

Family First Prevention Services Act Implementation Status

(FY 2021 Appropriation Act - Public Act 166 of 2020)

March 1, 2021

Sec. 536. By March 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 planned and achieved implementation of the federal family first prevention services act, Public Law 115-123. The report shall include, but not be limited to, an estimate of the 5-year spending plan for administrative and compliance costs, a summary of all historical expenditures made to date for implementation by line-item appropriation and program type, information regarding compliance with title IV-E prevention requirements, the status of statewide compliance with the qualified residential treatment program requirements, a summary of provider concerns with respect to requirements under the qualified residential treatment program as that term is defined in section 1 of 1973 PA 116, MCL 722.111, a detailed methodology in determining any savings realized or estimated from a reduction in congregate care or residential placements, the department's conformity with federal model licensing standards, the department's plan for tracking and preventing child maltreatment deaths, and the department's plan for extending John H. Chaffee foster care independence programs up to age 23.



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Child safety is the highest priority for the Children’s Services Agency (CSA) within the Michigan Department of Health and Human Services (MDHHS). CSA seeks to keep children safe with effective prevention and early intervention services at the first sign of family distress. To achieve this vision, CSA intends to significantly change the way our child welfare system responds to suspected maltreatment, beginning with receipt of the hotline complaint through completion of the children’s protective services (CPS) investigation. CSA is dedicated to ensuring families who encounter the child welfare system experience meaningful supportive services and develop relationships that will help them keep their children safe and improve family well-being.

CSA has engaged and collaborated with many national experts to begin transforming Michigan’s child welfare system to one that better protects children by effectively serving families.

Five Year Spend Plan

- In Fiscal Year 2021, the executive budget included an investment to expand four of Michigan’s home visiting programs to serve at-risk families.
 - Provides 500 new home visiting slots to eleven Michigan counties.
 - Enhances family health by ensuring new home visiting enrollees receive mental health consultation services.
 - Establishes an integrated home visiting system to support adequate referral, monitoring, and program evaluation to maximize family outcomes.
- The Governor’s Fiscal Year 2022 budget also includes two investment requests that will enable an expansion of an additional 1,000 home visiting slots for families with infants born with substance exposure as well as funding for implementation of evidence-based prevention services focused on the needs of families identified in Michigan’s target population for children at imminent risk of entering foster care.
 - Program cost plus 2.0 Full-Time Equated (FTE’s) for home visiting expansion to support families with infants born with substance exposure is \$7,410,000 gross, \$6,250,000 GF/GP.
 - Program cost plus 18.0 FTE’s to implement evidence-based prevention services to 1,391 families in the target population is \$9,233,800 gross, \$4,817,000 GF/GP.

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Five Year Spend Plan					
Programs	2021	2022	2023	2024	2025
Family First Transition Act (FFTA)*	\$ 12,319,400				
Homebuilders** Healthy Moms, Healthy Babies***	\$ 3,110,400	\$ 3,110,400	\$ 3,110,400	\$ 3,110,400	\$ 3,110,400
	\$ 1,125,000	\$ 4,500,000	\$ 4,500,000	\$ 4,500,000	\$ 4,500,000
Evidence-based prevention programming	0	\$9,233,800	\$9,233,800	\$9,233,800	\$9,233,800
Home visiting expansion/ Infants with substance exposure	0	\$7,410,000	\$7,410,000	\$7,410,000	\$7,410,000
Total	\$ 16,554,800	\$ 24,254,200	\$ 24,254,200	\$ 24,254,200	\$ 24,254,200

* Various programs will be supported including early intervention services and reunification services.

**First 3 years 62% Temporary Assistance for Needy Families (TANF), 38% FFTA (\$1,944,000 TANF; \$1,166,400 FFTA).

***The first year of Healthy Moms, Healthy Babies spending reflects implementation in early summer 2021.

Summary of all historical expenditures made to date for implementation by line-item appropriation and program type

As of the writing of this report, no expenditures or Family First Prevention Services Act (FFPSA) implementation have been incurred.

Information regarding compliance with Title IV-E prevention requirements

As of the writing of this report, no Title IV-E claims have been made under FFPSA authority.

Implementation Status of Qualified Residential Treatment Providers (QRTP)

Michigan is working toward implementing QRTP requirements in FY 2021. Legislation regarding QRTP was signed into state law by the governor on January 24, 2020; these statutes include both department and court requirements for QRTP compliance. Additional legislation is being pursued to include QRTP definition in statute to include IV-E eligible youth involved in the juvenile justice system.

MDHHS has worked with currently contracted residential providers to implement the requirements of QRTP; 54 agencies have been certified as meeting QRTP requirements and 2 agencies will be reviewed for certification after accreditation is received. MDHHS contracted for a review and recommendation of actuarially sound rates to address the increased requirements for treatment providers. Contracts with QRTP requirements are planned for execution April 2021.

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MDHHS has executed a contract with Maximus to complete the requirement of the independent assessment. The department contracted with the Praed Foundation for the development of a Michigan specific functional assessment tool that will be used as part of the independent assessment process. Maximus will begin testing the tool and assessment process February 2021.

In collaboration with the State Court Administrators Office (SCAO) and tribal representatives the department has been working on the development of proposed court rules and court form changes.

Initial training for court staff was conducted December 14, 2020. Additional training on changes in laws, processes, documentation, and evidence-based practices are planned for February and March 2021 for courts, child welfare staff, contracted QRTP providers.

Providers have been engaged in meetings, workgroups, and technical assistance opportunities over the last 18 months to identify and mitigate concerns together. Of the 58 agencies that initially applied for QRTP certification, only two agencies have chosen not to continue pursuit of certification due to the cost of accreditation and difficulty in meeting staffing requirements.

Detailed methodology in determining any savings realized or estimated from a reduction in congregate care or residential placements

The methodology is based on the number of children receiving evidence-based treatment intervention that are estimated to not enter residential/congregate care. For children receiving evidence-based treatment intervention, it is estimated that a portion of those children would not enter residential or congregate care depending on which treatment programs are selected. The savings is then based on the average cost of residential/congregate care less the average cost of foster care per day. The average residential/congregate care cost is divided by number of days in the year to obtain the estimated daily rate. The daily cost of a child placed in foster care is calculated in the same manner as the average residential/congregate care cost to obtain the estimated daily rate as well. The difference between the average daily cost of residential/congregate care is the estimated savings with the assumption that the evidence-based treatment intervention is diverting a portion of those children from entering residential/congregate care. The first year of implementation of the evidence-based treatment program assumes that children will gradually divert from residential/congregate care as the programs are implemented. Thus, the cost savings are phased in over a twelve-month period.

Model Licensing Standards

On April 11, 2019, Michigan submitted a title IV-E plan amendment to the Regional Office, Administration on Children, Youth and Families (ACYF). The plan amendment addressed the department's conformity with model licensing standards for foster family homes and plans to address deviations through the rule revision process. On May 2, 2019, MDHHS

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received approval from ACYS for Michigan's revised title IV-E plan. The effective date of this amendment was April 1, 2019.

Tracking and Preventing Child Maltreatment Deaths

MDHHS can track child maltreatment deaths through the Michigan Statewide Automated Child Welfare Information System (MISACWIS). When a call is made to Centralized Intake regarding a child fatality, staff at the Office of Family Advocate receive an alert through the system. The case is identified, and a child death report is distributed within 24 hours to nearly two dozen DHHS administrators to alert them. In 2020, 325 such reports were distributed. A comprehensive spreadsheet is maintained with information related to each case and is reviewed weekly within CSA.

Regarding preventing child maltreatment deaths, Michigan is one of only 5 states to receive the federal Office of Victims of Crime grant "Child Safety Forward" which focuses on reducing and preventing child deaths that result from violence and maltreatment. During 2020, the first year of the 3 year award, MDHHS was able to obtain and review 4 years' worth of CPS and injury/hospitalization data, expand the Child Death State Advisory Team and Citizen Review Panel on Child Fatalities to create a more robust multidisciplinary group focused specifically on promoting family well-being as a means of preventing child maltreatment, develop and complete a survey of service providers statewide to determine what additional needs they have in providing interventions to high risk families, and create an action plan which will focus on bolstering training and guidance related to safety planning for child welfare staff and increasing preventative services to families statewide who have had contact with CPS and need additional support.

Extending John H. Chafee Foster Care Independence Programs Up to Age 23

On October 1, 2018, MDHHS extended the age of Chafee eligibility to age 23. MDHHS messaged the change in a Communication Issuance, CI 18-094, issued September 17, 2018. The update was completed in foster care policy, FOM 950, The Youth in Transition Program, effective November 1, 2018.

Implementation of Title IV-E Prevention Plan

Michigan plans to implement strategies to safely reduce the need for foster care as well as strategies to speed time to reunification. Following are significant strategies planned or underway:

- **Front End System Redesign.** To help ensure decision making is equitable and consistent, CSA has partnered with Evident Change and ideas42 to develop a Structured Decision Making (SDM) tool for Michigan's Centralized Intake. The tool will help keep children with their families whenever possible, ensure families are treated fairly, reduce repeat system involvement, reduce racial disproportionality, and reduce the trauma experienced by families who do not require system involvement.
 - A formal kickoff for this work was held on November 5, 2020 and included a variety of stakeholders: MDHHS leadership and staff, parents and young

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- people who have experienced the child welfare system, tribal partners, medical professionals, school personnel, court staff, law enforcement, grassroots leaders, domestic violence advocates, substance use providers, among others.
- A visioning session was held on December 23, 2020, which provided stakeholders an opportunity to share their values and vision for the new tool.
 - Three workgroups are being developed to carry out key aspects of this work, including an evaluation steering committee, tasked with finalizing the logic model and creating an evaluation plan, including evaluation benchmarks, for the SDM intake assessment. Both the logic model and evaluation plan will be based on the collective vision created in the visioning session held on December 23.
 - Two additional workgroups include a SDM workgroup and a SDM advisory committee.
 - SDM workgroup: This will be a group of 20-25 who are tasked with operationalizing the tool, including MDHHS staff from Centralized Intake and the field, community partners and providers, tribal representatives, parents and young people, and court staff. Activities of this group include customizing each SDM item on the tool and definition within the scope of Michigan law, designing policies for SDM tool implementation, participating in inter-rater reliability testing (if applicable), and preparing Centralized Intake for knowledge use of the tool.
 - SDM advisory committee: A group of MDHHS staff and expert partners in the field and community who will be engaged in SDM tool development through ensuring practice guidance, definitional thresholds for screening and response priority criteria, and assessment tool policies are equitable, reflective of Michigan's values.
 - A kickoff meeting for the evaluation steering committee was held on January 26. Upcoming meetings for the SDM workgroup and SDM advisory committee are to be determined.
 - The tool is expected in 2021.
 - **Expand evidence-based prevention services.** MDHHS continues to engage with Chapin Hall via its partnership with Casey Family Programs to co-facilitate stakeholder groups to draft and finalize the Title IV-E Prevention Plan. It is anticipated that the draft prevention plan will be submitted for review in late Spring 2021.
 - Michigan specific data analysis completed by Chapin Hall indicates that the priority target populations to consider for evidence-based prevention programming in Michigan include: Families with children under six years old, families with teenagers, and pregnant and parenting youth. Known risk factors for child welfare involvement in Michigan for this target population include parental and youth substance-use, parental and child mental health, and domestic violence. Stakeholder groups are meeting to review target population data and service array gap analysis to finalize recommendations for evidence-based programs to be implemented beginning in fiscal year 2022.

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- **Overhaul training and workforce supports.** In June 2020, a proposal developed as part of the Michigan Child Welfare – University Partnership outlining suggested strategies for enhancement of child welfare workforce recruitment, training, and retention was submitted to Children’s Services Agency leadership for review. Following review, several recommendations were approved to be implemented; implementation planning has commenced for the following:
 - Revamping of the current Child Welfare Certificate Endorsement program.
 - Development of a contract to redesign current Pre-Service Institute training.
 - Development of statewide mentoring proposal.
 - Development of statewide guidance for onboarding.
 - Pursuit of grant to facilitate Title IV-E consultation.