

# Child and Family Services Review (CFSR) Program Improvement Plan

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

**October 1, 2020**

***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.***



## **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. 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](https://www.michigan.gov/mdhhs/0,5885,7-339-71551_11120_77826_78617_78618---,00.html)

### **Caseworker Training**

- Implement the Leadership Development Tool (LDT) to identify growth opportunities among managerial staff. The tool has been developed and awaiting final authorization for implementation. The target completion was extended to January 31, 2021 due to impact of COVID-19.
  
- Provide targeted training to Michigan Department of Health and Human Services (MDHHS) staff surrounding the Comprehensive Organization Health Assessment and LDT identified areas of low performance. Pilot initiatives have informed Children's Service Agency (CSA) and Office of Workforce Development and Training on existing trainings that will address training gaps. The pilot included an initial survey which addressed organization culture and climate, and secondary traumatic trauma. A second survey assessed how implemented strategies improved culture and climate. Stresses identified from the surveys included new worker training away from the office, numbers being more important than children, and management of workload. Additionally, more was needed to understand the impact of staff secondary trauma. Strengths from the surveys identified relationships between staff and families, purpose of the work, and team relationships. The target completion was extended to January 31, 2021 due to impact of COVID-19.
  
- Develop meaningful individualized county plans for improvement based on statewide climate/culture results. MDHHS and private agencies 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 was released to all county leadership members for use with a specific Action Plan template to review and update as part of the local and statewide Continuous Quality Improvement activities. This was completed as of August 31, 2020.
  
- Develop enhanced regional training and support teams for MDHHS employees and managers. MDHHS is evaluating enhanced regional training and support teams for MDHHS employees and managers. Turnover is highest among

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employees ages 21 to 26 years old. The training redesign collaboration between the department and universities has submitted their structural proposal to CSA leadership. Utilizing information obtained from the Mentoring & Post-Training Support workgroup and Ingham Mentoring pilot, a recommendation to implement additional pilots in targeted counties where mentors would provide tiered support to new staff before, during and following Initial Worker Training has been made to CSA leadership. A detailed proposal will be developed pending approval from CSA leadership. The target completion was extended to October 31, 2020 due to COVID-19.

- Develop formalized monthly turnover reporting mechanism. Michigan was accepted into the Quality Improvement Center for Workforce Development Analytics Institute. Through participation, Michigan will develop an enhanced turnover report. The target completion has been extended for completion to January 31, 2021 due to impact of COVID-19.

### **Costs Necessary to Reduce Travel for Service Provision**

- Develop services and supports that prevent maltreatment, help children and families to alleviate crisis when it occurs, and achieve permanency quicker when removal is necessary within the community. Chapin Hall is assessing prevention services gaps and will assist with the definition of eligibility and the needs of youth and families in Michigan. The target completion date is April 30, 2021.
- Coach and support resource families through the implementation of pilot projects, so they are encouraged to collaborate with the biological/legal family in the care of the children placed with them. Training redesign (and mentoring) collaborative workgroups have met continuously. Group proposals have been completed and submitted to steering committee for final review with final submission to CSA on June 3, 2020.
- Partner with Recovery Oriented Systems of Care, Medical Services Administration, and local Pre-paid Inpatient Health Plans to increase use of co-placement of infants and children with their parents in treatment facilities for substance use disorders. A baseline of 38 children was able to be obtained from administrative data, and a contract amendment is required for purposes of capturing data moving forward. The target completion was extended to January 31, 2021 due to COVID-19.
- Partner with the MDHHS Bureau of Family Health Services to strengthen referral and access to home visitation programs for families encountering child welfare. The target completion is October 31, 2020.

### **Caseworker Engagement and Reduction of Maltreatment in Care**

- Release safety planning policy and provide training to staff regarding new policy. Michigan released the safety planning policy and provided training to staff

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regarding the new policy. Evaluation of the current Children's Protective Service (CPS) risk assessment tool and data has been completed. Consultation with the National Council on Crime and Delinquency has occurred, and they will provide further recommendations to the department to include design and inter-rater reliability testing on use of current risk and safety formal structured decision-making tools. The target completion remains April 30, 2021.

- Michigan has established a front-end redesign of the CPS program. Information and data from the supervisory control protocol 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.
- Establish contract requirements specifically for Regional Resource Team, Kinship Care/Michigan State University, statewide foster and adoptive parent for foundational resource parent training which include requirements and strategies for co-parenting resource families and parents. Expanded training audiences to include MDHHS and private agency licensing, foster care and adoption workers & supervisors, and parents together with resource families.
- Transfer training content to web-based modules available to already licensed resource families. MDHHS is developing a new resource parent training. The target completion for this activity is April 30, 2021.
- Reviewed and revised resource family payment Determination of Care to create efficiencies and better incorporate resource family supports into treatment plans. MDHHS formed a workgroup to examine different options to complete this activity. Completion was on August 31, 2020.

### **Permanency in Case Planning**

Michigan's case practice measures permanency through the Quality Service Review. A child removed from their family home should be matched with a caregiver who can meet the specific needs of that child. This placement should provide positive and enduring relationships and support timely legal permanency with a planned permanent caregiver. Michigan continues to implement case review activities and provides feedback to local leadership and staff on information learned after applying the Quality Service Review protocol alongside the application of the federal Child and Family Services Review. This practice highlights strengths and opportunities as well as the systemic factors that may contribute to or inhibit child and family outcomes.

When courts and legal representatives work as an extension of the treatment team to reduce or eliminate barriers, children and parents have better outcomes. Parents and children with enhanced legal representation receive greater access to supportive services and parenting time which contributes to timely reunification. Two counties, Wayne and Van Buren have implemented pilot Quality Legal Representation programs. Each

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county's pilot implementation affords a federal fund match with specific legal activities dedicated to promote children remaining safely in the home or reunifying safely. Data collection and analysis have been incorporated into the pilot to inform statewide implementation options. The target completion for this activity is April 30, 2021.