Child and Family Services Review (CFSR)
Program Improvement Plan

(FY 2022 Appropriation Act - Public Act 87 of 2021)

October 1, 2021

Sec. 538. By October 1 of the current fiscal year, the department shall submit to the senate and house appropriations subcommittees on the department budget, the senate and house fiscal agencies, and the policy offices a report on the status of the department's program improvement plan associated with round 3 of the child and family services review (CFSR). The report shall also include, but not be limited to, a specific and detailed plan to provide an update on areas of substantial nonconformity identified in the CFSR such as the inadequacy of caseworker training provided by the department, the estimated costs necessary to reduce travel time for service delivery to rural areas, plans to improve caseworker engagement to reduce maltreatment in care, and steps undertaken by the department to emphasize permanency in case planning. Additionally, the department shall include the status for items currently being implemented and the description and cost estimate for the implementation for items that will be implemented in the current fiscal year.

MDHHS
Michigan Department of Health & Human Services

Child and Family Services Review (CFSR)
Program Improvement Plan

Michigan was the first state to take part in a guided root cause analysis to develop a comprehensive program improvement plan with the Children's Bureau following the third round of the CFSR. Michigan identified four cross cutting areas that will have lasting impact on outcomes for children and families: engagement, assessment and services, workforce, and quality legal representation. The Children's Bureau approved Michigan's improvement plan on April 11, 2019, making Michigan the first state to gain approval within 90 days of the final report issued.

On April 30, 2021, Michigan satisfied all the strategies within the improvement plan and came into substantial conformity with all systemic factors of the Child and Family Services Review. The Division of Continuous Quality Improvement maintains a public webpage detailing Michigan's efforts to comply with federal requirements, which can be accessed by following this link: https://www.michigan.gov/mdhhs/0,5885,7-339-71551_11120_77826_78617_78618---,00.html

Caseworker Training

- The Leadership Development Tool (LDT) has been implemented statewide. The tool assists managers in identifying growth opportunities while promoting engagement.

- Statewide, Comprehensive Organizational Health Assessments have been completed by both public and private sectors. MDHHS and private agencies used the assessment and developed plans to address issues of climate and culture based on the collaboration with the Children's Trauma Assessment Center. The Self-Assessment Tool Culture and Climate Kit is now used statewide and informs specific action plans as part of the local and statewide continuous quality improvement activities.

- Michigan implemented a dashboard for reporting staff turnover following the guidance provided by the Quality Improvement Center for Workforce Development (QIC-WD) and feedback from field users. The dashboard informs decision making pertaining to recruitment and retention activities at statewide and local levels.

- The Office of Workforce Development and Training (OWDT) offers regional training and support to each Business Service Center (BSC) based on their identified needs in a virtual format. Virtual sessions are open to all BSCs to allow for BSCs to learn from one another.

- Michigan has implemented a budget conscious "best practice" mentoring toolkit for statewide use by public and private sectors. The "best practice" content was derived from the comprehensive work completed by the University Partnership Mentoring and Post Training Support workgroup, conversations with other states, and results of the successful Mentoring Pilot project in three communities. The workgroup was comprised of a variety of child welfare stakeholders including

MDHHS, private agencies, Office of Workforce Development, the Office of Children's Ombudsman, and field staff.

Estimated Costs Necessary to Reduce Travel for Service Provision

- Michigan has submitted the Families First Prevention Services Act plan to the Children's Bureau. Upon plan approval, as of October 1, 2021, thirteen counties will have title IV-E prevention services eligible for federal claiming.

- Children's Services Agency in partnership with the home visiting service providers has implemented simpler referral processes for greater access to home visitation programs for families encountering child welfare. CSA collaborated with Chapin Hall to complete a gap analysis to identify expansion communities. FY21 legislature allocated $2.25M in general funds to expand HV slots. Funding will support an expansion of approximately 450-500 additional slots reducing travel for service provision within those expansion communities. The key to reducing travel time is to have sufficient staffing amongst providers who are located in closer proximity to service areas.

- Michigan has piloted peer mentoring with resource families and relative caregivers in multiple counties. The benefits of those pilots informed current contract language. Michigan continues to assess how to expand foster care navigation services. Michigan has implemented the GROW training for resource families which was supported by university partnerships.

- MDHHS' Children's Services Agency along with the Behavioral Health and Developmental Disabilities Administration, Medical Services Administration and local Pre-paid Inpatient Health Plans have provided services to more than 100 children who co-entered into a residential treatment facility with their parent to address substance use disorders. MDHHS CSA continues to work with the National Center of Substance Abuse in Child Welfare identifying cross system substance use disorder strengths and needs.

Caseworker Engagement and Reduction of Maltreatment in Care

- MDHHS has provided training to all staff tracked in the Learning Management System on the updated rating requirements on the risk assessments following the assessment completed by Evident Change, formerly National Council on Crime Delinquency.

- Michigan has established a front-end redesign of the Centralized Intake and Children's Protective Services (CPS) program. Information and data from the supervisory control protocol (SCP) was used to form accountability teams to focus on specific areas in the redesign process. Town hall and listening circles with frontline staff and national leaders further informed the redesign efforts and ensures stakeholder input from Central Intake to ongoing case management.

- MDHHS contracted with Eastern Michigan University who developed the GROW training curriculum after extensive research, consulting with national experts, convening focus groups and obtaining feedback from child welfare staff and families. The training curriculum is trauma-informed and was developed to meet the unique needs of families involved with Michigan's child welfare system and 26 master trainers trained peers across the state for full implementation completed on July 1, 2021.

- MDHHS has reviewed and revised resource family payment Determination of Care (DOC) to create efficiencies and better incorporate resource family supports into treatment plans.

Permanency in Case Planning
Michigan's case practice measures permanency through the Michigan Service Review which provides feedback to local leadership and staff on information learned after applying the Quality Service Review protocol alongside the application of the federal CFSR. This practice highlights strengths and opportunities as well as the systemic factors that may contribute to or inhibit positive child and family outcomes.

MDHHS and the State Court Administrator's Office, Division of Child Welfare Services, have partnered to support Quality Legal Representation programs. Two counties, Wayne, and Van Buren, have fully implemented Quality Legal Representation programs which affords a federal fund match with specific legal activities dedicated to promoting children remaining safely in the home or reunifying safely.

In response to the COVID-19 pandemic, the implementation and availability of Zoom has eliminated barriers that some families face such as a lack of transportation (personal and public), lack of childcare, inability to take leave from work to attend court proceedings, etc. The attorneys appreciate the availability of Zoom as they spend less time driving and can spend more time on legal work.

Cost Estimate for the Implementation
Michigan has implemented all the committed actives associated with the CFSR PIP following the third round of the CFSR in 2018.

Implementation began upon approval by the Children's Bureau on May 1, 2019. The state completed implementation of all activities on April 30, 2021, which has been authorized by the Children's Bureau.

There are no outstanding activities to implement in fiscal year 2022 and as such no costs associated with an implementation plan.