

STATE OF MICHIGAN

Social Services Block Grant

Intended Use Plan and Pre-Expenditure Report

Fiscal Year 2022

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I. State/Federal Fiscal Year covered in Pre-expenditure Plan (REQUIRED)

Specify the fiscal year, including start and end dates, covered in the pre-expenditure plan.

Fiscal Year (*select one*):

State

Federal

Dates (*start and end date of fiscal year*):

Start Date: 10/01/2021

End Date: 09/30/2022

DRAFT



STATE OF MICHIGAN

GRETCHEN WHITMER
GOVERNOR

DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

ELIZABETH HERTEL
DIRECTOR

Mr. Lynwood McDaniel Jr.
Social Services Block Grant (SSBG)
Division of Social Services (DSS)
Office of Community Services (OCS)
Administration for Children and Families (ACF)
U.S. Department of Health and Human Services (DHHS)
330 C Street, SW, 5th Floor
Washington, DC 20201

Dear Mr. McDaniel:

Enclosed is the Social Services Block Grant Intended Use Plan and pre-expenditure report for the State of Michigan. The report covers State and Federal Fiscal Year 2022, which runs from 10/1/21 to 09/30/22.

The State SSBG official receiving the SSBG Grant Award is:
Ms. Elizabeth Hertel
Michigan Department of Health and Human Services Director
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Lansing, Michigan 48933
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The Authorized Organizational Representative is:
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The SSBG program contact person is:
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If you have any questions regarding this report, please contact MDHHS-Grants@michigan.gov.

Sincerely,

Dan Lance, AOR

III. Public Inspection

The governor of Michigan has designated the Michigan Department of Health and Human Services as the state agency to receive and administer the Title XX Social Services Block Grant. The department has produced this plan to meet the requirements for receiving Title XX Social Services Block Grant funds and to facilitate public comment on the services to be supported by Title XX funds.

A public hearing for the SSBG State plan was held on August 13, 2021. The draft plan was published and made electronically available for public comment and review during the month of July 2021 and announced to the Michigan Department of Health and Human Services local offices, the Legislature, and other interested groups and individuals for comment. A designated electronic mailbox (MDHHS-SSBGMail@michigan.gov) was used to receive comments from interested groups and individuals on the draft plan.

A copy of the press release and newspaper articles is provided in Appendix A.

IV. Narrative

A. Administrative Operations

1. State Administrative Agency

Agency Designated to Administer SSBG Program:
Michigan Department of Health and Human Services (MDHHS)

Vision:

Develop and encourage measurable health, safety and self-sufficiency outcomes that reduce and prevent risks, promote equity, foster healthy habits, and transform the health and human services system to improve the lives of Michigan families.

Guiding Principles:

- Ensure that Michigan youth are healthy, protected, and supported on their path to adulthood.
- Safeguard, respect, and encourage the wellbeing of Michigan adults in our communities and our care.
- Support families and individuals on their road to self-sufficiency through responsive, innovative, and accessible service delivery.
- Transform the healthcare system and behavioral health coordination to improve outcomes for residents.
- Promote and protect the health, wellness, and safety of all Michigan residents.
- Strengthen opportunities, promote diversity, and empower our workforce to contribute to Michigan's economic development.

Agency Responsibilities:

MDHHS provides assistance to clients in the following areas: food, childcare, cash, medical and emergency relief. MDHHS is also responsible for providing services for the following programs: child support, foster care and adoption, abuse and neglect, juvenile justice, Native American Affairs, migrant and refugee programs, rehabilitation services, adult and children's services, disability determination, domestic violence prevention and family and community services.

Agency Goals and Objectives:

The following are the goals and objectives of MDHHS:

Goal 1: Children exit foster care to permanent placements.

Objective 1. 41 percent of children entering foster care in a 12-month period will discharge to permanency within 12 months of entering foster care.

Objective 2. 44 percent of children who have been in care for 12 – 23 months will discharge to permanency.

Goal 2: Children free from recurrence of maltreatment.

Objective 1. 95 percent of child victims of abuse and/or neglect not victimized again in a 6-month period.

Goal 3: Food assistance payment accuracy rate.

Objective 1. 94 percent of benefits accurately issued to clients each month.

Goal 4: Children free from abuse or neglect in foster care.

Objective 1. 99 percent of child victims of abuse and/or neglect not victimized again by a foster parent or child caring institution staff person.

Goal 5: Food Assistance Program recoupment from client error or intentional fraud.

Objective 1. \$2,700,000 in benefits retained annually by the state for recovery of Food Assistance Program client error and Intentional Program Violation claims.

2. State Offices/Departments

Below are descriptions of MDHHS program areas where Title XX funds are intended to be allocated:

Adult Protective Services: Provides protection to vulnerable adults (18 years or older) who are at risk of harm due to the presence or threat of abuse, neglect or exploitation.

Adult Community Placement: Provides services that assist in achieving the least restrictive community-based care settings for adults who require care in licensed community placement: Adult Foster Care facilities or Homes for the Aged.

Adoption Services Program: Provides for adoption planning and placement of children who are permanent state wards due to termination of parental rights. Services are provided to recruit and support permanent placements of children in homes that are capable of meeting the long-term physical, emotional, educational and behavioral needs of the child.

Children's Foster Care: Provides placement and supervision of children who have been removed from their homes due to abuse or neglect. The court authorizes removal of children from their parents and refers them to MDHHS for placement, care and supervision. Also, several programs are provided to support older youth in foster care and youth that have exited foster care.

Michigan Youth Opportunities Initiative: Provides improved outcomes for youth transitioning from foster care to adulthood by bringing together community members, public and private agencies, and resources that are critical to enhancing the success of young adults who are transitioning or have transitioned from foster care.

Children's Protective Services (CPS): Investigates allegations that a child under the age of 18 is being abused or neglected by a caretaker (a person defined in the law as responsible for the child's health or welfare). CPS also assesses the safety of all children in the household, provides services for the children and family as needs are identified and, if necessary, initiates actions needed to protect children in the home.

Runaway and Homeless Youth Services: Provides crisis-based services to runaway youth ages 12 through 17 and their siblings and families, including crisis intervention, community education, prevention, case management, counseling, skill building and placement. Provides services to homeless youth ages 16 through 24 that require support for a longer period including crisis management, community education, counseling, placement and life skills.

Child Welfare Licensing: Protects vulnerable children by regulating and consulting with licensees. This industry is regulated through initial licensure, original and renewal inspections, complaint investigations, approval of corrective action plans and taking disciplinary action as needed to protect individuals served.

Community Resource Program (CRP): Offers numerous services and locally customized programs to meet community needs with the assistance of volunteers, donations and grant funding. MDHHS employs Community Resource Coordinators who focus on building relationships to provide additional services to families within the community. Some coordinators are housed within local schools, bringing services directly to clients and low-income families. The CRP responds to the unique and changing needs of MDHHS staff, recipients and community partners. MDHHS volunteers provide services in the following areas:

- Transportation;
- Peer Counseling;
- Tutoring;
- Child Care; and
- Community Engagement and Partnerships.

Domestic and Sexual Violence Prevention and Treatment: Provides funding for domestic violence shelters, sexual assault programs, victim advocacy and services, and all accredited Child Advocacy Centers.

Migrant Program Services: Provides policy and program development, assessment, coordination of services and advocacy for Michigan's migrant and seasonal farmworkers, their family members and dependents through specialized MDHHS field staff, the Interagency Migrant Services Committee, and regional migrant resource councils.

Native American Affairs (NAA): Delivers a broad range of services to Michigan's American Indian and Alaska Native population, tribes, urban Indian organizations, MDHHS field staff, and private agency foster care (PAFC) providers. Services provided include: policy and program development, resource coordination, advocacy, training and technical assistance, coordination of efforts to ensure implementation of applicable state and federal laws, and tribal consultation.

Juvenile Programs: Provides technical assistance, consultation, assessment services and training for state community-based juvenile justice programs and youth in state-operated and private, contracted residential facilities. Assessment services include providing educational services, vocational services, short-term assessment services, cognitive restructuring, family assistance, crises intervention, transportation and recreation.

Multicultural Services: MDHHS contractors provide information, referral, and advocacy services to low income Asian, American Indian/Alaska Native, Hispanic, Arab-American, Chaldean, Jewish and Vietnam veterans applicants or recipients of public assistance. Services include orientation of applicants to the American culture including legal, educational, economic, social, or health matters.

B. Fiscal Operations

1. Criteria for Distribution

SSBG funds constitute approximately 0.2 percent of total funding and about 0.3 percent of all federal funding for MDHHS. The distribution of SSBG funds is influenced by many factors, such as the availability of other federal, state and local funds; the availability of services from other federal or state agencies, private non-profit agencies, local agencies or family members; and the priorities of MDHHS.

2. Planning Process for Use and Distribution of Funds:

Temporary Assistance to Needy Families (TANF) regulations authorize the use of up to 10 percent of a state's TANF grant to carry-out programs pursuant to Title XX of the Social Security Act.

TANF-transferred SSBG funds will support activities as described in this report subject to the federal requirement that TANF funds transferred to SSBG shall be used only for programs and services to children and their families whose income is below 200 percent of the federal income poverty guidelines.

3. Financial Operations System:

MDHHS uses a public assistance cost allocation plan to assign costs to federal and state fund sources for program administration and service delivery. Through the use of appropriate cost allocation methodologies, the department identifies eligible costs for federal funds.

Annually, the state has eligible claims in excess of its Title XX block grant and transfer funds. At that time, Title XX claims across all program areas are reduced to within the state's available funding. Remaining costs are supported with state funds as is necessary. Allowable costs are directed to Title XX per this intended use plan.

C. Program Operations

1. SSBG Statutory Goals the State Plans to Achieve

SSBG Statutory Goals:

- 1. Achieving or maintaining economic self-support to prevent, reduce, or eliminate dependency
- 2. Achieving or maintaining self-sufficiency, including reduction or prevention of dependency
- 3. Preventing or remedying neglect, abuse or exploitation of children and adults unable to protect their own interests, or preserving, rehabilitating or reuniting families
- 4. Preventing or reducing inappropriate institutional care by providing for community-based care, home-based care or other forms of less intensive care
- 5. Securing referral or admission for institutional care when other forms of care are not appropriate, or providing services to individuals in institutions

2. Characteristics of Individuals to be Served

Definitions

Child: For MDHHS protective services programs, child is a person under 18 years of age (MCL 722.622(e)). For all other programs, child is an individual who is not emancipated under 1968 PA 293, MCL 722.1 to 722.6, who lives with a parent or caretaker, and who is either of the following:

(i) Under the age of 18.

(ii) Age 18 and a full-time high school student.

Adult: An adult in need of services is a vulnerable person not less than 18 years of age (MCL 400.11). *Note that there are additional Michigan statutes that define an adult as a person 18 years of age or older and a child as a person under 18 years of age.

Family: For limited purposes of the family independence program, family is defined in MCL 400.57 as a household consisting of a child and either a parent or stepparent of the child, or a caretaker of the child; a pregnant woman; a parent of a child in foster care.

Eligibility Criteria:

Adult Protective Services: Any adult who is reported as at risk of harm from abuse, neglect or exploitation, and there is a reasonable belief that the person is a vulnerable adult in need of protective services.

Adult Community Placement: Adults who are elderly, frail, physically handicapped, emotionally impaired or mentally ill.

Adoption Services Program: All children legally free for adoption under the agency's care and supervision.

Children's Foster Care: Children who have been abused and/or neglected, and who cannot remain in their family homes because the child is at substantial risk of harm or is in surroundings that present an imminent risk of harm and the child's immediate removal from those surroundings is necessary to protect the child's health and safety.

Michigan Youth Opportunities Initiative: Youth, ages 14-23, who were placed out of home with MDHHS under either an abuse and neglect order or delinquency order and who are eligible for federal Chafee funds.

Children's Protective Services: All children and families when any of the following conditions exist: a child is reported, known, or suspected to be in danger of abuse, neglect or exploitation by a person responsible for the child's health or welfare; a child is without proper custody or guardianship; a child is adjudicated neglected and the court requests supervision by MDHHS in the child's home; a child or family is referred for investigation.

Runaway and Homeless Youth Services: Youths, ages 12 through 24, who are voluntarily admitted for services and have run away from their caretaker, are contemplating running away, are homeless or have been thrown out of their homes or are in crisis or in need of protection. Families of eligible youth may also receive services to encourage family reunification.

Child Welfare Licensing: Vulnerable children receiving services from licensed facilities including all child caring institutions, child placing agencies, foster family and foster family group homes, and juvenile court-operated facilities.

Community Resource Program: Children, adults and families that have been identified as needing services.

Domestic and Sexual Violence Prevention and Treatment: Adult victims of domestic violence and their children and sexual assault victims of any age.

Migrant Affairs: Migrant and seasonal farmworkers and their family members and dependents.

Native American Affairs (NAA) and Native American Outreach Services (NAOS): People and/or families who self-declare as having American Indian or Alaska Native ancestry or are federally recognized tribal members; and have developed or are at risk for the

development of social, educational, and economic problems, particularly but not limited to: children, families, elders, low-income individuals and disabled persons.

Youth in Transition: Youth who are active in the foster care system, placed out of their home based on abuse and neglect, starting at age 14 and up to age 23; youth, ages 18 to 23, that have been in foster care on or after their 14th birthday but are no longer under MDHHS/Tribal supervision; a youth who has or had an open juvenile justice case and is placed in an eligible placement under the supervision of MDHHS.

Juvenile Programs: Adjudicated delinquent youth who have been committed under Public Act 150, 1974, or who are court wards ordered to the MDHHS for placement and care. Youth who are at risk of becoming delinquent because of home or community involvement.

Multicultural Services: Clients served are low income Asian, American Indian/Alaska Native, Hispanic, Arab-American, Chaldean, Jewish and Vietnam veteran applicants or recipients of public assistance.

Income Guidelines:

Adult Protective Services, Adult Community Placement, Adoption Services Program, Children's Foster Care, Michigan Youth Opportunities Initiative, Children's Protective Services, Runaway and Homeless Youth Services, Child Welfare Licensing, Community Resource Program, Domestic and Sexual Violence Prevention and Treatment Board, Native American Affairs, Indian Outreach Services, Migrant Program Services and Juvenile Programs are provided without regard to income.

Multicultural services require a person or family to have an income level 200 percent below the federal income poverty guidelines.

3. Types of Activities to be Supported

ADOPTION SERVICES

MDHHS provides permanent homes for Michigan Children's Institute wards (permanent state wards) and permanent court wards under the supervision of the department. In certain situations, MDHHS may also provide adoption assistance to assist in supporting the day-to-day care of the child, treatment of medical conditions, or both.

Services are provided to all children legally free for adoption under the care and supervision of MDHHS. Adoption services concentrate on adoption planning and placement of children who are permanent state wards including children who are members of sibling groups, children with physical and emotional handicaps and older children.

MDHHS ensures child welfare clients have access to health care services such as medical, dental and mental health. MDHHS provides medical, psychological and psychiatric services to clients of the Adoption Services Program. MDHHS contracts with a medical consultant who provides policy direction advice, trains MDHHS staff, administers the Health Advisory Resource Team, and meets with state partners on health-related issues.

- SSBG Statutory Goal(s) Supported: 3
- Method of Delivery: Public and Private
- Geographic Area: Statewide

CASE MANAGEMENT

MDHHS administers and provides oversight of case management services throughout the state for MDHHS clients.

A. Adult, Juvenile Justice and Child Welfare Case Management

MDHHS provides the daily administrative rate paid to child placing agencies that deliver foster care case management services on behalf of MDHHS. MDHHS supports the delivery of case management services and intervention by front-line staff, supervisors and program managers in Adult Services; Prevention; Adult and Children's Protective Services (Maltreatment in Care, Centralized Intake); Foster Care (Health Unit/Liaison Officers, Michigan Youth Opportunities Initiative, Educational Planners, Child Welfare Financial Specialists, Permanency Resource Managers and Assistants, Peer Coaches); Foster Home Licensing; Juvenile Justice and Adoption. These case management services often include referrals to specific providers or direct intervention by the front-line staff in areas of health, education, independent living, housing, employment, parenting, transportation and counseling.

MDHHS also supports the organization and management of substantial reform efforts to improve child welfare case management and service delivery by developing an enhanced case practice model (MiTEAM); establishing and implementing a statewide child welfare continuous quality improvement system (with qualitative service review component); and improving the collection and evaluation of child welfare data. Due to a class action lawsuit in Michigan, *Dwayne B. v. Snyder*, additional monitoring activities occur by and through a federal court ordered contract with Public Catalyst Group to ensure the rights of child welfare clients under the care and supervision of MDHHS protected pursuant to the Implementation, Sustainability and Exit Plan (ISEP).

MDHHS provides training and education support to child welfare staff to ensure all child welfare professionals serving child welfare populations in the state have necessary and applicable initial and ongoing training in areas of child welfare service delivery and case management.

B. Migrant Program

MDHHS has been designated as the lead state agency responsible for the assessment, development and coordination of services for Michigan's 90,700 migrant and seasonal farmworkers, their family members and dependents, which includes an estimated 41,000

children and youth under the age of 20. MDHHS responsibilities for migrant and seasonal farmworkers are accomplished through the Office of Migrant Affairs, the Interagency Migrant Services Committee, and nine regional migrant resource councils.

Case management workers throughout the state are augmented by seasonal and full-time migrant program workers located in the counties with the largest number of migrant farmworkers. These staff provide specialized case management services to migrant and seasonal farmworkers including assisting with childcare, food assistance, Medicaid, emergency, and employment services.

In support of these services, migrant program staff also perform extensive outreach activities to locate unserved farmworkers and provide supportive services. They also help address other farmworker needs by collaborating with and making referrals to other migrant service providers who can help with employment services, job skills training programs, healthcare providers, housing services, free legal services, migrant education, English as a Second Language classes and GED programs. Migrant program staff have also worked to educate farmworkers about COVID-19, distributed PPE, and supported COVID-19 testing and vaccination events.

The Office of Migrant Affairs provides specialized training on migrant assistance payments case management, MDHHS migrant policy and outreach to migrant and seasonal farmworkers and their family members receiving MDHHS services.

- SSBG Statutory Goal(s) Supported: 1, 2, 3, 4
- Method of Delivery: Public and Private
- Geographic Area: Statewide

C. Native American Affairs

Native American Affairs (NAA) serves as MDHHS' avenue to comply with federal and state requirements for consultation with American Indian tribes regarding all state plans, programs, legislative changes, and policy changes that impact American Indian and Alaska Native children and families.

NAA delivers a broad range of education and training services to Michigan's approximate 250,000 American Indian/Alaska Native (AI/AN) population, tribes, urban Indian organizations, and department or private agency foster care field staff including, but not limited to: child welfare/direct assistance policy and program development, client resource coordination, advocacy, training and technical assistance, cultural and educational linkages (resource guides, back to school backpacks, conferences, and foster care youth/recruitment incentives), coordination of efforts to ensure implementation of applicable state and federal laws including the federal Indian Child Welfare Act (ICWA) and Michigan Indian Family Preservation Act (MIFPA) pertaining to American Indian/Alaska Native persons, and tribal consultation annually or as requested by tribes.

MDHHS supports coordinated statewide efforts and collaborations with other state entities to ensure the safety, permanency, and well-being of Indian children and families

in Michigan, including: Tribal State Partnership, Urban Indian State Partnership, Tribal State Forum, Regional Indian Outreach Worker Meetings, Child Welfare Training Institute, State Court Administrative Office, Court Improvement Program, Statewide Task Force and Tribal Court Relations Subcommittees; and tribal and urban Indian organization site visits.

- SSBG Statutory Goal(s) Supported: 1, 2, 3, 4, 5
- Method of Delivery: Public and Private
- Geographic Area: Statewide

D. Native American Outreach Services

Native American Outreach Services (NAOS), through coordination and support from the MDHHS Office of Native American Affairs (NAA), assists Michigan's American Indian/Alaska Native residents with issues of a social, educational, psychological, physical, economic and/or cultural nature to improve their quality of life. Native American Outreach Workers (NAOWs) who share or have a knowledge of the values, traditions, customs, and language of tribal communities assist American Indian/Alaska Native families to attain self-sufficiency with a program focus to preserve, rehabilitate, strengthen and reunite families. Native American Outreach Workers (NAOWs) provide information and referral services, homemaker services, serve as a liaison between the American Indian/Alaska Native community, state and local agencies, Indian centers, schools and the non-Native American community.

- SSBG Statutory Goal(s) Supported: 1, 2, 3, 4
- Method of Delivery: Public and Private
- Geographic Area: 24 Michigan Counties (Alger, Antrim, Baraga, Benzie, Charlevoix, Chippewa, Emmet, Gogebic, Grand Traverse, Houghton, Ingham, Isabella, Kalkaska, Keweenaw, Kent, Leelanau, Luce, Mackinac, Manistee, Marquette, Menominee, Schoolcraft, Van Buren, and Wayne).

E. Multicultural Services

Information, referral, and advocacy services are provided to low income Asian, American Indian/Alaska Native, Hispanic, Arab-American, Chaldean, Jewish and Vietnam Veteran applicants or recipients of public assistance. Services include orientation of applicants to the American culture including legal, educational, economic, social, or health matters. Adults are oriented to the agency's work program: Partnership. Accountability. Training. Hope. (PATH). This program requirement is done in order to assist them in fulfilling the responsibility to their families and MDHHS program requirements. Individuals are assisted in determining the appropriate direction to achieve gainful employment.

- SSBG Statutory Goal(s) Supported: 1, 2, 3, 4
- Method of Delivery: Public and Private
- Geographic Area: Statewide

COUNSELING SERVICES

Therapeutic counseling services are provided to MDHHS clients receiving services from a wide variety of MDHHS programs, including Juvenile Justice, Children's Protective Services, Foster Care and Cash Assistance programs. Counseling services include clinical, outreach and group counseling.

- SSBG Statutory Goal(s) Supported: 1, 2, 3, 5
- Method of Delivery: Public and Private
- Geographic Area: Statewide

FOSTER CARE SERVICES - ADULTS

Adult Community Placement (ACP)

ACP Program provides services that assist in achieving the least restrictive community-based care settings for adults who require care in licensed community placement: Adult Foster Care (AFC) facilities or Homes for the Aged (HA). ACP works to maximize independence and self-determination for program recipients by assisting in maintaining connections with family, other community members, and community activities. ACP provides pre-placement services and assistance with placement for adults who need care in licensed community placement settings. Post-placement/follow-up services are provided.

MDHHS Adult Services workers provide program services to adults 18 or older who are elderly, frail, physically handicapped, emotionally impaired, or mentally ill. Most clients are Medicaid-eligible and receive Supplemental Security Income.

Specific ACP services can include: case management, counseling, education and training, health-related services, information and referral, money management, pre-placement services, post-placement services, and protection. MDHHS workers authorize personal care supplement payments each month to the AFC/HA provider for Medicaid clients residing in these facilities.

- SSBG Statutory Goal(s) Supported: 1, 2, 3
- Method of Delivery: Public
- Geographic Area: Statewide

FOSTER CARE SERVICES - CHILDREN

A. Children's Foster Care Program

MDHHS provides foster care placement activities for children who have been abused and/or neglected or who cannot remain in their family homes because the child is at substantial risk of harm or is in surroundings that present an imminent risk of harm and the child's immediate removal from those surroundings is necessary to protect the child's health and safety. MDHHS provides temporary supervision of abused or neglected children when deemed necessary by the family court. MDHHS provides the following services:

- Maintains the child in the family home when possible and assists the family in resolving the situation.

- Provides access to therapeutic services designed to remediate familial problems and permit safe reunification with families.
- Supervises children placed out of their homes and works with the families to return the children to their families, if possible.
- Petitions the court for legal termination of parental rights, if necessary.
- Seeks permanent homes for children when neither return to their homes nor adoption is possible.
- Assures payments for necessary social services for children in foster care.

MDHHS provides placement and supervision of all children who are court or state wards. The Children's Foster Care program works closely with the Children's Protective Services program and the Adoption Services program.

MDHHS ensures child welfare clients have access to health care services such as medical, dental and mental health. MDHHS ensures the provision of timely health services, including medical, psychological and psychiatric services to clients of Foster Care Program. MDHHS contracts with a medical consultant who provides policy direction advice, trains MDHHS staff, and meets with state partners on health-related issues. MDHHS also contracts for specialty health services not covered by Medicaid, such as Comprehensive Trauma Assessments.

B. Child Welfare Licensing

The Children's Services Agency, Division of Child Welfare Licensing is responsible for issuing child placing licenses and children's foster home licenses in the state and conducting ongoing monitoring of all child foster care licenses. Foster home licensing consultants are assigned to child placing agencies to assist with the licensing and monitoring of children's foster care licenses. Services provided can include: pre-licensing orientations to potential Child Placing Agency (CPA) applicants; criminal background checks; consultation for the applicant on how to comply with the administrative rules and licensing statutes; training child placing agency certification staff related to the licensing of children's foster homes; training for Child Placing Agency (CPA) and child caring institution staff related to maintaining compliance with administrative rules and statutes as well as good practices; onsite inspections to verify compliance with all administrative rules; license renewal inspections to verify the facility remains in compliance; reviews in foster homes to ensure the safety of foster children and the provision of services by the CPA or for youth in independent living arrangements; consultation to assist with compliance as needed throughout the duration of the license; special investigations when allegations of noncompliance are received; receipt and processing of complaints; special investigations and/or renewal inspections; processing of adverse actions to revoke, suspend, deny issuance or refuse to renew licenses; maintaining the licensing database.

- SSBG Statutory Goal(s) Supported: 3, 4
- Method of Delivery: Public
- Geographic Area: Statewide

C. Juvenile Justice

MDHHS Juvenile Justice Programs administers state and federal grants. Juvenile Justice Programs writes policy for State of Michigan juvenile justice case managers and public and private, contracted juvenile justice residential treatment facilities. Juvenile Justice Programs also manage:

- Regional detention support services.
- An assignment unit for all juvenile justice residential placements.
- Two state-run residential juvenile justice facilities.
- Twenty-three private contracted residential juvenile justice facilities.
- Prison Rape Elimination Act compliance monitoring and audits for all public and private, contracted juvenile justice residential facilities.
- Juvenile forensic mental health examiner training.
- Implementation of the juvenile justice risk assessment system.
- The Michigan School-Justice Partnership statewide initiative.

Juvenile Justice Programs implements the Michigan Youth Reentry Initiative that operates through a contract for care coordination, with an emphasis on assisting young people with medical, mental health or other functional life impairments that may impede success when re-entering the community. The program delivers evidence-based and/or promising practices resulting in lower rates of recidivism, increased employment and education outcomes and permanency for youth with disabilities when re-entering the community.

Juvenile Justice Programs oversees the Michigan School-Justice Partnership, an initiative focused on ending the 'school-to-prison pipeline' in Michigan. Each year, Juvenile Justice Programs brings together multi-disciplinary county teams for a statewide forum designed to keep kids in school and out of the juvenile and criminal justice systems. County teams, led by a judge and intermediate school district superintendent, are tasked with solving the school-to-prison issues in their communities. Team membership includes school principals, teachers, truancy officers and other school personnel, mental health personnel, prosecutors, MDHHS staff, juvenile referees, probation officers and law enforcement.

HOUSING SERVICES

A. Runaway and Homeless Youth

MDHHS contracts with runaway and homeless youth service providers to provide outreach, prevention, crisis intervention, and emergency shelter to younger youth to reunify families and prevent placement into foster care or juvenile justice placement; as well as transitional living programs for older youth needing longer-term preparation to live independently. The service array that is offered includes, but is not limited to, assessment, individual, group and family counseling, case management, independent living skills, referrals and linkages for housing, education and health care needs.

- SSBG Statutory Goal(s) Supported: 1, 2, 3, 4
- Method of Delivery: Public and Private
- Geographic Area: Statewide

B. Michigan Domestic and Sexual Violence Prevention and Treatment Board (MDSVPTB)

MDSVPTB, administratively housed in MDHHS, is legislatively mandated to coordinate all statewide functions related to the prevention and treatment of domestic and sexual violence and is the entity responsible for enacting the congressional Violence Against Women Act in Michigan. MDVSPTB sub-contracts to local domestic and sexual violence shelter agencies for the provision of safe shelter housing coupled with voluntary supportive services as needed to assist domestic violence survivors and their dependent children. This includes onsite shelter managed by the domestic violence program and program-sponsored hotel rooms. Supportive services include 24-hour hotline, individual and group supportive counseling that is empowerment-based and related to domestic violence and/or sexual violence issues, counseling/therapy, childcare during counseling sessions, children's services, transportation, and advocacy services in obtaining health care, criminal justice assistance, financial/specific assistance, employment assistance and housing assistance.

- SSBG Statutory Goal(s) Supported: 1, 2, 3, 4
- Method of Delivery: Public and Private
- Geographic Area: Statewide

INDEPENDENT/TRANSITIONAL LIVING SERVICES

MDSVPTB sub-contracts with local domestic violence agencies for the provision of safe, decent single-family occupancy units coupled with voluntary supportive services, to assist domestic violence survivors and their dependent children. Housing is available 7 days a week, 24 hours a day, 365 days a year for up to 24 months.

- SSBG Statutory Goal(s) Supported: 1, 2, 3, 4
- Method of Delivery: Public and Private
- Geographic Area: Statewide

PROTECTIVE SERVICES FOR ADULTS

Adult Protective Services (APS) provide protection to vulnerable adults who are at risk of harm due to the presence or threat of abuse, neglect, or exploitation. MDHHS provides immediate intervention to APS clients when necessary, which may include cost for placement in a safe environment; personal care aides; housecleaning; fumigation; or other needs that would assist the person to remain safely and independent.

Services in this program:

- Provide immediate (within 24 hours) investigation and assessment of situations referred to the department where an adult is suspected of being or believed to be abused, neglected, or exploited. This includes the operation of a 24-hour centralized intake center, where callers are able to call one number statewide to report suspected abuse, neglect, or exploitation.
- For those found to be in need of protection, assure that the adult is living in a safe and stable situation, including legal intervention, where required, in the least intrusive or restrictive manner.
- Transitional services for individuals relocated when nursing homes close.

Program services are available to any adult who is reported at risk of harm from abuse, neglect, or exploitation, and where there is a reasonable belief that the person is a vulnerable adult in need of protective services.

MDHHS purchases guardianship services for adults. Contractors deliver legal intervention services (guardianship, conservatorship, or both) which include the following duties and obligations to the ward:

- Ensuring that the ward is appropriately housed.
 - Ensuring that provision is made for the care, comfort and maintenance of the ward.
 - Making reasonable efforts to secure medical, psychological and social services, training, education, and social and vocational opportunities for the ward.
 - Filing with the court a report on the condition of the ward in compliance with the probate code.
 - Acting as fiduciary of the ward's estate in compliance with the probate code.
 - Receiving and managing benefit payments on behalf of the beneficiary.
 - Keeping in regular contact with the ward and maintaining an individual client case record of contacts, service plan, progress notes, etc.
 - Upon the death of the ward, notify the probate court and any department providing benefits to the ward, make funeral arrangements, apply for burial funds if necessary, turn the ward's assets over to the individual designated by the probate court and submit a final accounting of the ward's estate to the court.
 - Put in writing and implement a grievance procedure.
 - Have a written procedure to assist in making medical decisions.
 - Carry out all other duties required by the probate code.
 - Use partial guardianships (for example, finances only) when appropriate to maximize the rights maintained by the individual.
- SSBG Statutory Goal(s) Supported: 1, 2, 3, 4
 - Method of Delivery: Public
 - Geographic Area: Statewide

PROTECTIVE SERVICES FOR CHILDREN

The purpose of Children's Protective Services is to assure that children are protected from further harm due to non-accidental physical or mental injury, sexual abuse, exploitation, or neglect by a person responsible for a child's health or welfare. MDHHS staff accomplish this through:

- Investigating reported abuse and neglect.
- Assisting the family in reducing risk and addressing safety factors.
- Referring families to community resources, including family preservation services when appropriate.
- Petitioning the court for removal of the child, if necessary.
- Providing public information about child abuse and neglect.
- Coordinating community service programs.
- Operating a 24-hour centralized intake center, where callers can call

one number statewide to report suspected abuse, neglect, or exploitation.

MDHHS Children's Protective Services are provided to all children (under 18 years of age) and families when any of the following conditions exist:

- A child is reported, known, or suspected to be in danger of abuse, neglect or exploitation by a person responsible for the child's health or welfare.
- A child is without proper custody or guardianship.
- A child is adjudicated as abused or neglected and the court orders supervision by MDHHS in the child's home.

MDHHS ensures the provision of timely health services, including medical, psychological and psychiatric services to child welfare clients. MDHHS contracts with a medical consultant who provides policy direction advice, trains MDHHS staff, administers the Health Advisory Resource Team, and meets with state partners on health-related issues. MDHHS also contracts for specialty health services not covered by Medicaid, such as Comprehensive Trauma Assessments. The MDHHS migrant program provides interpretation services in children's protective services cases.

- SSBG Statutory Goal(s) Supported: 3, 4
- Method of Delivery: Public
- Geographic Area: Statewide

RESIDENTIAL TREATMENT SERVICES

MDHHS provides care and supervision of abused, neglected and delinquent youth the court places with the department. Counseling as well as other treatment and therapeutic services are provided to youth in child placement residential facilities (child caring institutions).

- SSBG Statutory Goal(s) Supported: 3, 5
- Method of Delivery: Public and Private
- Geographic Area: Statewide

The two state-run juvenile justice residential facilities provide secure treatment and detention services for delinquent youth 12- to 20-years-old, placed either directly by the county court or by an MDHHS juvenile justice specialist through the Juvenile Justice Assignment Unit. Juveniles include males and females who are delinquent for whom community-based treatment is determined inappropriate. Services include secure short-term detention, general residential, treatment of youth who are sexually reactive and substance use disorder treatment. Residential facilities operate at the secure level and include 24-hour, seven days per week staff supervision.

SPECIAL SERVICES FOR YOUTH INVOLVED IN OR AT RISK OF INVOLVEMENT WITH CRIMINAL ACTIVITY

MDHHS may work with high quality mentoring programs in the four core cities (Flint, Detroit, Pontiac, and Saginaw) to expand the number of disconnected youth (such as

youth in foster care, children of prisoners, and youth in gangs or at risk of gang involvement) served by mentors. Youth must be matched with a mentor in a formal mentoring program as defined by Mentor Michigan. Mentor Michigan is the state's lead agency on volunteerism. It provides support and resources to organizations around the state by providing training and research, as well as fostering partnerships to advance mentoring. In addition, Mentor Michigan works to ensure that every young person has a safe and beneficial mentoring experience by developing and promoting the use of quality program standards.

Youth in foster care are defined as youth who have an active foster care case and are placed in the care and supervision of the Michigan Department of Health and Human Services. This includes older youth ages 18-21 that may be enrolled in Young Adult Voluntary Foster Care with the Michigan Department of Health and Human Services. Foster youth do not have to be under the jurisdiction of the court or be placed in a licensed foster home in order to be defined as a foster youth.

Children of Prisoners are defined as children with one or both parents incarcerated in a Federal or State correctional facility or in a local correctional facility if remanded there by a Federal or State court. The term is deemed to include children who are in an ongoing mentoring relationship in this program at the time of their parents' release from prison, for purposes of continued participation in the program. The match process must be initiated while one or both of the incarcerated parent(s) is serving a sentence in a Federal or State correctional facility or in a local correctional facility if remanded there by a Federal or State court.

- SSBG Statutory Goal(s) Supported: 3, 4
- Method of Delivery: Public and Private
- Geographic Area: Statewide

OTHER SERVICES

A. Community Resource Program

MDHHS provides food cards, gas cards, bus tokens and passes, and emergency food pantry of non-perishable goods. Basic hygiene supplies for personal care and house cleaning are provided to MDHHS clients in emergency situations, to children involved with protective services and foster care, to low-income children in local services, or to foster care youth transitioning into independent living arrangements. A variety of trainings and informational sessions are provided through the Community Resource Program (CRP) to eligible and potential clients to increase their understanding and knowledge of available programs and resources. CRP purchases oil changes and gas cards and provides transportation costs and reimbursement to enable MDHHS registered volunteer drivers to continue transporting MDHHS clients who are Medicaid eligible to medical providers and other service providers when there are no other available options. MDHHS provides specialized trainings to volunteers to ensure volunteer and client safety.

Holiday gifts and baskets are provided to low-income families and/or foster children who would not otherwise have the means for these things. These programs are usually operated in partnership with community-based organizations or local chapters of national organizations like Toys for Tots.

B. Back-to-School Backpack Program

MDHHS supports the Back-to-School Backpack program that is administered by MDHHS Community Resource Coordinators (CRC) in local offices through the Community Resource Program (CRP). Free school backpacks filled with age-appropriate and grade-appropriate basic school supplies are provided to low-income school-aged children at the beginning of the school year that would otherwise not have these necessities for their education. This enhances not only their educational opportunities and ability to learn but also their self-esteem and self-worth as they can come to school equipped and ready to learn like their classmates.

- SSBG Statutory Goal(s) Supported: 1, 2, 3
- Method of Delivery: Public and Private
- Geographic Area: Statewide