Michigan Citizen Review Panels
2015 Annual Report

Executive Summary

Sections 106 (b)(2)(A)(x) and (c) of the Child Abuse Prevention and Treatment Act (CAPTA), as amended (42 U.S.C. 5101 et seq.) requires the establishment of Citizen Review Panels in all states receiving CAPTA funding.

Purpose

The purpose of the Citizen Review Panels is to provide new opportunities for citizens to play an integral role in ensuring that States are meeting their goals of protecting children from abuse and neglect.

Number of Panels Required

Michigan was required to establish three Panels by June 30, 1999.

The Panels were established with membership from three existing citizen advisory committees: the Children's Trust Fund, the Governor's Task Force on Child Abuse and Neglect, and the State Child Death Review Team.

The Panels are:
Citizen Review Panel for Prevention,
Citizen Review Panel for Children's Protective Services, Foster Care and Adoption, and
Citizen Review Panel for Child Fatalities.

Reports

The Panels must develop annual reports and make them available to the public. These reports are due March 31 of each year. The contents of the reports include the following:

1. A summary of the Panel's activities.
2. Findings and recommendations.

The Michigan Department of Health and Human Services must provide a written response to the findings and recommendations of the three panels.

Below are the recommendations of each of the panels. See the entire report for the 2015 activities, findings, and complete recommendations for each of the panels.

Citizen Review Panel for Prevention
(Children's Trust Fund)

The Citizen Review Panel (CRP) formally submits the following recommendations:

Recommendation #1: The panel recommends that representatives from the MDHHS meet with the CRP for Prevention to report on ways in which the MiSACWIS system might be used to further inform the Category III questions of recidivism as it relates to open versus closed cases and access to services. Based on that report, if applicable, the panel recommends that steps be taken to develop a report from MiSACWIS to be used as a resource for improved response to Category III cases.

In response to the 2014 recommendations of the Prevention Panel, MDHHS expressed a commitment to collect and review of data that is available through the MiSACWIS system, and agreed to reach out to the CRP Chair to discuss this process and determine next steps.

MDHHS Response: *The MDHHS Children's Protective Services Policy & Program Office Manager or designee will meet with the CRP for Prevention to discuss the MiSACWIS system as it relates to category III cases. Following this meeting, Children's Protective Services Policy & Program Office will consult with the MiSACWIS management team to determine if there is a report that can be derived from the application that would be a beneficial resource to improve responses to category III cases.*

Recommendation #2: The panel recommends that MDHHS review the current assessment tool to determine whether any refinements could be done to more tightly fit it to its purpose for determining the appropriate "Category" substantiation designation in the Michigan system. Additionally the panel recommends that MDHHS review other assessment instruments to determine whether there may be a more appropriate tool.

MDHHS Response: *Michigan's risk assessment tool was developed by the National Council on Crime and Delinquency (NCCD) in 1989. Since its initial development, the risk assessment tool has been re-validated three times by NCCD, most recently in 2005. In 2016, a proposal to request funding for re-validation will be submitted to Children's Services Agency leadership for the 2018 budget cycle. If adequate funding can be obtained, MDHHS will pursue risk assessment tool re-validation. Additionally, MDHHS continues to have internal discussions regarding the current risk assessment tool, including the feasibility of providing additional training and technical assistance to field staff to ensure that it is being utilized as originally intended. If and when funding allows for structured decision making tool updates, the department will develop a comprehensive communication and training plan to ensure an effective roll-out and use of the updated tools.*

Recommendation #3: In 2014 the Panel recommended that MDHHS continue the efforts to embed the Protective Factors Framework into child welfare practice. The MDHHS response to that recommendation was very encouraging and noted ways in which the framework continues to be used in policy and practice. One example, as noted above, is the way in which MiTEAM practice closely aligns with the Protective Factors Framework. Two strategies for continuing progress for embedding the framework include:

The Panel recommends that an assessment be done of the Protective Factors Framework as used for case services planning in the Protect MI Family initiative to determine if the approach should be expanded for use in all case services planning in child welfare. As part of this process, the Panel recommends that the Illinois approach to case service planning in child protection cases be reviewed.

The Panel recommends that the MiTEAM leadership provide a Protective Factors resource in their manual to increase understanding of the clear connection between MiTEAM practice and the Protective Factors Framework.

MDHHS Response: *MDHHS agrees that a specific Strengthening Families/Protective Factors (SF/PF) resource within the manual would be beneficial for staff to increase understanding and connection. The MDHHS MiTEAM Unit will plan to incorporate additional information in the next round of revisions to the manual to increase understanding of the clear connection between the MiTEAM practice and the Protective Factors Framework. Protect MiFamily staff have successfully utilized the SF/PF framework within their practice, and MDHHS agrees that focus on building protective factors is a crucial part of effective case planning and practice. While the MiTEAM training and orientation does not specifically incorporate the Protective Factors language, there are several examples as to how the SF/PF framework aligns with this work, including the following:*

- *How the focus on the issues of trauma ties to resilience (both for the families served and the issues of secondary trauma for staff).*
- *Efforts to make both formal and informal social connections.*
- *Parenting classes and parenting support is encouraged to increase parents' skills and knowledge when this is identified as a need through assessment.*
- *Efforts to mitigate immediate needs (housing, transportation, etc.) as examples of concrete support in times of need.*
- *Value is placed on partnering with families in ways to plan for long term and set the family up for success.*

Recommendation #4: In 2014, the panel recommended that the MDHHS leverage two specific resources to improve practice through use of the Protective Factors Framework. These resources were the on-line comprehensive SF/PF training (www.ctfalliance.org/onlinetraining.htm) developed by the National Alliance of Children's Trust and Prevention Funds, and the recently completed resources developed by the Center for the Study of Social Policy. The MDHHS response to this recommendation was to refer them to MiTEAM and the Office of Workforce Development and Training for review and to determine whether these resource can be incorporated into training opportunities. The Panel recommends that MDHHS follow up on this recommendation to determine whether these resources have been incorporated for training and professional development and to report the status.

MDHHS Response: *MDHHS has made significant progress in leveraging use of the SF/PF Framework within policy and practice since 2003. The Framework is being used in the Title IV-*

E waiver program, Protect MiFamily, new worker training, Pathways to Potential, and Intent to Bids by both Families First, and the Children's Trust Fund. One strategy of particular interest to the Panel is the way in which the Framework is used in Protect MiFamily for developing case service plans.

In response to the panel's recommendation that MDHHS continue to incorporate the Protective Factors Framework, the panel heard a presentation from MiTEAM staff as recently as March 2016. That presentation highlighted the ways in which the underpinnings of the MiTEAM practice model is closely aligned with the Protective Factors Framework. In 2016, the MiTEAM practice model enhancements are moving from a pilot stage to statewide implementation. Public and private staff are being trained key skills that will lead to improved safety, permanency, and well-being outcomes. The SF/PF training developed by the National Alliance of Children's Trust and prevention Funds will be added to the assessment module of the MiTEAM Virtual Learning Site.

Recommendation #5: The MDHHS response to the 2014 recommendation on Prevention is an acknowledgement of its importance and a willingness to consider budget enhancement requests consistent with broader goals. While the MDHHS has consistently funded tertiary prevention services through strategies such as Families First, funding for more front end secondary prevention services has remained a challenge. Therefore, the Panel repeats its recommendation on prevention from 2014. The Panel recommends that the department use the CFSP's stated challenges inherent in supporting a comprehensive array of prevention services as a basis for aggressively advocating for expanded resources to support increased prevention services for both secondary and tertiary services.

MDHHS Response: *MDHHS requested a budget enhancement for fiscal year 2017 to support expansion of family preservation services. The enhancement was selected for implementation and as a result, MDHHS received $6.1 million in additional funding over two years for family preservation and support programs. Currently, the plan for service enhancement includes expansion of the Parent Partner Program from only Wayne County to Oakland, Macomb, Berrien, and Genesee Counties, as well as expansion of the Family Reunification Program from 41 to 70 counties statewide. The majority of available funding for family prevention and preservation comes from federal funding through Title IVB 1 & 2 allocations under the Child Abuse Prevention and Treatment Act (CAPTA). Each year, Michigan fully expends or exceeds expenditures of its federal IVB 1 grant to support family preservation, including secondary prevention services. In Fiscal Year 2015, Michigan expanded Families Together Building Solutions programs to 21 additional counties.*

In addition, MDHHS offers several home visitation programs, including Healthy Families America (HFA), Nurse Family Partnership (NFP), Parents as Teachers (PAT), Early Head Start, and Maternal Infant Health Program (MIHP). All of these primary and secondary prevention programs are available to eligible families who come to the attention of CPS. All of these programs operate in areas throughout the state.

There are also a number of prevention service grants awarded by the Children's Trust Fund each year. In 2015, ten new prevention service grants were awarded, for a total of 24 total grants receiving funding by the Children's Trust Fund.

There are various other prevention services that MDHHS offers throughout the state, as well, including prevention efforts aimed at reducing sleep related infant fatalities, and reducing infant mortality, overall. Additionally, Michigan's Childhood Lead Poisoning Prevention Program (CLPPP) helps provide education and outreach regarding lead hazards and the impact of lead poisoning. Prevention strategies are included in a state work plan for preventing childhood lead poisoning. Also, MDHHS has multiple teen pregnancy prevention and parenting programs, including Taking Pride in Prevention (TPIP), Michigan Abstinence Program (MAP) and the Michigan Adolescent Pregnancy and Parenting Program (MI-APPP). These programs focus on education, health promotion, and improving support services for Michigan youth.

Recommendation #6: With the prevention definition established in MDHHS policy, the CRP for Prevention recommends that the definition be used as a basis to assess the status of prevention programming that is supported through various funding streams and initiatives within the Department. The focus of the assessment should be on secondary and tertiary prevention as articulated in the MDHHS prevention definition.

MDHHS Response: *MDHHS agrees. This recommendation will be brought to the Strengthening Our Focus Advisory Council (SOFAC) Safety sub-team for discussion. SOFAC acts at the MDHHS CSA executive level and provides recommendations to the CSA executive director for review and consideration. The Safety sub-team will request that a CRP committee member participate in the review of this recommendation and assist in providing a coordinated proposal to SOFAC.*

Citizen Review Panel for
Children's Protective Services, Foster Care and Adoption
(Governor's Task Force on Child Abuse and Neglect)

The purposes of this Citizen Review Panel process included giving stakeholders an opportunity to voice their observations and concerns, to gain information and knowledge about the functioning of the child welfare system with special attention to trauma issues, and to compose a number of recommendations for systemic improvement based on the information learned from this community and consumer feedback.

These recommendations comprise information from the testimony of participants and input from the questionnaires. Recommendations are crafted from statements of stakeholders and the Citizen Review Panel and Task Force membership.

The Citizen Review Panel (CRP) formally submits the following recommendations:

Recommendation #1: Foster parents need more support and training. We recommend that training be delivered in a purposeful, planful manner so that key topics are consistently addressed (such as trauma); training opportunities be accessible and increased (particularly for caregivers with children/youth who have experienced trauma, are at high risk for behavioral challenges, or present other complications); and that an organization such as a statewide foster parent association be considered so that foster parents have positive and ongoing opportunities for mentorships and other support, resources and training, and a voice in the child welfare system.

MDHHS Response: *To address foster parent training needs and as a part of the Adoptive and Foster Parent Recruitment and Retention (AFPRR) planning, each county creates a training plan for their county based on the needs of their relative caregivers and foster parents. MDHHS offices use AFPRR funds to pay for training and presenters. Common training topics include: Trauma, Attention Deficit Hyperactivity Disorder, Special Investigations, Working with the Courts, and Being a Member of the Team. To determine training needs, each county uses information gathered at AFPRR planning meetings that include private agencies, foster families, and licensing staff from each county. In addition to county specific training plans, an annual Statewide Foster, Adoptive and Kinship Parent Conference is planned by the Foster, Adoptive and Kinship Parent Collaborative Council, a united collaboration of MDHHS, tribes and parent-led organizations that encourage mutual support by informing, advocating, and educating on behalf of children and families utilizing Michigan's child welfare programs. This two day training offers an opportunity for all foster parents throughout the state to attend quality, relevant training, free of charge. Training topics are planned based on suggestions and survey results from previous conferences and suggestions of the Foster, Adoptive and Kinship Parent Collaborative Council. The Foster Care Navigator Program reaches out to communities to assess the need for foster parent support groups and if needed, will develop community foster parent support groups.*

As part of MDHHS's current Children's Trauma Initiative, staff from Community Mental Health Service Programs (CMHSPs) have been trained to provide a psycho-education curriculum for

birth, foster, and adoptive parents. This curriculum provides education, support, and resources for caregivers who are raising children who have experienced trauma. There are currently 21 local offices working with their local CMHSPs to offer this training to foster parents, and opportunities for expansion are being explored.

MDHHS has also offered Resource Parent Trauma Informed Care Training to relative caregivers and foster parents in many communities throughout the state with plans to expand to areas in the Upper Peninsula as well as in the northern Lower Peninsula in 2016. In addition, MDHHS has a current contract with major universities to offer training sessions to relative caregivers and foster parents including the topic of trauma. These are free of charge and available in communities across the state.

The Foster, Adoptive, and Kinship Parent Collaborative Council is a state wide foster parent association that meets bi-monthly and is comprised of key individuals within MDHHS, Foster Care Navigator Program, Foster Care Review Board, Michigan State University Kinship Care Center, Native American Affairs, Adoptive Family Support Network, Michigan Adoption Resource Exchange, and the following parent led organizations: Michigan Association of Foster, Adoptive and Kinship Parents, Family Enrichment Center, Families on the Move, and Fostering Forward Michigan. Through this collaboration of different entities training needs and opportunities are disseminated, mentorship program successes and ideas are discussed, resource availability in local communities, and an opportunity for the entities to come together to voice strengths and needs within the child welfare system.

Recommendation #2: Creating and supporting a highly competent workforce must be a priority. Without a strong workforce, agency initiatives, interventions, and practice models will fail. This support includes: special attention to new workers and the establishment of a mentoring system, addressing safety concerns, supporting team-building within a mobile environment, prioritizing training and supervisory skill particularly with regard to training on trauma, and addressing workload issues that pose obstacles to good work.

MDHHS Response: *MDHHS agrees with this recommendation. Efforts continue within the department to promote caseworker retention through the Strengthening our Focus Advisory Council (SOFAC). Within SOFAC, a sub team has been established and meets regularly to address caseworker recruitment and retention concerns. The Office of Workforce Development and Training (OWDT) and the SOFAC Training sub team are currently working to revamp new worker and supervisor training to ensure that the necessary skills for success are being adequately provided.*

MDHHS recognizes the importance of training and mentorship for new hires. MDHHS mandates that new hires complete a 9 week training through the Office of Workforce Development and Training that encompasses topic areas such as the Child Protection Law, MDHHS program specific policy, court and testimony, substance abuse, MiTeam practice model, poverty, mental health topics, safety, and documentation. Training is presented in an array of formats to be conducive to all learning types. Through the course of the first several months, new hires are assigned to an experienced mentor that has strong policy knowledge, superior coaching skills, solid decision-making skills, efficiency in managing caseload, and overall positive perception of MDHHS mission. The mentor will assist the new worker in acclimating to the local county processes, resources, court system, and provide shadowing opportunities for all case load responsibilities.

Additionally, MDHHS has contracted with the National Council on Crime and Delinquency to perform both a foster care and children's protective services workload study to assess if caseload ratios for staff are appropriate, and/or if changes to these ratios need to be made. Results of the foster care caseload analysis have been received and are under review by the department. The results of the children's protective services workload study have not yet been received. MDHHS will utilize the findings of both analyses to advocate for changes to current caseload ratios if necessary. Labor research findings typically show a workload reduction supports worker retention. Higher worker retention rates stabilizes the work force and leads to a more competent work force.

MDHHS continues to prioritize the importance of trauma-informed practice, as well as secondary trauma for staff. There are currently 10 trauma initiatives that operate in 71 of Michigan's 82 counties.

Recommendation #3: A trauma informed system is an essential quality for child welfare agencies, accomplished through training of all stakeholders, services to address secondary trauma, and supportive work with children and youth.

MDHHS Response: *MDHHS agrees with this recommendation, and is committed to statewide implementation of the MiTEAM Case Practice Model, which focuses largely on achieving safety, permanency, and well-being for children involved in Michigan's child welfare system through supportive case practice. The training curriculum for this model has been modified by MDHHS in conjunction with Western Michigan University's Child Trauma Assessment Center (CTAC) to include crucial components of trauma-informed practice, as well as secondary trauma. During the statewide roll-out process, staff in each MDHHS local office will be trained to recognize both primary and secondary trauma.*

In addition, a secondary trauma pilot was conducted in 17 counties from March – September 2015. Curriculum included role-specific training for directors and program managers, supervisors and workers, as well as implementation of Secondary Trauma Stress Teams for staff to process secondary trauma on a peer to peer level. Collaboration with the Office of State Employer Employee Services Program to provide support for staff outside of the office was also included. Due to the positive outcomes reported from this pilot group, opportunities for statewide expansion are being explored.

Recommendation #4: Gaining feedback and regular communication with children/youth, caregivers, professionals, and community partners is an important aspect of improving service delivery and building public confidence in the child welfare system.

MDHHS Response: *MDHHS agrees and encourages local MDHHS management to elicit feedback from and regularly communicate with each of these important partners in the child welfare system. This is done in a variety of ways, and varies by county depending on need and available service array. Many counties convene youth panels through local Michigan Youth Opportunities Initiative (MYOI) programs to elicit feedback from foster youth. In addition, several counties have local foster parent support groups, where feedback from foster parents is gathered to ensure that the county is meeting the needs of their caregivers. Several counties also participate in community collaborative meetings, local council meetings, and regularly*

scheduled meetings with contract providers to maintain communication with these important child welfare stakeholders.

MDHHS utilizes the Michigan Quality Service Review in which to receive feedback from communities through the Continuous Quality Improvement process and the Michigan Quality Service Review. The Michigan Quality Service Review (QSR) is a multi-faceted process in which a select number of cases are reviewed and stakeholder interviews/focus groups are conducted within a county or counties to assess how well the child welfare community is meeting the needs of the children and families served. The case review process includes interviewing all participants of a specific case; including biological parents, the child, caregivers, service providers, teachers/school staff and/or administrators, probation officers, etc. In addition, stakeholder interviews and focus groups are held with various groups and individuals, including but not limited to DHHS County Director, Private Agency personnel, child welfare staff and supervisors, community service providers, legal partners, youth and foster parents. The QSR process is used to understand how well children and families are benefitting from services received, how well locally coordinated services are working together to meet their needs and to identify service gaps.

The combination of case reviews and stakeholder interviews/focus groups allows for an overall assessment of case practice within the community. Preliminary results of the QSR are presented to county leadership and their private agency partners at the end of the review week. The results include case stories regarding each case reviewed, trends of the strengths and opportunities for improvement within the community's child welfare system including any gaps in service provisions. A more in-depth report regarding the review is written and provided to the DHHS County Director, Business Service Center (BSC) Director and Directors to the local Private Agency Partners (PAFC). Review findings are used by the BSC, county leadership, and PAFC partners to support efforts to improve practice and reduce systemic barriers. State-level systemic barriers identified are presented to the Strengthening Our Focus Advisory Council (SOFAC) or one of its sub-teams. The work of SOFAC and its sub-teams is to address current issues needing attention in a coordinated and dynamic manner.

Recommendation #5: Address system issues. Address public-private issues such as pay differential and oversight.

MDHHS Response: *MDHHS is not involved in establishing the pay rates for child placing agency workers; child placing agencies set their employee pay rate, without any guidance from MDHHS. The administrative rate paid to contracted child placing agencies is to cover the administrative costs relative to case management of foster care cases, including costs for case managers and supervisors. The administrative rate for foster care case management is specified by the legislature in the MDHHS appropriations act each year. Michigan has procured an actuary to assess the current administrative rates, including the specific issue of pay differential between public and private providers. The actuary will, based on the elements of the actuarially sound case rate, develop and recommend a cost-based per diem rate for contracted child placing agencies and child care institutions (residential).*

MDHHS has oversight of Public-Private issues at the local and state levels. Each case that is purchased for case management services through the child welfare system, is assigned a MDHHS monitor through MISACWIS. Within MISACWIS, payments are approved, as well as necessary documentation is able to be located to ensure it was completed timely, and correctly. On a state level oversight of the state's contracted child placing agencies, the Division of Child Welfare Licensing conducts annual site visits with all child placing agencies to assess compliance with licensing rules, contract and MDHHS policy.

Recommendation #6: Trauma training needs to be accessible statewide and available to systems that work with the child welfare system. In addition, special topics, such as dealing with substance abuse, need to be incorporated into training. A number of training initiatives have been implemented; workers need the support and time to fully benefit from these opportunities.

MDHHS Response: *MDHHS is committed to statewide implementation of the MiTEAM Case Practice Model, which includes crucial components of trauma informed practice, as well as secondary trauma. During the statewide roll-out process, staff in each MDHHS local office will be trained to recognize both primary and secondary trauma. This training does incorporate real examples and typical situations that child welfare staff encounter, which may include such topics as substance abuse. This training is intended to be provided in such a way that will ensure consistency in training curriculum and facilitation statewide. Full statewide roll-out of the MiTEAM Model, including the trauma training, is anticipated to be completed by the end of 2017.*

MDHHS in collaboration with most major universities and colleges within the State of Michigan, Office of Worker Development and Learning, and online programs is able to offer training on special topics such as substance abuse, mental health, trauma, child development, domestic violence, education, and poverty.

Recommendation #7: ***Permanency considerations for children and youth are crucial for positive outcomes. Permanency efforts are compromised by worker turnover and placement instability. Addressing these factors must be a priority. Youth aging out of care continue to face multiple challenges and service needs. The programs to assist youth to get to college have had some success; there needs to be other initiatives to address the many youth who feel left behind and have ongoing complications due to the trauma experiences in their lives.***

MDHHS Response: *MDHHS agrees that permanency considerations as well as worker and placement stability are key. Through employee engagement efforts, as well as an increased focus on secondary trauma, MDHHS continues to strive to retain front line staff to ensure consistency for the children and families served. MDHHS continues to elicit feedback from staff on how to better engage employees and would be open to suggestions from this Citizen Review Panel, as well.*

MDHHS also continues to develop resources for foster parents and relative caregivers to assist in maintaining placement of youth under the care of the Department..

MDHHS agrees that there are multiple challenges and service needs for youth aging out of the foster care system. Youth engagement is key in identifying supportive adults who will provide a lifelong connection after discharge from foster care. Throughout their time in foster care, older youth are consistently engaged in the development of their goals and services, both through the semi-annual Transition Planning Meetings and through Family Team Meetings scheduled as part of the MiTEAM practice model. As listed below, MDHHS holds multiple contracts and provides a broad array of services to older youth in an effort to improve outcomes for these youth upon discharge from foster care.

- *Five contracts to provide mentoring services to youth 14 and older in several counties.*
- *Contracts with 23 private agencies to provide the "Independent Living Plus" program to older youth. "Independent Living Plus" provides an array of supports to youth to assist in development of identified areas of daily living skills.*
- *Sixteen Education Planners who cover 50 counties to assist youth to resolve education barriers.*
- *The Michigan Youth Opportunities Initiative (MYOI) is provided in 63 counties and supports enrolled youth to develop their capacity to be self-sufficient in areas of financial capability, employability, interpersonal relationships, and community resources.*
- *Supports and assistance to youth enrolled in higher education through contracts with 10 institutions of higher education and staff support at another three institutions.*
- *MDHHS collaborates with Department of Treasury to administer the Fostering Futures Scholarship to youth who were in foster care after their 13th birthday. This scholarship provides funds for education needs when youth are enrolled in a Michigan institution of higher education.*
- *The Education Training Voucher provides financial assistance to eligible youth who were in foster care on or after their 14th birthday to age 23.*
- *Twenty-two contracts to provide Homeless Youth Runaway services for youth who are at risk of being homeless or who are homeless after their foster care case has closed.*
- *The Young Adult Voluntary Foster Care program allows youth to voluntarily extend support case management until their 21st birthday, either by extending their supervision at the time their neglect case closes or by returning voluntarily to foster care after case closure.*

Recommendation #8: It is recommended that a citizen review panel process be conducted every three years following the issuance of a report. These information-gathering initiatives can focus on specific issues identified in previous reports or be general in nature, but they should be conducted in a manner that respects the privacy and viewpoints of all participants.

MDHHS Response: *MDHHS will participate in a citizen review panel process and encourage field participation when developed.*

Citizen Review Panel for Child Fatalities
(State Child Death Review Team)

Many recommendations were made as a result of the Fatality CRP reviews. The priority recommendations included below are those that addressed the most significant findings. A rationale is included in order to better explain why the panel chose these specific recommendations for DHS to focus on. The entire list of recommendations is attached (Attachment A).

Recommendations for the Michigan Department of Health and Human Services:

Recommendation #1: The Department should create an internal position of a child abuse pediatrician.

This recommendation addresses the first finding. In consideration of the complex nature of medical issues that can affect children, especially medically fragile children who are at increased risk of abuse and neglect, MDHHS should create a position of a child abuse pediatrician and other medical staff (structured to be determined) who, with immunity and universal privilege, could evaluate these types of cases. This is based on many years of findings regarding the lack of medical knowledge on the part of workers, who either fail to consult with physicians on a case, or who rely on the opinion of a single medical care provider who may not be an experienced in child abuse and neglect. This position should be created thoughtfully, to address the needs unique to Michigan.

MDHHS Response: *Creation of an internal child abuse pediatrician would be subject to additional legislative appropriations. MDHHS will address this recommendation further if funding becomes available.*

Recommendation #2: A multidisciplinary team (i.e.: MDHHS, schools, court, mental health, public health) should study repeated neglect cases (typically related to hygiene and

safety concerns in the home) to determine what underlying circumstances may exist and explore alternatives for servicing these families.

The panel reviewed many cases that documented repeated neglect referrals for families who thrived when in-home services were provided, but whose living environment would revert to its original condition once the services were no longer in place. The panel found that although living in such conditions as the norm is likely a marker for other more basic underlying risk factors (unmet mental health needs, chronic substance abuse, lack of social supports), often the physical condition of the home is the only factor focused on in the case, leaving the more primary risk factors unaddressed. A multidisciplinary team convened to more closely examine the nuances of these cases may lead to improved policy and prevention efforts.

MDHHS Response: *MDHHS agrees that an assessment of these types of neglect cases and unaddressed risk factors could assist in the development of improved policy, practices, and more adequate training for staff. This recommendation will be brought to the SOFAC Safety sub team for discussion. The Safety sub team will request participation from a Child Fatality Committee member to assist in providing a coordinated recommendation to the executive SOFAC Committee following discussion.*

Recommendation #3: The Department should work with the Michigan Department of Education and the state legislature to review Michigan's statutes regarding home schooling.

Public school employees who are legally mandated reporters constitute 26% (16,056 based on the MDHHS 2015 Legislative Boilerplate) of all mandated reporters in Michigan. Children receiving their education through home schooling likely have far less contact with these mandated reporters than those who attend public school. As a result, there may be instances when abuse or neglect which may occur and is not reported to CPS. Although the vast majority of parents who home school are making a legitimate educational choice for their children, the panel has reviewed multiple cases in 2015 as well as in prior years, where the option of oversight-free "home schooling" was used by caregivers as a way to keep CPS out of their lives, with deadly results. A review of the current status of home schooling in Michigan and related statutes in other states is needed to determine what steps might be taken to ensure the state's child protection system is meeting its mandate for all children.

MDHHS Response: *This recommendation and response is more appropriately directed to the Michigan Department of Education (MDE). Should MDE choose to review Michigan's statutes regarding home schooling, MDHHS will provide available pertinent data and policies as requested to assist in decision making efforts.*

Recommendation #4: An enhanced protocol on county-to-county case transfers should be developed.

The panel discovered that many families who are transient and bounce between counties were at a higher risk of being underserviced by MDHHS. Utilization of the state's Business Service Centers for improved oversight when there are county-to-county case transfers would aid in the continuation of services for families.

MDHHS Response: *The CPS Policy Manual clearly outlines steps to be taken when county-to-county transfer is necessary, as well as when there are disputes between counties regarding these transfers (PSM 711-6). CPS policy also provides step by step instructions and methods of locating children and families (PSM 713-08).*

In addition CPS Advisory Committee will be consulted to provide feedback on county to county transfer policy with a review of this feedback to determine if additional policy clarification is needed.

Recommendation #5: MDHHS should utilize predictive analytics to assess risk factors in the home when there are unrelated caregivers present.

In one study of children with abusive head trauma hospitalized at four children's hospitals, nonparent partners made up 22 percent of the perpetrators. This risk factor was evident in many of the cases reviewed by the panel in 2015, as in past years. Incorporating whether or not there is a new, unrelated person in the home into the existing safety/risk assessments would be a way of identifying this risk immediately and taking it into account in the case investigation.

MDHHS Response*: MDHHS is currently piloting a predictive analytics approach in Ingham County to identify risk factors for abuse and neglect and methods to reduce the likelihood of maltreatment in care and repeat maltreatment. The pilot includes current substantiated cases in which at least one child victim in the home is under age 6. The quality review of cases that meet this criterion is done in real time so any safety concerns can be identified and addressed timely. This pilot will be assessed in 2016 to determine if a significant decrease in maltreatment recurrence is seen. If so, MDHHS will consider expanding the use of predictive analytics to additional counties, as well as including additional risk factors, which may include unrelated caregivers if supported by MDHHS data analysis.*