implement monthly supervisor/worker meetings for all in-home and foster care cases to review the status and progress of each case on the worker's caseload.					
	a. Development and application of a supervisory tool to enhance supervisory meetings and require discussion regarding the proper use of the SDM tools .	CFSR/foster care/CPS program offices	Supervisory tool and copy of memo which will include guidance on use of tool.	Q2		
	a.1 Tool will include guidelines to address children's' mental health, dental and medical needs and visit guidelines for children and birth parents to ensure they are addressed each quarter.	CFSR/foster care and CPS program offices	Copy of tool.	Q2		
	b. Develop and distribute a survey to assess current satisfaction with supervisory meetings in two pilot counties.	CFSR staff	Copy of survey.	Q1		
	c. Identify pilot counties and date of implementation.	FOA	Names of counties, date of implementation, copies of conference call agendas with county directors to explain use of the tool and expectations.	Q1		
	c.1 Implement supervisory tools in pilot counties to improve supervision quality.	FOA/foster care and CPS program offices	Communication with pilot counties to introduce tool and instructions for use.	Q2		
	d. Conduct follow-up survey to assess improvement after tools were implemented and any required changes.	CFSR staff	Survey results.	Q4		
	d.1 Make any changes deemed necessary following pilot.	CFSR/foster care and CPS program offices	Copy of tool if changes are deemed necessary.	Q5		
	e. Draft CPS and foster care policy to incorporate supervisor/worker meetings to review the status and progress of each case on the worker's caseload.	Child Welfare Bureau	Updated policy.	Begin Q4 Completion Q6		
	e.1 Incorporate policy changes into training.	CWTI	Training curriculum.	Q6		
	f. Implement tool statewide.	Foster care and CPS program offices	Revised supervisory tool and memo explaining implementation and use of tool.	Q7		
2.3	Implement supervisor shadowing to improve safety, assessment and engagement skills for all field workers.					

Action Steps and Benchmarks		Person Responsible	Evidence of Completion	Quarter Due	Quarter Completed	Quarterly Update
	a. Pilot an initiative in multiple counties to require front line CPS/foster care supervisors to accompany their assigned workers on a visit or investigation a minimum of one time per quarter for the purpose of assessing the worker's safety assessment and engagement skills.	CPS and foster care program offices/FOA	Communication to the field which will include implementation plan, selection criteria, actions, timeframes and evaluative processes. Provide specific information regarding the number and names of counties for the pilot.	Q4		
	a.1 Assess shadowing pilot to ensure it is value added prior to statewide implementation.	CPS and foster care program offices/FOA	Summary report which will include strengths, barriers and recommendations for statewide implementation.	Q6		
2.4	Implement a 1915 "C" SED pilot waiver for DHS foster children.					
	a. Expand waiver to Berrien, Calhoun, Ingham, Jackson, Kalamazoo, Muskegon, Saginaw, St. Clair and Washtenaw counties.	Health, Education and Youth Unit (HEYU)	Status report identifying if Q4 for expansion is attainable and action steps taken to date.	Q2		
	b. Expand waiver to all remaining counties.	HEYU	List of counties in which waivers are in place and expansion plan, certified by the Health, Education and Youth Manager.	Q4		
2.5	Develop data reports on monthly caseworker visits with parents for foster care and CPS cases.					
	a. Develop and release reports to production and send out release notes to the field.	DMU	Release notes and example of reports.	Q2		
	b. Track the results of the CFSR PIP case reads in the Big 14 counties to ensure compliance.	CFSR	Quarterly reports.	Q3-Q8		
	e. Provide technical assistance to low performing county offices.	FOA/CFSR	Summary of technical assistance provided.	Q5 Q7		
Primary Strategy III:		Ongoing implementation of increased permanency efforts and concurrent permanency planning (CPP).		Applicable CFSR Outcomes or Systemic Factors:		Permanency One and Two Systemic Factor II. Case Review System
Goal:		Implement strategies to improve permanency, stability and family relationships for children in foster care.		Applicable CFSR Items:		Items 6, 7, 8, 9, 10, 13, 14, 15, 19, 20, 28 and 29

Action Steps and Benchmarks		Person Responsible	Evidence of Completion	Quarter Due	Quarter Completed	Quarterly Update
3.1	Implement CPP as a component of the family engagement model in the Big 14 counties throughout the life of the case.					
	a. Establish a work group which will include court, private agencies, CWTI, field operations and program offices to finalize the model and the implementation plan.	CPS and foster care program offices	List of work group members and a copy of the CPP model.	Q1		
	b. Develop an implementation plan.	CPS and foster care program offices	Copy of implementation plan.	Q1		
	c. Provide training to initial cohort of counties including courts (4 counties).	CPS and foster care program offices	Roll up report of training provided and copy of curriculum.	Q3		
	d. Conduct case reads in the Big 14 counties as part of the PIP measurement to gauge effectiveness of model.	CFSR	Data roll up report.	Q4 Q6 Q8		
	e. Ongoing observation and technical assistance to counties to ensure practice change.	CPS and foster care program offices	Roll up report of TA, observation and any recommendations for modification of CPP.	Q3 Q6		
	f. Make any necessary modifications to model based on results from initial implementation.	CPS and foster care program offices	Progress report.	Q5 Q7		
	g. Second phase roll out (4 counties).	CPS and foster care program offices	Progress report.	Q5		
	h. Third phase roll out (4 counties).	CPS and foster care program offices	Progress report.	Q7		
	i. Final roll out (2 counties).	CPS and foster care program offices	Progress report.	Q8		
3.2	Develop data management reports to assess performance in parenting time and reunification and monitor sibling visitation through case reads.					
	a. Development, implementation and utilization of reports that track compliance with parenting time policy.	Foster care program office/DMU	Copy of reports and summary of how to access and use the reports.	Q3		
	a.1 Release data reports to production and send out release notes to the field.	Foster care program office/FOA	Release notes	Q3		
	b. Automate the <i>Reunification Alert Report</i> .	Foster care program office/DMU	Copy of L-letter and memo to the courts regarding how to access the report, the purpose of it and a copy of the user guide.	Complete		

Action Steps and Benchmarks		Person Responsible	Evidence of Completion	Quarter Due	Quarter Completed	Quarterly Update
	c. Provide access to parenting time and reunification data reports to counties to improve outcomes.	DMU	Report summarizing county performance.	Q4		
	d. Data analysis to determine which counties require TA.	Foster care program office/FOA	Summary of data analysis and rationale for TA.	Q5		
	d. If necessary, provide TA to low performing counties.	FOA/QA	Report summarizing the type and frequency of the TA that was provided to the county.	Q7		
	e. Review annual Quality Assurance Reports' results which will track timeliness to reunification and parenting time.	FOA	Annual QA summary report which aggregates the data will be used to determine trends and inform statewide practice.	Q6		
	f. Track compliance with sibling visitation policy through case reads.	CWCCU/QA	Annual QA summary report which aggregates the data will be used to determine trends and inform statewide practice.	Q4		
	g. Review annual Quality Assurance Reports' results which will track compliance with policy requirements.	FOA	Summary of QA/CWCCU reports.	Q6		
3.3	Early identification and notification of Native American children.					
	a. Centralized intake protocol will include inquiry into Native American heritage.	CPS program office	Updated policy.	Q4		
	b. CWCCU will begin reading the majority of all cases regarding a Native American child at every private agency with the exception of those agencies who specifically provide services to Native American children. At these agencies, a random sample of the cases will be read for policy compliance.	CWCCU	Provide a copy of the section of the tool that will be used to assess identification, connections and other ICWA issues.	Q2		
	b.1 Any agency that does not show improvement in their compliance with ICWA and policy will be required to develop a contract compliance improvement plan.	Native American Affairs (NAA)/CWCCU	Roll up report which will include identification of trends of non-compliance and the plans that are required and received by the DHS.	Q4 Q7		
	c. Review monitoring results and share monitoring results with Tribes.	NAA	Meeting minutes.	Q6		

Action Steps and Benchmarks		Person Responsible	Evidence of Completion	Quarter Due	Quarter Completed	Quarterly Update
	d. Research, develop and implement a tool to assist workers to ensure early identification of Native American children and policy compliance.	NAA	Copy of tool.	Q4		
3.4	Review permanency goals for timeliness and appropriateness.					
	a. Quarterly, assure that at the time of the approval of the updated service plan, the permanency goal is timely and appropriate.	Field supervisors	Copy of policy.	Q1		
	b. Annually, conduct a specialized worker and supervisory review of each child's permanency planning goal commencing one year from the date of case acceptance. The focus of the meeting is to determine the appropriateness of the goal and identify action steps if necessary.	Field managers/staff	Copy of policy that requires annual meetings.	Q1		
	c. Track compliance through case reads.	QA/CWCCU	Status update. Data report.	Q4 Q6		
	d. Counties are required to submit the permanency goal approval to central office for PPFWR, APPLA and APPLA-E and data is tracked to identify trends and barriers to achievement.	Adoption program manager	Summary report of trends, barriers and how the state intends to address.	Q2 Summary Q4 Update Q6 Update		
	e. Based on report, provide TA to county offices and PAFC providers.	Adoption program manager	Report which identifies the type of TA and the description of TA provided.	Q3 Q5 Q7		
3.5	Improve timeliness to adoption for children with a goal of adoption.					
	a. Identify and execute policy change to ensure timely worker assignment and photo listing.	Adoption program manager	Updated policy.	Complete		
	b. Incorporate changes into new worker training curriculum.	CWTI	Curriculum, copy of policy and communication regarding the release of the policy to private agencies.	Q1		

Action Steps and Benchmarks	Person Responsible	Evidence of Completion	Quarter Due	Quarter Completed	Quarterly Update
c. Develop and disseminate a report for DHS, private agencies and court on all children whose goal is adoption; including the length of time since placement into foster care, length of time since TPR and status of an adoptive resource.	DMU	Adoption Alert L-letter.	Complete		
d. Develop and distribute on a semi-annual basis, a state level analysis of the number of children without an adoptive resource at the beginning of the period and those who had an adoptive resource at the end of the period, number of cases reviewed, outcomes (completed adoptions) and barriers to identifying adoptive resources or achieving adoption resulting in recommended actions to improve timeliness.	Adoption program manager	Data report.	Q4 Q7		
d.1 Provide report to the Permanency Options Workgroup, which includes DHS staff, judges and other community stakeholders, to discuss and improve efforts to place children in adoptive homes.	Adoption program manager	Meeting minutes.	Q5 Q8		
d.2 The Permanency Options Workgroup will develop recommendations to address court related barriers.	Permanency Options Workgroup	Copy of recommendations and implementation plan.	Q6		
e. Review and revise adoptive parent recruitment strategies at state and local levels based on report and recommendations.	Adoption program manager	"Tool kit" of best practice information.	Q7		
f. Assess and report on the work of the Permanency Resource Managers (PRM) regarding those children in their assigned county whose goal is adoption and do not have an identified family within six months of TPR.	Permanency division director	Roll up of adoption reviews and ARC data.	Q2 Q4 Q7		
3.6 Increase the stability and permanency for children in foster care.					

Action Steps and Benchmarks		Person Responsible	Evidence of Completion	Quarter Due	Quarter Completed	Quarterly Update
	a. Compile a report to assess findings of cohort C special reviews for the foster care program office and CSA which addresses foster care placement stability.	QA staff	Copy of report which will include findings, causes, and recommendations for practice.	Q3		
	b. Provide technical assistance to field staff to prevent unplanned child moves.	CFSR/foster care program office	Communication with field.	Q4		
	c. Provide best practice information to field staff statewide to prevent unplanned child moves.	CFSR/foster care program office	L-letter, materials released.	Q6		
3.7	Implement case practice for foster youths 14 and older that ensures youths are comprehensively and regularly assessed, are active participants in improving services and engaged in the development of their transition plans.					
	a. Develop and implement the Annual Transition Plan and the 90 day Discharge Plan.	HEYU	Copy of the DHS-901, DHS-902, date of implementation and L-letter.	Q2		
	b. Ensure foster youths age 14 and older are engaged and actively involved in developing services designed to support successful transition to adulthood.	QA/CFSR	Case reading results.	Q2 Q4		
	b.1 Technical assistance offered to low performing county offices.	FOA	TA summary. TA summary. Summary of trends and statewide practice recommendations.	Q4 Q6 Q8		
3.8	Youth transitioning from foster care have a comprehensive array of Independent Living services.					
	a. Assessing availability of employment preparation and services available to youths and young adults transitioning from foster care.	HEYU	National Youth in Transition Database (NYTD) information.	Q2 Q4 Q6		
	b. Addressing the findings of the assessment.	FOA	Trend analysis, 1st analysis will compare Q2 and Q4, 2nd analysis will compare Q4 and Q6.	Q4 Q6		
	c. The Youth Services Unit will review the data every six months to ensure youths are provided services and address any deficiencies.	HEYU	Summary report which will include the findings and how deficiencies will be addressed.	Q5 Q7		

Action Steps and Benchmarks	Person Responsible	Evidence of Completion	Quarter Due	Quarter Completed	Quarterly Update	
	d. Education services are made available to youths in and transitioning from foster care.	HEYU	See d.1 and d.2 as EOC.	Q2		
	d.1 Hire and train 14 education planners who will act as liaisons between the local intermediate school districts and child welfare workers to ensure foster youths receive the appropriate educational services.	HEYU	List of Education Planners, copy of job description and geographic areas served.	Complete		
	d.2 Provide educational consultation, technical assistance and support to case workers and foster youths age 14 and older in the areas of special education, academic credit recovery, school record transfer, college preparation and advocacy.	HEYU	Summary report of educational planners work.	Q3		
	e. Conduct bi-annual meetings with the Statewide Executive Youth Board to make recommendations for Independent Living (IL) services and the desired outcomes for youths.	HEYU	Team membership roster, meeting minutes, recommendations and next steps.	Q2 Q6		
	e.1 Develop and implement policy for IL services as a result of the Youth Board meetings and information gained from internal reviews.	HEYU	Updated policy and if necessary; propagation of policy and worker training.	Q4 Q8		
3.9	Continuity of family relationships and connections preserved.					
	a. In an effort to increase frequency and quality of parenting time in support of the parent-child relationship with the goal of improving frequency and timeliness of reunification, a joint task force will be developed to address barriers to provisions of necessary parenting time.	Courts/DHS/Placement Agency Foster Care (PAFC) agencies	List of task force members, meeting minutes with barriers identified and recommendations. Summary report in Q7.	Q4 Q7		
	a.1 Utilize judicial leadership to facilitate provision of parenting time consistent with the needs of the child and to promote timely reunification through CIP and Michigan Judicial Training.	State Court Administrative Office (SCAO) Child Welfare Division/county judges	Copy of bench cards with a specific section dedicated to parenting time.	Q2		

Action Steps and Benchmarks	Person Responsible	Evidence of Completion	Quarter Due	Quarter Completed	Quarterly Update	
	a.2 Specific training will be provided for parent attorneys, including conferences, workshops and/or webcasts to improve parent and child attorney's ability to effectively advocate for appropriate level of parent child visitation. These trainings will be made available to judges and referees.	SCAO/CFSR	Training agendas, handouts, dates, and indication of who was invited and who participated.	Q6		
	b. The court will consistently monitor at each hearing child safety and stability in placement, well being issues including sibling visitation, caregiver notification of court hearings and progress toward timely permanency through implementation of a standardized court report, approved and required by all courts.	SCAO/Court Improvement Program (CIP)	Copy of standardized court report and guidance issued regarding implementation .	Q6		
3.10	Continue DHS ongoing collaboration with the SCAO Child Welfare Services Division to improve safety, permanency and well-being for children in foster care.	DHS/SCAO Child Welfare Division	Summary of CIP/DHS meetings.	Q3 Q6		
	a. Expand and institutionalize the present Permanency Forum as a means of developing and sharing successful practices to improve permanency outcomes statewide.	DHS/SCAO	Permanency Forum agendas. Summary report.	Q2 Q7		
	a.1 A lead jurist from each county will form a team (it is recommended to include a L-Gal and/or parent attorneys).	SCAO/DHS/ Permanency Forum planning committee	Number of permanency teams that have been established and the number that include a LGAL or parent attorney. Status update on the # of county teams in which L-Gals are members.	Q4 Q8		
	a.2 Develop and distribute a survey to the permanency forum teams to address barriers to timely termination of parental rights.	SCAO/DHS/ Permanency Forum planning committee	Copy of survey and roll up of survey results.	Q3		
	a.3 Based on the results of the survey develop recommendations to improve timeliness of termination of parental rights process for approval by CSA and judges.	SCAO/DHS/ Permanency Forum committee	Copy of recommendations report.	Q5		

Action Steps and Benchmarks		Person Responsible	Evidence of Completion	Quarter Due	Quarter Completed	Quarterly Update
	a.4 Present recommendations for practice change to county permanency teams.	SCAO/DHS	Copy of communication with permanency teams.	Q6		
	b. Establish systems of communication affiliated with formal legal organizations, e.g. Michigan Judges Association, Michigan Probate Judges Association, Michigan Bar Association Children's Law Section to inform court officers of changes/updates in DHS policy/protocol.	SCAO/DHS	System established.	Q4		
	c. Propose that the Michigan Supreme Court approve a court rule that requires "compelling reasons" be noted on the court record and in the court order where a decision has been made to not file for termination of parental rights if the child has been in care 15 of 22 months.	SCAO Permanency Options Workgroup	Court rule with related court order form.	Q7		
	d. SCAO will support local courts with related training and data/research regarding facilitating safe and timely permanency.	SCAO	Training curriculum, list of dates trainings are occurring, agendas and attendees.	Q2		
	e. Increase foster parent notification of court hearings and encouraged by the court to provide their input regarding the child's safety and well being.	DHS/SCAO/CWCCU	Case reading data FCRB and surveys/interviews with foster parents from CWCCU and FCRB.	Q4		
	e.1 If data indicates continued issues with foster parents not being notified of court hearings and/or lack of opportunity to voice concerns/opinions, a collaborative workgroup will be establish to identify barriers and provide recommendations to CSA and the courts.	DHS/SCAO	Copy of roster for workgroup and recommendations. Outcomes and recommendations.	Q6 Q8		
Renegotiated Action Steps and Benchmarks						

Action Steps and Benchmarks		Person Responsible	Evidence of Completion	Quarter Due	Quarter Completed	Quarterly Update
Primary Strategy IV:		Enhance accountability and workforce development.			Applicable CFSR Outcomes or Systemic Factors:	Systemic Factor I. Statewide Information System Systemic Factor III. Quality Assurance System
Goal:		Promote consistent and quality practice throughout the state by focusing on continuous quality improvement (CQI) and quality data, along with redefining supervision.			Applicable CFSR Items:	Item 24 and 31
Action Steps and Benchmarks		Person Responsible	Evidence of Completion	Quarter Due	Quarter Completed	Quarterly Update
4.1	Develop the Quality Assurance process at the state level which will include defined performance goals for quality improvement and incorporate CFSR data standards.					
	a. Develop the DHS QA model.	QA	Copy of QA model and procedure manual including timeline specific process being implemented for PIP measurement.	Q2		
	b. Create tool for QA process for foster care that aligns with CWCCU and develop a QA CPS tool.	QA/CFSR/CWCCU	Copy of the tools.	Q2		
	c. Develop protocol and format for Quality Improvement Plans (QIPs).	QA	Copies of protocol.	Q3		
	d. Issue communication to the field detailing the protocols for the QA process.	QA	Copy of communication to the field including implementation timeframe.	Q3		
	e. Develop QA website to ensure field staff, private agencies and community stakeholders have access to improvement goals, data and procedures.	QA	Link to website; examples (screen shots) of improvement goals, data and procedures.	Q7		
	f. Incorporate county outcomes and data reports into the statewide QA process.	QA	Monthly reports, CQI meeting minutes.	Q7		
4.2	Implement a statewide CPS enhancement plan process based on the requirements of the consent decree.					
	a. CPS first line managers will complete two case reads per worker per quarter. Findings will be rolled up and sent to QA for evaluations.	FOA	CPS QA Quarterly summary reports and/or case read data..	Q1		

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

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

The Michigan CFSR PIP includes the following sections:

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

I. PIP General Information

CB Region:	I	II	III	IV	V	VI	VII	VIII	IX	X
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3. Sheryl Calloway, Parent Partner
4. Cassandra Chandler, Foster Care Review Board
5. Richard Jansen, Child Welfare Contract Compliance Unit
6. Helen Cook, Grand Traverse Band of Ottawa and Chippewa Indians

7. Sabrina Corbin, Starr Commonwealth
8. Amethyst Crawford, Parent Partner
9. Darah Davis, DHS, Wayne County
10. Jackie Gant, Native American Business Alliance
11. Suzanne Greenberg, Child Abuse and Neglect Council Saginaw County
12. Kate Hanley, Bureau of Child Welfare, Director of the Permanency Division
13. The Honorable Faye M. Harrison, Saginaw Family Division Circuit Court
14. Lynn Hedges, Urban Field Operations Analyst
15. Mary Hewlett, Judson Center
16. Chuck Jackson, Starr Commonwealth
17. Carol Kraklan, Business Implementation SACWIS Manager
18. Ann Marie Lesniak, Child Help
19. Zoe Lyons, Branch/Hillsdale County DHS Acting Director
20. Cynthia Maritato, Washtenaw County DHS County Director
21. Patricia McBurrows, DHS, Ingham County
22. Mary Mehren, Director, Federal Compliance Division
23. Ralph Monsma, OJJDP Federal Grants
24. Joanne Nicholson, CFSR Coordinator, Federal Compliance Division
25. George Noonan, Cash Assistance Data Unit
26. James Novell, Manager, Foster Care Review Board
27. Patrick Okoronkwo, Children's Center of Wayne County
28. Cathe Hoover, Manager, Adoption and Guardianship Program Office
29. Mark Pompey, Pokagon Band of Potawatomi Indians
30. Cynthia Gill Pushman, DHS Crawford County Director
31. Nancy Rostoni, Manager, Foster Care Program Office
32. Nancy Rygwelski, CFSP Coordinator, Federal Compliance Division
33. Michele Sauter, CFSR, Federal Compliance Division
34. Kevin Sherman, Foster Care Review Board
35. The Honorable Leslie Kim Smith, Wayne County Circuit Court
36. Dawn Stewart, Starr Commonwealth
37. Bill Weston, Manager, Field Operations Administration
38. Stacey M. Tadgerson, Manager, Native American Indian Affairs
39. Janice Tribble, Director, Child Welfare Licensing, Bureau of Children and Adult Licensing
40. Jennifer Wrayno, Manager, Field Operations Administration
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45. Terrence Beurer, Director, Child Welfare Field Operations
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47. Debora Buchanan, Manager, Child Welfare Contract Compliance Unit
48. Kelli Arrendondo, Manager of Family Engagement and Concurrent Planning

49. Michele Davenport, Child Welfare Training Institute, Children's Protective Services and Family Preservation
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51. Chris Durocher, Child Welfare Training Institute, Foster Care, Adoption, Juvenile Justice and PRIDE
52. Erika Engel, Governor's Task Force on Child Abuse and Neglect
53. Terri Gilbert, Director of Strategic Planning
54. Laurie Johnson, Manager, SACWIS and SWSS Program Office
55. Steve Lyon, Re-Entry Program Bureau of Juvenile Justice
56. Mary Lou Mahoney, Manager, Child Welfare Quality Assurance
57. Michael McSurely, Consent Decree Specialist
58. Colin Parks, Acting Manager, Children's Protective Services Program Office
59. Michael Rosenberg, Manager, Child Welfare Data Management
60. Laura Schneider, Child Welfare Training Institute, Curriculum Development
61. Carol Siemon, Director, Child Welfare Training Institute
62. Suzanne Stiles-Burke, Director, Bureau of Child Welfare
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64. Kelly Walters, Administrative Assistant to the Director of the Bureau of Child Welfare
65. Johanna Ward, Manager, Wayne County Residential Treatment Initiative
66. Paula Young, Health, Education and Youth Services Analyst
67. Roy Yapple, Juvenile Justice Policy Analyst and Quality Assurance
68. Kelly Sesti, Manager, CFSR/State Plan Unit

II. Michigan Department of Human Services

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

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

Organization

DHS is the agency recognized by the Department of Health and Human Services' Administration for Children and Families as responsible for administering federal child welfare programs under titles IV-B, IV-E and XX of the Social Security Act. The state's child welfare program is state-supervised and administered. The DHS mission includes commitments to:

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

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

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

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

Summary of CFSR Findings

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

Michigan achieved substantial conformity with the following systemic factors:

- Staff and provider training.
- Agency responsiveness to the community, such as collaboration.
- Foster and adoptive parent licensing recruitment and retention.

Michigan did not achieve substantial conformity with the following systemic factors:

- Statewide information system. The system does not have up-to-date information on private child placing agency cases.
- Case review system.
- Quality assurance system.
- Services array and resource development.

PIP Planning Efforts

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

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

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

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

DHS staff used the following information in PIP development:

- The CFSR round one findings and the resultant PIP.
- Data and information from the statewide information system, focus groups, surveys and supervisory case readings.
- Findings from the CFSR onsite review.
- Ongoing collaborative efforts with the State Court Administrative Office, the Court Improvement Program, the CFSR Core Workgroup and the Governor's Task Force on Child Abuse and Neglect.
- Assistance from the National Resource Center for Organizational Improvement and the Children's Bureau Region V office.

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

Strategies, Goals, Actions Steps and Benchmarks

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

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

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

CFSR Findings

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

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

These findings included:

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

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

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

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

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

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

Structured Decision Making

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

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

Safety Planning

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

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

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

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

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

Maltreatment in Care and Special Investigations (MIC)

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

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

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

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

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

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

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

Other Actions Related to Safety Enhancement

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

Forensic Interviewing Protocol

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

Centralized Intake

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

Special Case Reviews-Quality Assurance

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

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

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

CFSR Findings

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

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

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

These findings reflected:

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

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

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

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

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

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

Caseworker Visitation

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

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

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

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

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

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

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

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

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

DHS continues to examine the caseworker visitation policy for visits with children and parents. CPS policy was revised to require at least one monthly visit by the CPS worker with the family; visits by service contractors, including Families First of Michigan and Family Reunification Program workers, cannot replace all of the monthly visits. DHS has revised adoption policy to require at least monthly visits with a child when the child is placed in a pre-adoptive placement.

Additional Practice Changes

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

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

Medical, Dental and Mental Health Needs

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

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

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

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

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

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

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

Other Actions Related to Identifying Needs and Providing Services

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

Improve Absent Parent/Father Engagement in the Service Planning Process

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

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

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

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

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

CFSR Findings

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

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

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

These findings included:

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

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

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

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

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

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

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

Concurrent Permanency Planning

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

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

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

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

Maintaining Important Connections

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

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

Changes include:

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

DHS is committed to:

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

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

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

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

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

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

Permanency Goals

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

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

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

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

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

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

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

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

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

Improving the Adoption Process

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

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

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

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

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

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

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

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

Services for Older Youth in Care and Transitioning from Care

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

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

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

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

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

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

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

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

Assessing Youth for Service Needs

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

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

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

Services

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

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

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

Measurement

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

Continued Collaboration with State Court Administrative Office and the Courts

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

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

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

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

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

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

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

- Training judges and court staff on the results of the CFSR final report and the PIP strategies and action steps.
- Permanency Forums.
- Data sharing through DHS and the courts data collaboration committee.
- Foster Care Review Board, *The Role of Parent/Child Visitation in Achieving Timely Reunification*.
- Legislative changes to increase permanency.
- Expanding the local teams to include L-GALs and parents' attorneys.

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

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

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

Foster Care Public Health Nurse Program

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

Quality Assurance on Rating the Child Assessment of Needs and Strengths

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

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

Assessing the Needs of Native American Children and Families

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

Extension of Foster Care to Youth Ages 18-20

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

Strategy IV: Enhance Accountability and Workforce Development

CFSR Findings

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

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

Findings included:

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

The Quality Assurance Unit's primary objectives for the continuous quality improvement process are to ensure:

- The delivery of consistent, high-quality services to the children and families assigned to DHS care.
- The permanence, safety and well-being of children.
- The reduction in the possibility of adverse occurrences.
- The accomplishment of continuous improvement in the programs and processes required to achieve targeted outcomes.

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

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

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

The Quality Assurance Unit is responsible for monitoring performance expectations internally and with contracted providers using performance indicators. The results of data collection and analysis will allow DHS to make informed decisions about policy, process, program effectiveness and deficits. The staff will continue to receive technical assistance from the National Resource Center for Organizational Improvement.

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

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

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

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

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

1. Child welfare data reports specific to each program area, which evaluates each county against federal CFSR measures, caseworker visitation requirements and state-mandated policy measures.
2. Compliance reports on key indicators which include the capability to display the data at the district, section, unit and worker levels. These reports will enable county management review of defined benchmarks. The intent of the compliance reports is to view overall trends in decision-making that may lead to non-compliance, child safety issues or impede the achievement of permanency for children.

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

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

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

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

Case Reading and PIP Baseline Data

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

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

Workforce Development

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