



Children's Services Agency
Division of Continuous Quality Improvement

Child and Family Services Plan 2020-2024

Stephanie Tubbs Jones Title IV-B Child Welfare Services
Promoting Safe and Stable Families Program
John H. Chafee Foster Care Program for Successful Transition to Adulthood
Education and Training Vouchers Program

June 2019

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The [Michigan Child and Family Services Plans and Annual Progress and Services Reports](#) can be viewed on the MDHHS website.

GENERAL INFORMATION

The Michigan Department of Health and Human Services (MDHHS) organizational structure reflects the department's vision and priorities, with an emphasis on children's services, aging and adult services, service delivery/community operations, health and behavioral health services and family support, as well as population health and community services. Director Robert Gordon was appointed to lead MDHHS in January 2019.

MDHHS is the state department that administers:

- Child Abuse Prevention and Treatment Act funded activities.
- Title IV-B(1) and (2) Stephanie Tubbs Jones Child Welfare Services.
- Title IV-E Child Welfare Training.
- Promoting Safe and Stable Families Program.
- Monthly Caseworker Visit Formula Grant.
- John H. Chafee Foster Care Program.
- Education and Training Vouchers Program.

Child welfare services in Michigan are administered through the MDHHS Children's Services Agency. Reporting to the executive director of the Children's Services Agency are directors of:

- Division of Continuous Quality Improvement.
- Division of Child Welfare Licensing.
- Office of the Family Advocate.
- Children's Trust Fund.
- Michigan's Statewide Automated Child Welfare Information System (MiSACWIS).

The executive director of the Children's Services Agency, JooYeun Chang, oversees two Children's Services deputy directors. One of the deputy directors is responsible for the Office of Child Welfare Policy and Programs. The second oversees five Business Service Centers inclusive of statewide county leadership, Children's Protective Services Centralized Intake, Juvenile Justice Programs and Child Welfare Services and Support, which provides assistance to private child-placing agencies. The Division of Continuous Quality Improvement is responsible for the development and administration of the Child and Family Services Plan and leading ongoing continuous quality improvement efforts.

MDHHS Vision

MDHHS will 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.

Children's Services

A priority for Michigan's health and human services programs is ensuring that children are protected, and families are supported.

Child Welfare Vision

MDHHS will lead Michigan in supporting our children, youth and families to reach their full potential.

Child Welfare Mission

Child welfare professionals will demonstrate an unwavering commitment to engage and collaborate with the families we serve to ensure safety, permanency and well-being through a trauma-informed approach.

Guiding Principles

The vision and mission are achieved through the following guiding principles:

- Safety is the first priority of the child welfare system.
- Families, children, youth and caregivers will be treated with dignity and respect while having a voice in decisions that affect them.
- The ideal place for children is with their families; therefore, we will ensure children remain in their own homes whenever safely possible.
- When placement away from the family is necessary, children will be placed in the most family-like setting and placed with siblings whenever possible.
- The impact of traumatic stress on child and family development is recognized and used to inform intervention strategies.
- The well-being of children is recognized and promoted by building relationships, developing child competencies and strengthening formal and informal community resources.
- Permanent connections with siblings and caring and supportive adults will be preserved and encouraged.
- Children will be reunited with their families and siblings as soon as safely possible.
- Community stakeholders and tribes will be actively engaged to protect children and support families.
- Child welfare professionals will be supported through identifying and addressing secondary traumatic stress, ongoing professional development and mentoring to promote success and retention.
- Leadership will be demonstrated within all levels of the child welfare system.
- Decision-making will be outcome-based, research-driven and continuously evaluated for improvement.

Child welfare professionals will implement these guiding principles by modeling teaming, engagement, assessment and mentoring skills.

INTRODUCTION

The Child and Family Services Plan (CFSP) 2020 – 2024 sets forth goals for the upcoming five years based on the state’s Child and Family Services Review (CFSR) Round 3, held in August

2018, the state’s performance over time and feedback from stakeholders. This CFSP demonstrates the state’s successful alignment of Michigan’s CFSP/Annual Progress and Services Report (APSR) with the federal CFSR goals and outcomes. Aligning programmatic goals with CFSR goals ensures the state is focusing efforts on the most critical elements of safety, permanency and well-being of children and families, and that it has a structure in place that enables the state to demonstrate that the priorities of the child welfare system are in alignment with federal standards and requirements.

Reporting on Child Welfare Outcomes

Results in the CFSR Safety, Permanency and Well-Being outcomes from fiscal years 2015 - 2019 are reported in the CFSP 2015 – 2019 Final Report, Attachment A. The CFSP 2020-2024 sets forth new goals for the five-year period 2020 to 2024, utilizing the most recent data available as a baseline, and describes planned strategies and activities for meeting the state’s goals and objectives.

In this report, major Program Improvement Plan (PIP) activities for 2020-2024 are listed in sections for the Coordination of Child Welfare Services, CFSR Outcomes and Systemic Factors. The complete PIP is included with this report as Attachment M.

MDHHS Targeted Plans

1. Foster and Adoptive Parent Diligent Recruitment Plan – Attachment N.
2. Health Care Oversight and Coordination Plan – Attachment O.
3. Child Welfare Disaster Plan – Attachment P.
4. Staff and Provider Training Plan – Attachment Q.

COLLABORATION ON THE GOALS OF THE CFSP 2020-2024

Michigan has standing committees and professional and citizen groups that inform the goals and objectives of MDHHS’ five-year Child and Family Services Plan (CFSP) and Annual Progress and Services Report (APSR) and develop services responsive to the diverse needs of the state’s populations and geographical regions. The groups review data, performance and outcomes in their areas, and ongoing feedback provides MDHHS with vital information that spurs efforts to address identified issues. These groups include:

- **Foster Care Review Board**, housed within the State Court Administrative office, is comprised of citizen volunteers that provides independent review of cases in the state foster care system.
- **Guy Thompson Parent Advisory Council** is comprised of 15 birth parents impacted by the child welfare system who are committed to advising, assisting, and improving child welfare policy and programs.
- **Citizen Review Panel on Prevention** provides a forum for citizen input on prevention issues and makes recommendations for MDHHS and the governor. The Children’s Trust Fund serves as the Citizen Review Panel on Prevention.

- **Citizen Review Panel on CPS, Foster Care and Adoption/Governor’s Task Force on Child Abuse and Neglect** solicits feedback from a variety of stakeholders to determine how to effectively respond to child abuse and neglect.
- **State Child Death Review Team** is a multidisciplinary group of professionals that meets to review the circumstances surrounding the death of children and makes recommendations for policies and programs to prevent child deaths.
- **Tribal-State Partnership** is a collaboration between MDHHS and Michigan’s 12 federally recognized tribes that meets quarterly to address Indian child welfare issues.
- **Medical Care Advisory Council** is a group of consumer representatives, health care providers and advocates that advises MDHHS on policy issues related to Medicaid.
- **Michigan Youth Opportunities Initiative youth boards** are community-based boards of youth in foster care that promote youth preparation for independence and provide feedback to MDHHS and providers about their experiences in foster care.
- **Michigan Office of the Children’s Ombudsman** is an independent state agency that receives and investigates complaints concerning children under the supervision of MDHHS and makes recommendations for practice improvements.
- **Child Welfare Partnership Council** was established to guide the design, development and implementation process of Michigan’s performance-based child welfare system.
- **Prosecuting Attorney Advisory Council** is a group of Michigan prosecuting attorneys that collaborates to provide training on child welfare legal issues.
- **Judicial Advisory Council** provides technical assistance to family court judges on child welfare matters.
- **Foster Care and Adoption Outcomes Group** is a coalition of public and private service providers that assists agencies to improve outcomes for children and families through data analytics and targeted interventions.
- **MDHHS Diversity, Equity and Inclusion Committee** is a group of public and private leaders that meets monthly and to develop strategies to implement the Diversity, Equity and Inclusion plan throughout the agency.
- **The Michigan Race Equity Coalition** is a group of child welfare leadership, the judiciary and state and local officials that examines and implements strategies to address the root causes of minority overrepresentation in child welfare.
- **CFSR PIP Root Cause Work Groups**, consisting of MDHHS private agencies and staff, parents, youth, tribal representatives, service providers, private agencies and courts, were formed to address the four cross-cutting issues that affected Michigan’s performance in the CFSR Round 3, Engagement, Assessment and Services, Workforce and Quality Legal Representation. Each group is tasked with carrying out strategies enumerated in the CFSR Program Improvement Plan and reporting progress on a quarterly basis.

Involvement in CFSP 2020-2024 Development

In addition to the activities described above, families, children youth, tribes, courts and other partners participated in interviews and focus groups during the CFSR in August 2018, where they reviewed MDHHS performance and provided an assessment of strengths and areas

needing improvement. Quality Service Reviews held throughout the state include interviews of case members in counties, including court professionals, service providers and agencies, in which their case-specific feedback on case management is provided. The standing groups and committees will continue to serve in their current capacity during 2020-2024, reviewing data, policies and outcomes and making recommendations for service improvements. Quality Service Review focus groups and interviews will continue to provide data on quality of services in county offices.

Many of the goals for the CFSP 2020-2024 were maintained from the CFSP 2015-2019 and followed from the areas needing improvement identified by CFSR performance data. MDHHS progress on goals will be shared with the groups and committees on an ongoing basis.

Specific examples of stakeholder involvement in 1) reviewing current performance data, 2) assessment of agency strengths and areas needing improvement, and 3) selection of goals and objectives for improvement in the 2020-2024 CFSP five-year plan are provided in the table in Attachment L, "Stakeholder Involvement in CFSP Development".

Child and Family Services Review Round 3

Michigan underwent the CFSR Round 3 on Aug. 13-17, 2018. The state opted to undergo a traditional review using the federal Onsite Review Instrument. A total of 40 foster care, 24 CPS and one prevention services case were reviewed in Van Buren, Wexford and Wayne counties. Interviews and focus groups were held with the state Administrative Review Board, attorneys for children, parents and MDHHS, tribal representatives, courts, licensing staff, foster and adoptive parents, child welfare frontline staff and supervisors, parents, youth, and others. The results of the Onsite Review determined that Michigan did not pass any of the outcomes or associated items.

The Children's Bureau has targeted Safety Outcomes 1 and 2, Permanency Outcome 1, and Well-Being Outcome 1 as primary outcomes needing improvement in Michigan. Below are Michigan's scores for those outcomes.

- Safety Outcome 1: 82 percent compliant.
- Safety Outcome 2: 54 percent compliant.
- Permanency Outcome 1: 13 percent compliant.
- Well-Being Outcome 1: 28 percent compliant.

Michigan submitted the Statewide Assessment on June 18, 2018. The systemic factors found to be in substantial conformity include Statewide Information System, Quality Assurance System and Agency Responsiveness to the Community. The Case Review System, Staff and Provider Training, Service Array and Resource Development and Foster and Adoptive Parent Recruitment, Licensing and Retention were areas needing improvement. Comments from the Children's Bureau indicated several concerns, including:

- Written case plans for CPS were not completed timely and did not consistently and actively engage the parents in case plan development.
- Stakeholders indicated there is a need for training on navigating the state's information

system, knowledge of agency policies, developing assessment skills, engaging case participants and more hands-on training.

- The inadequate service array is a concern raised by most stakeholders, who said there are waiting lists and gaps in services including substance abuse treatment, domestic violence services and prevention services.
- The state has a severe shortage of foster homes, and there are concerns over foster and adoptive parent recruitment efforts and training for foster and adoptive parents.
- Stakeholders reported high caseworker turnover, which negatively affects the ability to effectively engage families, provide services and ensure the safety of children.

CFSR Program Improvement Plan (PIP)

In 2019, Michigan was offered the opportunity to pilot an innovative method of PIP planning and development, led by the Child Welfare Capacity Building Collaborative with the support of the Children's Bureau. Through an intensive four-day planning session, 71 individuals, including MDHHS and varied groups of child welfare stakeholders, conducted an in-depth evaluation of the cross-cutting issues leading to lagging progress identified in the CFSR and developed a theory of change and logic model for the PIP period and going forward. Identifying and addressing the root causes of lagging progress provides a basis for the PIP that will improve the targeting of interventions to where they are needed most.

CFSR Vision Statement

The PIP development group created the following vision statement:

Michigan is committed to working collaboratively to preserve and support families.

Cross-Cutting Issues in Michigan

The PIP development group identified four cross-cutting issues leading to lack of progress in Michigan's child welfare system:

- Engagement at all levels of the child welfare system.
- Workforce, including frontline staff, service providers and foster and adoptive parents.
- Assessment and services.
- Quality legal representation.

A theory of change for each of the identified issues was developed, along with plans for measuring achievement. Addressing each of the cross-cutting issues effectively will result in improved performance across the state's child welfare system. An abridged version of the Theories of Change for each issue is below; the complete text can be seen in Attachment M, Michigan's CFSR Round 3 Program Improvement Plan (PIP).

Theory of Change - Engagement

Problem: Children, youth, parents and foster care providers in Michigan's child welfare system do not consistently experience engagement with child welfare professionals responsible for CPS and foster care case management.

- Ineffective engagement skills impair a caseworker’s ability to establish meaningful relationships with children, parents and foster parents that are essential to conduct accurate assessments and develop service agreements.
- A lack of core skills impacts the development and maintenance of formal and informal teams needed to effectively intervene and support the family.

Root Cause: Child welfare workers are not utilizing active engagement skills when delivering child welfare services.

Pathway to Change: improving staff and supervisory capacity so that they can identify, develop, and refine key practice behaviors of engagement.

- Coaching and monitoring of these key engagement behaviors will help encourage a shift in thinking about the necessity and value of early and ongoing parental engagement.
- Teaming with temporary caregivers as co-parents or mentors to birth families rather than merely a placement to provide basic care of a child removed from their parents.
- These co-parents will take on a greater role in supporting the child’s parents and developing positive supportive relationships with the child’s family.
- Michigan will coach and support resource families to participate in the care of children as a community support to the family through the implementation of pilot projects.

Theory of Change - Workforce

Problem: Caseworker turnover/staff retention. Children and families experience inconsistency in case management due to staff turnover, negatively impacting families and children leading to poorer outcomes in CFSR measures.

Root Causes:

- Child welfare responsibilities are experienced by staff as crisis and compliance driven.
- Staff are unable to complete all tasks required by policy in the hours allotted to them.
- Staff do not feel successful because they cannot accomplish what is expected of them.
- Many staff do not stay at the agency long enough to become proficient at the job.

Pathway to Change

The pathway from our current state to that of a competent and thriving workforce is as follows:

- We will improve organizational culture/health within our public and private child welfare agencies, employ capable and trained staff and ensure workloads at appropriate volume and fit.
- The workforce will be more engaged in their job duties, have the ability to accomplish them in the allowed time and will have the supports and skills necessary to accurately complete duties.
- The workforce will have the knowledge and ability to apply the skills, policies, and practices expected of them.
- Agencies will experience more and better engagement.

- Interactions and engagement across the child welfare community (involved with children and families) will be improved.
- The workforce will experience higher job satisfaction and a sense of mastery.
- The workforce will want to stay in their jobs (job retention).
- Turnover will decrease.
- Children and families will experience consistency in the professionals working with them.

Theory of Change – Assessment and Services

Problem:

- Children are being separated from their parents when many potentially could remain with their families with adequate community services and supports.
- Parents of these children encounter significant gaps in service availability and accessibility to meet their needs and circumstances.

Root Causes:

- Child welfare staff do not have adequate tools upon which to assess risk, safety, and determine most effective intervention for children and families.
- Existing tools are not being completed accurately and decisions about services and level of protecting intervention may not be appropriate.
- Families are not provided with adequate services and supports to strengthen parenting capacity and avoid child removal or enable timely reunification.

Pathway to Change

1. Assessment Tools used to identify risk and safety and determine commensurate level of protecting intervention are valid and reliable.
2. Improved accuracy of completion of the tools occurs with greater supervisory skill, coaching, and oversight.
3. Awareness, identification of and referral to community-based services on the part of child welfare staff will lead to connecting families with more timely referrals and meaningful supports.
4. Mapping available resources enables identification of gaps in service availability and the opportunity to partner with other systems and community stakeholders to secure resources to fill those gaps.
5. Matching a family's needs with effective services improves parenting skill and capacity, reduces risk and safety issues.
6. These changes lead to greater safety for children within their homes and more stable and intact families that have increased capacity to overcome their challenges and safely parent their children.

Theory of Change – Quality Legal Representation

Problem:

- Research demonstrates that strong legal representation for parents and children can reduce the number of children entering foster care and can expedite the reunification of children in care.
- Even when children are not able to return home, data suggests that strong representation can expedite other permanency options, such as guardianship or adoption.

Root Causes:

- Attorneys for parents and children are not appointed at the earliest time possible, including prior to a petition being filed or before the preliminary hearing.
- Attorneys do not have access to collateral supports such as social workers, investigators, parent partners, etc.
- Attorneys do not participate in out-of-court meetings.
- Attorneys do not attend high-quality training programs to improve practice.

Pathway to Change:

Michigan will develop and implement a high-quality legal representation model.

1. Parent and children’s attorneys in the pilot counties will receive training on high quality legal representation to effectively advocate for their clients in court and out of court.
2. A higher rate of attorneys in the pilot counties will have the knowledge and skills to competently represent their clients in child protective proceedings.
3. Attorneys in the pilot counties will be appointed and able to advocate for clients prior to a petition being filed in specified CPS Category II or III cases.
4. Parents and children in the pilot counties will have access to collateral supports and resources to resolve the case before a petition for removal is filed.
5. Parents with children at risk of removal will get timely legal and social service assistance to remediate the threats and avoid the child’s removal from home.
6. When a child must be removed from home parent and children attorneys in the pilot counties will be appointed and present at the preliminary hearing.
7. Fewer court delays due to lack of counsel at the preliminary hearing will occur in the pilot counties.
8. Parents and children with enhanced legal representation will receive greater access to supportive services and parenting time to facilitate timely reunification.
9. Parents and children with enhanced legal representation will experience greater support and are more likely to engage in the reunification plan and court process.
10. Fewer children will enter foster care, and for those that do enter foster care, a higher rate will reach permanency within 12 months.

Michigan’s CFSR Round 3 Program Improvement plan was approved by the Children’s Bureau and signed on April 18, 2019.

PIP Case Reviews

Michigan is conducting CFSR case reviews to monitor progress on CFSR outcomes and items.

- The Onsite Review Instrument is used to determine compliance in the baseline and future sampling to report goal achievement.
- Review data is collected in the Online Monitoring System.
- Baselines for each of the items identified for improvement in the PIP will be established with CFSR case reviews, beginning with PIP implementation and completed within the first year following the onsite review.
- Results will consist of 12 months of practice findings for a minimum of 100 cases, comprised of approximately 64 foster care and 36 CPS in-home cases.
- The sample source is MiSACWIS via the MDHHS Data Warehouse.
- The review team consists of DCQI and other analysts, including analysts assigned to the BSCs who are involved in the local CQI processes.
- Following successful completion of the PIP, Michigan will utilize the CFSR and other case reviews to monitor progress.

Michigan’s Plan for Continued Improvement

Michigan’s five-year vision includes expanding community capacity to deliver primary prevention, as well as providing the least intrusive interventions needed to protect children from abuse and neglect and doing so within the context of the child’s family and community. Families will be provided timely and effective services to avoid child separation whenever possible and achieve reunification at the earliest point possible.

For Michigan to address all the areas needing improvement outlined in the CFSR, system changes and a culture shift are needed, beginning at the highest levels of leadership. These changes will be initiated in the timespan of the state’s PIP and will extend through the five years of the CFSP 2020 – 2024. The state is committed to ensuring that the child welfare system is addressing key strategies to improve child safety, permanency and well-being within the five-year CFSP through the following strategies:

- **Increase prevention services.** Michigan will significantly expand the availability of prevention and reunification services for families who encounter the child welfare system. With an increase in federal, state, and local investments to provide prevention services, expenditures for out-of-home care are expected to decrease. Services will be evidence-based, trauma informed and delivered in community settings. The child welfare system will collaborate to build community capacity to help families address challenges before maltreatment occurs.
- **Decrease child separation.** The number of children separated from their parents and the average length of time in care is expected to be significantly reduced. Any recommendation for child separation will include intense deliberation, significant efforts to mitigate the need for separation, meaningful family and community engagement, and scrutiny at the highest levels of local office management. Parents and children will receive high-quality legal representation that advocates strongly for timely and appropriate services and expedited case resolution and permanency. Child welfare staff and legal partners will strive to achieve reunification at the earliest point possible with intensive reunification supports when appropriate.

- **Utilize a family-focused approach.** Michigan’s child welfare policies and practices will be supportive and family-focused and child safety and well-being will be addressed with family involvement. Families will always be treated with respect and dignity. Parent voices will be valued in program and policy development and in all aspects of individual cases. Michigan child welfare professionals will accurately assess family strengths and needs and work with families to identify effective services to match their needs. Families will experience meaningful assistance from their involvement in the child welfare system.
- **Maintain family connections.** Maintaining family connections when children are separated from their parents is a priority. Extensive family finding will occur throughout involvement with child welfare. First consideration for out-of-home placement will be with the child’s relatives and siblings will be placed together whenever possible.
- **Change the role of foster parents.** When feasible, foster parents will become involved prior to a decision to separate the child and assist the parents in a non-judgmental way with caregiving and mitigating safety concerns. When a child requires separation, the child’s parents and foster parents will share caregiving, work in partnership, and communicate openly about the child’s needs and progress. The foster parent will be a support to help reunify families.
- **Build and sustain a strong, supported workforce.** Michigan recognizes the impact of secondary traumatic stress on child welfare professionals and will support staff to build resiliency. In every office, leadership will promote psychologically safe environments where staff feel supported to take risks, admit mistakes, and collaborate with others. Child welfare leadership will create and maintain a healthy culture, provide staff with tools to be effective, and communicate frequently about organizational values and desired results. In response to variable conditions and stressful circumstances, staff will rely on quality thinking, sound reasoning, and fair decision-making. Michigan’s child welfare system will promote excellent service delivery, inclusion, diversity, innovation, responsiveness, and transparency.
- **Increase healing and well-being.** Michigan will deliver interventions and services that are relationship focused. All domains of child well-being will be prioritized, along with physical safety, and all child and family serving systems will be trauma informed. Michigan child welfare staff will receive training, coaching, and strength-based supervision to address implicit biases, engage with families, demonstrate compassion, and develop relationships to build resiliency and hope.

To achieve Michigan’s five-year vision for child welfare, parents facing challenges must be able to access voluntary services and social supports within their own communities, without stigma or fear, before a crisis occurs. Building community capacity to provide such services will require efforts by many systems, in partnership with child welfare. Three examples of coordinated efforts that are underway include:

- Partnering with the Office of Recovery Oriented Systems of Care to expand in-home substance use disorder family service programs.
- Collaboration with the Population Health Division to expand home visitation programs.
- Working in partnership with the Governor’s Task Force on Child Abuse and Neglect to

develop a cross-systems protocol for expanding the use of Infant Plans of Safe Care.

CSA continues to make improvements to the child welfare system through the support of invested stakeholders. The state has outlined strategies to address the issues impacting progress and will utilize the PIP period to initiate these reforms and strategies. Through the CFSP 2020 – 2024, the state expects to begin seeing desired results in outcome data.

FAMILY FIRST PREVENTION SERVICES ACT

Michigan is developing processes to ensure compliance with the Family First Prevention Services Act in several areas. The strategies described below were added to Attachment O: Health Care and Coordination Plan, and include developing clinical pathways to:

1. Ensure that placement of a child in any setting that is not family foster care is based on the needs of the child as identified in a child's diagnosis by a qualified medical practitioner and documented safety needs.
2. Ensure accurate documentation and sharing of child health information with health providers and caregivers.

Ensuring Appropriateness of Placement in Qualified Residential Treatment Programs

Child welfare teams consider several factors when pursuing residential treatment for a child, including the capacity to maintain safety and benefit from treatment in the community. When a child's diagnosis includes medical/mental or behavioral health needs that cannot be safely met in the community or in a foster family home, a child may be placed in a qualified residential treatment program. Qualified residential treatment programs must:

- Include a trauma-informed treatment model designed to treat children with emotional or behavioral disorders.
- Have licensed nursing and clinical staff onsite as required by the program's treatment model.
- Facilitate outreach to family members of the child.
- Document how family members are integrated into the treatment process.
- Provide discharge planning and family support for six months after discharge.

Ensuring Children in Foster Care Are Not Inappropriately Diagnosed

To ensure children are not inappropriately diagnosed and placed in settings that are not foster family homes as a result of inappropriate diagnoses, Michigan developed the following policies and procedures.

Prior to placement of a child in a qualified residential treatment facility, caseworkers must prepare a Placement Exception Request that documents supervisor and county director review and approval. Residential placements requirements include the following:

- The referring worker must provide the residential provider with all recent medical, behavioral and mental health diagnoses and reports.

- A licensed clinician with a minimum of a master’s level degree must conduct a bio-psycho-social assessment of a child using evidence-based tools within 30 calendar days following placement. Once the MDHHS Qualified Residential Treatment Plan is fully implemented, a third-party contractor will be responsible for conducting an assessment no later than 30 days following placement in the program.
- The bio-psycho-social assessment ensures placement is based on documented need for the treatment provided in the program and used to develop a treatment plan based on a review of past information with current assessments specific to the child’s needs.

To ensure that practitioners with the appropriate knowledge, training and skills have the tools to arrive at an accurate diagnosis, all members in the child welfare systems of care must follow clinical pathways or procedures to guide decisions about treatment in residential settings. These clinical pathways are informed by the best available evidence, re-evaluated and improved regularly based on statewide outcome data and emerging scientific evidence. The process of developing clinical pathways includes the following elements:

- A means to support and hold providers accountable for providing and documenting accurate and comprehensive diagnostic assessments that include diagnosis, functional capacity and recommendations based on the best available evidence.
- Specific guidelines defining the child and family characteristics that require intervention within a residential setting.
- Capacity and accountability within the MiTEAM case management process to follow the clinical pathways for each child.
- Education of all members of the systems of care on the clinical pathways, including parents and caregivers, courts, child welfare personnel and health/mental health care providers.
- Evaluation methods to track fidelity in following the clinical pathways and outcomes for the children and families served.

MDHHS has initiatives in process to address some of these elements:

- Systems transformation project, described in the Permanency section of the APSR.
- Enhanced MiTEAM practice model training and support.
- Trauma screening, assessment and treatment protocols.

Michigan’s Family First Prevention Services Act Assessment

Michigan will conduct a needs assessment with technical assistance from Chapin Hall at the University of Chicago to assist with understanding the needs of children in care and the current service array of prevention and congregate care in Michigan. From April through December 2019, MDHHS will begin work in the following areas:

- Conducting a readiness assessment for the prevention and Qualified Residential Treatment Program provisions with the provider community in Michigan.
- Performing data analytics needed for planning and implementation, with an emphasis on the prevention and Qualified Residential Treatment Program provisions.
- Revising policies to align with the requirements of the Family First Prevention Services

- Act and the broader child welfare transformation.
- Development and implementation of robust continuous quality improvement processes across the MDHHS continuum of preventive services.

Ensuring Accurate Documentation and Sharing of Child Health Information

Health providers must have a comprehensive health history of a child (the medical passport) to provide care and make an appropriate diagnosis. The medical passport must be provided to a new health provider at or before the first appointment with the child. The medical passport prints from MiSACWIS and includes the following information:

- Current primary care physician, dentist and insurance information.
- Allergies.
- Diagnosis.
- Medications.
- Health history.
- Health appointments, including behavioral health appointments in the last 18 months.
- Developmental/behavioral concerns.

During summer 2018, mandatory foster care worker training was provided in eight sites on accessing and navigating CareConnect360, which has information on Medicaid claims from MiSACWIS. The training included how to develop a medical passport with up-to-date and accurate information and how to enter information into MiSACWIS correctly. Six related webinars are available in the learning management system. Caseworker viewing of the webinars by Dec. 31, 2018 was mandatory. Additional actions MDHHS is taking to ensure compliance with the act are described in the following APSR sections:

- Services for Children under the Age of 5.
- John H. Chafee Foster Care Program for Successful Transition to Adulthood.

Michigan's Family First Prevention Act State Plan

Michigan will submit a Family First Prevention Act State Plan outlining how Michigan will use Title IV-E funds and matching state funds for evidence-based prevention services for families at risk of entering the child welfare system, with a projected date of December 2019. This plan will include the following:

- Service description and oversight.
- Evaluation strategy and waiver request.
- Monitoring child safety.
- Consultation and coordination.
- Child welfare workforce training and support.
- Prevention caseloads.
- Assurance on prevention program reporting.
- Child and family eligibility for the Title IV-E prevention program.

It is projected that Michigan will implement Family First Prevention Services Act approved evidence-based practices on Oct. 1, 2020.

AMENDMENTS TO THE CHILD CARING ORGANIZATIONS ACT 119

There were amendments to the Child Caring Organizations Act 119 effective March 28, 2018. Several sections of the act were updated that pertain to child caring institutions, including:

- All licensed child care organizations receive a copy of Act 116 and administrative rules.
- An annual inspection of a child care organization licensed under this act shall be unannounced, unless the department, considers it necessary to schedule an appointment for an inspection.
- An original license shall be issued to a new child care organization during the first six months of operation. An original license expires six months after the date of issuance. The renewal of an original license is contingent upon the submission of a new application and approval by the department.
- A provisional license may be issued to a child care organization that is temporarily unable to conform to the rules. The issuance of a provisional license shall be contingent upon the submission to the department of an acceptable plan to overcome the deficiency present in the child care organization within the time limitations of the provisional licensing period.
- A provisional license expires six months after the date of issuance and may be issued not more than three times. The renewal of a provisional license shall be contingent upon the submission of a new application and approval by the appropriate department.
- Fourth provisional licenses have been eliminated.
- The department may modify the license of a child care organization to a provisional license when the licensee willfully and substantially violates this act, the rules promulgated under this act, or the terms of the license. A license cannot be modified unless the licensee is given written notice of the grounds of the proposed modification.
- The department may investigate, inspect, and examine conditions of a child care organization and may investigate and examine the books and records of the licensee. The licensee shall cooperate with the department's investigation, inspection, and examination by doing all of the following:
 - Admitting members of the department into the child care organization and furnishing all reasonable facilities for thorough examination of its books, records, and reports.
 - Allowing the department to perform routine investigative functions during the course of an investigation, inspection, or examination.
 - Providing accurate and truthful information to the department, and encouraging witnesses, such as staff and household members, to provide accurate and truthful information to the department.
 - The department may suspend, deny, revoke, or refuse to renew a license of the child care organization if the licensee does not cooperate with an investigation, inspection, or examination under this section.

- A person, agency or child care organization who has a license or certificate of registration revoked, application denied, or renewal refused, may be refused a license for a period of not less than five years after the revocation, denial, or refusal to renew.

SAFE CARE FOR INFANTS AFFECTED BY SUBSTANCE USE

In 2016, MDHHS worked with public health providers to define an “Infant Plan of Safe Care” and requirement that such plans be established for infants, their parents, and family members when the criteria are met. Michigan’s policies and procedures for developing an Infant Plan of Safe Care for infants identified as affected by substance use include the following:

- Mandated reporters are required to report suspected child abuse or neglect if the reporters knows or suspects that a newborn infant has any amount of alcohol, a controlled substance or a metabolite of a controlled substance (whether legal or illegal) in his or her body.
- In 2017, policy changes included the requirement for an Infant Plan of Safe Care for infants identified as affected by substance use of their parent and/or withdrawal symptoms, or as victims of Fetal Alcohol Spectrum Disorder. In these cases, the worker must develop an Infant Plan of Safe Care to:
 - Address the health and substance use treatment needs of the mother and infant and other affected family members.
 - Ensure that appropriate referrals and safety and treatment plans are developed to address the needs of the infant and family.
 - Take steps to ensure services provided to the infant and family are monitored through continued MDHHS involvement or another service provider.
 - Address concerns through appropriate referrals. The referral and monitoring of these services must be documented by the worker in MiSACWIS.
- MDHHS added requirements in all family preservation contracts for an Infant Plan of Safe Care for cases involving an infant identified as affected by substance use of their parent and/or withdrawal symptoms, or as a victim of Fetal Alcohol Spectrum Disorder.
- In confirmed complaints in which the infant requires medical treatment to address symptoms resulting from the substance exposure and medical personnel indicate that the exposure seriously impairs the infant’s health or physical well-being, a petition for court jurisdiction is required within 24 hours.
- The state does not exclude complaints when a child is affected by legally prescribed medications to the mother. If the medication was not taken as prescribed or if the parent’s use of medications or substances impairs the parent’s ability to safely care for their child, a CPS case is opened, and an Infant Plan of Safe Care established.
- Services must be coordinated with medical personnel, maternal infant health programs and substance use disorder assessment and treatment providers.
- Children ages 0 to 3 suspected of, or having confirmed substance exposure, and/or developmental delay must be referred to Early On.

- MDHHS employs a fulltime substance use analyst who oversees a variety of substance use projects within MDHHS, helps provide insight on substance use within child welfare, and works collaboratively with various stakeholders regarding substance use.
- MDHHS works collaboratively with stakeholders through a variety of workgroups related to substance use, specifically opioid use. This is done through various workgroups throughout the state.
- MDHHS was awarded \$1,000,000 in funding through the Comprehensive Opioid Abuse Program Grant through the Bureau of Justice Assistance to address opioid use in rural areas. As part of this grant, MDHHS is:
 - Creating a multi-disciplinary team to address opioid use by facilitating sharing of data between various systems.
 - Expanding the Substance Use Disorder Family Support Program pilot which is currently in four counties. The pilot provides intensive home-based services for substance affected families that are at potential or actual risk of experiencing a removal due to child abuse and/or neglect. This program will be available in nine counties by Oct. 1, 2019.
 - Obtaining intensive home-based programming to address substance use in various counties.
 - Creating an online Mandated Reporter training.
 - Partnering with the University of Michigan Child and Adolescent Data Lab to analyze CSA data to identify cases impacted by substance use disorder as a way to prevent recurrence.
 - Working collaboratively with the Governor’s Task Force on Child Abuse and Neglect and the Citizen Review Panel on CPS, Foster Care and Adoption to address gaps in various systems related to substance use. The Citizen Review Panel is assessing whether building a best practice Infant Plan of Safe Care model will address systemic gaps in services to parents who are using substances. Should a protocol be developed, all stakeholders will collaborate in its creation.

MDHHS is participating in the following workgroups to address the needs of newborns affected by substances:

- **2017 Policy Academy - MDHHS Recovery Oriented Systems of Care.** Michigan was one of 10 states selected to participate in the “2017 Policy Academy: Improving Outcomes for Pregnant and Postpartum Women with Opioid Use Disorders and their Infants, Families and Caregivers.” Michigan developed a cross-system plan to address the needs of infants affected by opioids and their caregivers.
- **Comprehensive Addiction and Recovery Act (CARA) workgroup.** This workgroup is developing a work plan to ensure Michigan is meeting the requirements of the 2016 federal CARA and the provisions of the Child Abuse Prevention and Treatment Act (CAPTA). Participants include internal and external child welfare and public health systems. The focus of the work is on:
 - Creating uniform definitions of substance affected newborns and Infant Plans of Safe Care.
 - Aligning MDHHS policies, programs and contracts with CARA.

- Identifying and implementing cross-system responses to newborns affected by substances and their families.
- Training and education on Infant Plans of Safe Care for birthing hospital staff, home visitation programs, infant mental health programs, family preservation services, CPS and foster care programs.
- Establishing a plan for tracking and monitoring all infants born affected by substances, and implementation of Infant Plans of Safe Care.
- **Michigan Collaborative Quality Initiative of Birthing Hospitals.** In partnership with the initiative, MDHHS Division of Maternal and Infant Health provides education and training for birthing hospitals to screen infants for the signs and symptoms of Neonatal Abstinence Syndrome and linking families to evidence-based home visiting.

Technical assistance and training provided to staff to improve practice for caring for infants affected by substance abuse includes:

- Collaboration with Early On to ensure that Infants who are exposed or affected by prenatal substances undergo assessment for developmental delay and treatment.
- Changes to MiSACWIS to track entry of Infant Plans of Safe Care into MiSACWIS. This information is used for federal reporting and internally to ensure substance use is addressed.
- A proposed enhancement to MiSACWIS has been submitted to allow better tracking and reporting of NCANDS data. This enhancement will allow for reporting of substance use at the child level, as well as the caregiver level.
- Online training is available on demand for CPS workers. Training on MiSACWIS Health Information is available for:
 - Entering health information.
 - Data warehouse/InfoView reporting.
 - Transferring cases to foster care.

CAPTA State Grant Enhancement

Michigan was awarded additional CAPTA State Grant funds resulting from the federal Consolidated Appropriations Act of 2018, effective March 23, 2018. Beginning in 2019, the department is utilizing this increased federal appropriation with a priority on addressing the development, implementation and monitoring of Plans of Safe Care for infants identified as affected by substance use or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder. The department will begin the work by:

- Ensuring effective coordination of efforts for Plans of Safe Care with birthing hospitals, public health and family preservation partners and others to ensure awareness of how to develop and implement these plans and how to report to the department on their development and outcome.
- Providing statewide training and technical assistance for child welfare and public health partners on implementation and monitoring of these plans.
- Ensuring department reporting is consistent with CAPTA reporting requirements.
- Working with local partners, including law enforcement, prosecutors, child assessment

centers and others to develop and maintain local child abuse and neglect investigation protocols. These protocols will address substance use investigations, system approaches designed to improve child and family outcomes and the development and reporting of Plans of Safe Care.

- Assessing service provision gaps for children and families identified by birthing hospitals, public health or child welfare and addressing needs through development of local and/or statewide services to provide Plans of Safe Care for families as needed.

COLLABORATION WITH THE COURT SYSTEM

MDHHS collaborates extensively with courts through the State Court Administrative Office (SCAO) Court Improvement Program, including preparation for Round 3 of Michigan's CFSR held in 2018, along with development of the Program Improvement Plan (PIP). SCAO's Child Welfare Services division director is co-leading the strategies within the PIP to improve the quality of legal representation.

Through the Court Improvement Program, MDHHS works with the court system to improve court procedures and ensure all federal and state laws, statutes and rules are followed. With support and information from SCAO, MDHHS trains public and private agency caseworkers on the child welfare legal system. Local MDHHS offices collaborate with family courts to ensure children and families are provided services compliant with federal and state laws. Collaborative efforts in 2018 include:

Data Projects

- MDHHS worked with SCAO to develop new court data reports for CFSR Round 3 outcome measures, including children's timely medical and dental exams, the frequency of parenting time, worker-child visits and worker-parent visits using data produced by the DCQI Data Management Unit (DMU). SCAO provides the data reports to two pilot courts quarterly to determine whether the court can drive performance improvement in those areas.
- Through a data-sharing agreement, the court obtains data provided by the DMU that are modified to create judicial reports on hearing timeliness and permanency. These reports are available in SCAO's web-based Judicial Data Warehouse.
- A Data Snapshot Report provides an overview of each county's child abuse/neglect data. This is also available to courts in SCAO's Judicial Data Warehouse.

Examining or Improving Quality of Court Hearings

- The Court Observation Project was created to assess the quality of child protection court hearings. SCAO Child Welfare Services conducted four Court Observation Projects in 2015 to 2018 based on requests from judges. The projects collect information about each hearing attendee's (e.g., jurist, parent attorneys, lawyer-guardian ad litem, caseworker and agency legal counsel) participation, demeanor and advocacy. After

observing multiple hearings of each hearing type, SCAO provides a report with recommendations based on the issues identified during the court observation. Court Improvement Program staff return to the project court 10 to 12 months after the first report to conduct follow-up court observation in a feedback loop to determine whether the recommendations had an impact on the quality of child protective proceedings.

- Seven regional Title IV-E cross-disciplinary trainings provided an overview of federal regulations and addressed each court's needs. Invited stakeholders included court personnel, MDHHS, private agencies, attorneys and others. In 2018, the trainings were attended by 160 individuals. SCAO Child Welfare Services and the MDHHS Federal Compliance Division plan and conduct Title IV-E trainings jointly.
- SCAO participated on a state review team during the federal Title IV-E review in 2016, including preparation calls with federal staff and coordination of case files for review. SCAO will also participate in the upcoming June 2019 federal Title IV-E Review and is working closely with MDHHS to ensure a successful review.
- Meetings regularly occurred with SCAO and the Federal Compliance and Child Welfare Funding Unit to review court orders and answer Title IV-E eligibility questions.
- SCAO provides quarterly trainings, in collaboration with MDHHS, for child welfare funding specialists.
- MDHHS participated on a SCAO workgroup to develop draft court rules for the use of mediation in child protective proceedings. The final mediation court rule became effective on May 1, 2018. SCAO funded a mediation program evaluation report with Court Improvement Program funding, which was issued by Grand Valley State University in April 2019, finding that the use of mediation in child protective proceedings improved time to permanency and resulted in more meaningful outcomes.

Improving Timeliness of Hearings and Permanency Outcomes

- SCAO's Court Improvement Program focused on educating parents of their rights when their children are taken into custody by developing an information brochure to be provided at the time of removal, and an in-depth information guide for use throughout proceedings. All courts received copies of the information guide and brochure and SCAO continues to provide courts with copies upon request. SCAO has distributed 2,045 copies of each resource.
- In 2018, SCAO hosted a five-part web-based training for attorneys including one for lawyer-guardians ad litem, "Special Considerations for LGALs". A total of 285 individuals attended all five sessions.
- In 2018, SCAO sponsored 50 attorneys to participate in the National Association of Counsel for Children online study course to prepare for the Child Welfare Law Specialist certification exam. SCAO sponsored 25 attorneys' examination fees.
- SCAO developed a pamphlet titled "Foster Parent Guide to Court" to assist foster caregivers to understand the court process. Approximately 1,200 copies have been distributed to courts, private agencies, and training providers.
- SCAO periodically provides training for new child welfare jurists. Training content includes basic legal, procedural and policy requirements to preside over child protective

proceedings, best practice recommendations specific to court hearings and an overview of Title IV-E requirements. From 2018 to 2019, SCAO provided a comprehensive New Jurist Training for 30 new jurists.

- SCAO developed a training for attorneys and caseworkers on the phases of child protection proceedings, including applicable statutes, court rules and agency policy, along with advocacy skills for reasonable efforts to preserve and reunify families. In 2018, three trainings were held throughout the state and attended by 168 individuals. SCAO plans to provide the training curriculum six times during 2019.

Examining or Improving Compliance with the Indian Child Welfare Act

- All 12 Michigan tribal courts filed for reciprocity in recognition of tribal court orders. Tribal court judgment is recognized as long as the tribe or tribal court has enacted a reciprocal ordinance, court rule, or other binding measure that obligates the tribal court to enforce state court judgments, and that ordinance, court rule, or other measure has been transmitted to SCAO.
- In 2009, SCAO established the Tribal Court Relations Committee of state and tribal court judges, tribal social services directors, tribal prosecutors, Indian child welfare law professors, and other key stakeholders. The Tribal Court Relations Committee continues to function as a collaborative vetting body for court rules, court forms, training and policy development concerning Indian Child Welfare Act application in child welfare cases. The committee meets quarterly and SCAO facilitates the meetings.
- SCAO held 15 multi-disciplinary trainings on the Michigan Indian Family Preservation Act and the Indian Child Welfare Act since 2009.
- SCAO hosted two screenings of the documentary, “Tribal Justice”, in 2018. Following the film viewing, a panel of tribal and state court judges discussed the importance of tribal-state partnerships in child welfare and the benefits of restorative justice.
- The SCAO Tribal Court Relations Committee developed an American Indian Child Placement Evidentiary Standards document, a judicial bench card, and provided significant input into the development of SCAO Juvenile and Adoption Court forms to ensure compliance with the Michigan Indian Family Preservation Act/Indian Child Welfare Act.
- Judicial training was provided on the Michigan Indian Family Preservation Act at both the statewide judges’ conference and annual referees’ conference.
- SCAO collaborated with tribes for their inclusion in Michigan Supreme Court Adoption Day and Reunification Day celebrations to raise awareness of the importance of Indian Child Welfare Act/Michigan Indian Family Preservation Act compliance to ensure successful outcomes for Indian children and families.
- SCAO participates on the national Children’s Bureau Indian Child Welfare Act Constituency Group to share best practices and innovative solutions to improve state compliance.
- SCAO incorporated Native American Inquiry and Notice into the Court Observation Project Tool to evaluate consistency and compliance with requirements in state courts where the project has been completed.

- SCAO collaborated with the Prosecuting Attorneys Advisory Council and the Prosecuting Attorneys Association of Michigan to create a training webinar in summer 2018 on Qualified Expert Witness Testimony for Prosecutors statewide.
- SCAO created and produced Quick Reference Charts for Jurists and Court Staff on the Indian Child Welfare Act and the Michigan Indian Family Preservation Act in 2019.

Foster Care Review Board

The State Court Administrative Office, Child Welfare Services division, administers the Foster Care Review Board program, which is comprised of citizen volunteers statewide dedicated to helping ensure that children in foster care are safe, well cared for and that they achieve timely permanency. The Foster Care Review Board provides independent review of cases in the state foster care system. The board also hears appeals by foster parents who believe that children are being unnecessarily removed from their care.

The Foster Care Review Board reports quantitative data on the boards' activities and the data in the annual report. The Court Improvement Program uses the data to plan training programs for judges, court personnel, child welfare staff and lawyers offered by SCAO. Data reported in the annual report includes:

- Data on Foster Care Review Board performance on reviews of individual cases.
- Aggregate Foster Care Review Board case-specific recommendations for safety, permanency and well-being.
- Barriers to permanency by state and county.
- Permanency outcome trends.
- State and county data on foster parent appeals of case decisions.

The Foster Care Review Board annual report is distributed to all Michigan courts to share systemic issues or trends the board is identifying when reviewing cases. The information is also shared with the media or legislators upon request.

Michigan law requires the Foster Care Review Board to identify system-wide problems that impede the timely achievement of permanency for children and make related recommendations to address these problems. The 2018 Foster Care Review Board annual report presented the following issues and recommendations to MDHHS:

- 1. Frequent placement changes.** There has been a 44 percent increase in the number of foster parent appeals conducted since 2016. Sometimes, it appeared that proposed moves were due to a conflict between the caseworker and the foster parent.
Recommendation: When a caseworker determines the foster parent is not meeting the child's needs and the child should be moved, the board recommends that the required family team meeting be facilitated by a neutral facilitator to discuss the caseworker's concerns with leaving the child in the foster home.
- 2. Lawyer-guardian ad litem compliance with statutory duties.** Juvenile courts should ensure that the lawyer-guardian ad litem complies with all statutory duties and articulates the child's wishes and best interests at court hearings.
Recommendation: The board suggests that juvenile courts pay specific attention to the

following statutory duties: a) the lawyer-guardian ad litem must determine the facts of the case by conducting an independent investigation including interviewing the child, social workers, family members and others as necessary and reviewing relevant reports and other information, and b) the lawyer-guardian ad litem must meet with or observe the child and assess the child's needs and wishes with regard to representation and the issues in the case before most court hearings.

- 3. Service referrals not occurring timely.** When service referrals do not happen timely, the entire case is delayed.

Recommendation: Either the court or the caseworker should establish a time frame for service referrals at the dispositional hearing. If the time frame is not met, the agency should be required to inform the court, the lawyer-guardian ad litem, the parents and their attorneys of the reason for the delay and the expected referral date.

- 4. Caseworkers' caseloads exceed MDHHS policy.** Caseworkers need to be able to spend time with the children and families on their caseloads in order to accurately assess risk, identify needs, develop an appropriate case plan and work with families to achieve it.

Recommendation: The agency should adhere to the caseload cap for foster care workers in the Implementation, Sustainability and Exit Plan, which includes a maximum caseload of no more than 15 children.

- 5. Foster parents not receiving notice of court hearings or not being allowed to participate in court hearings that they do attend.**

Recommendation: Juvenile courts should encourage and welcome foster parent participation in court hearings, either through verbal testimony or written communication.

The Foster Care Review Board is currently updating data reports so that the data can more directly assist with identifying program priorities and efforts. Once the new data reports are developed in 2019, board program representatives who serve on various state level child welfare workgroups and committees, including the Court Improvement Program, will analyze the data and promote discussion about trends, issues and possible strategies.

The Foster Care Review Board continues to review cases listed with the Michigan Adoption Resource Exchange in which there were identified barriers in the recruitment of an adoptive family or in finalization of a planned adoption. In 2018, the Foster Care Review Board conducted 375 reviews involving 486 children. Recommendations made in cases reviewed include the following:

- Recommendations related to child safety: 102
- Recommendations related to permanency: 372
- Recommendations related to well-being: 898

The program received 146 intake calls in 2018 from foster parents inquiring about appealing removal decisions, with results as follows:

- Local review boards conducted 125 foster parent appeals.
- The board supported the foster parent's appeal of the move of the child from their home in 53 cases.

- The board supported the agency’s decision to move the child in 72 cases.

COORDINATION OF CHILD WELFARE SERVICES

State-level coordination of child welfare services is accomplished through the Quality Improvement Council (QIC), which is chaired by the CSA executive director. QIC membership includes CSA executive staff, directors of Business Service Centers (BSC) and local MDHHS offices, directors of private foster care agencies, private and public child welfare program managers and leadership from the field.

The QIC structure provides a mechanism for coordination among the CSA and leaders in the field to address state-level issues. The CSA ensures that governing laws, rules and policies are followed in coordinating child welfare services and assists in securing resources. The QIC provides findings from targeted investigations based on data reports that can influence changes in policy, identify training needs and develop work groups. Strategies for improvement are developed by QIC sub-teams, which are focused on essential child welfare activities that operationalize improvement efforts in the field. Concerns from the field are funneled into the QIC or handled through existing program and operational units, depending on the issue. Issues unique to local child welfare communities are addressed by local directors, in collaboration with the BSCs, which then reports strategies and results to the QIC. This feedback loop assists MDHHS in refining implementation strategies to fit local needs. The QIC sub-teams and subcommittees include:

1. Permanency.
2. Safety.
3. Well-Being - Education.
4. Well-Being - Health.
5. Placement and Foster and Adoptive Parent Recruitment and Retention.
6. Service Array and Child Welfare Workforce.
7. Training.
8. Communications.
9. Data: Children’s Cabinet.

The graphic below illustrates how MDHHS coordinates the measurement and monitoring of outcomes through several methods, including the use of the MiTEAM Fidelity Tool which measures performance competencies in case management.

Measuring and Monitoring Progress

Practice Model Competencies FIDELITY
Data Source: Fidelity Tool September 2018

Teaming
State 92.6%

Engagement
State 92.6%

Assessment
State 90.3%

Mentoring
State 88.2%

Quality Performance QUALITY SERVICE REVIEW
Data Source: QSR Results
11 Counties Comprise the State Data - FY 2018

Selected Practice Performance Indicators

	<u>FY 2017</u>	<u>FY 2018</u>
•Cultural Identity and Need	97.8%	NA
•Engagement	65.0%	58.8%
•Teamwork & Coordination	37.4%	25.0%
•Assessment & Understanding	64.4%	55.1%
•Long-term View	64.4%	50.0%
•Planning Interventions/Case Planning	80.8%	58.3%
•Implementing Interventions	74.4%	56.3%
•Medication Management	93.8%	NA
•Tracking & Adjustment	52.2%	43.8%

Selected Child and Family Status Indicators

	<u>FY 2017</u>	<u>FY 2018</u>
•Safety: Exposure to Threat	97.7%	94.1%
•Safety: Behavioral Risk	93.5%	100.0%
•Stability	86.3%	81.8%
•Permanency	84.1%	72.7%
•Living Arrangement	97.8%	100.0%
•Physical Health	98.9%	100.0%
•Emotional Functioning	94.9%	100.0%
•Learning & Development	86.4%	81.3%
•Voice & Choice	57.5%	48.5%
•Family Function Resourcefulness	31.4%	52.4%
•Caregiving	98.7%	NA
•Family Connections	62.3%	55.0%

*QSR values have been rounded to the nearest percentage
Pilot county data impacted higher performance in FY 2018*

Michigan Strengthening Our Focus – September 2018

Behaviors KEY PERFORMANCE INDICATORS
Data Source: CSA MMR 9/30/2018

Face to Face CPS Initial Worker Contacts
State 93%

Face to Face Worker-Child Social Work Contacts
State 81%

***Timely Initial Home Studies Licensing Waivers**

Medical & Dental Care
State – Medical 85%
State – Dental 82%

Timely & Thorough Completion of Case Plans
State 86%

Parent-Child Visitation
State 45%

***Formal 90 Day Discharge Planning for Older Youth/Semi-Annual Transition Meetings for Youth 14 & Older**

Results OUTCOMES
Data Source: U of M As of 9/30/2018

***Maltreatment in Foster Care**

*** Recurrence of Maltreatment**

Permanency in 12 Months for Children Entering Foster Care
State 29.5%

Permanency in 12 Months for Children in Foster Care 12-23 Months
State 45.6%

Permanency in 12 Months for Children in Foster Care for 24 Months or More
State 40.8%

Re-Entry to Foster Care in 12 Months
State 5.1%

Placement Stability
State 3.4%

* Data not yet available

* Data not yet available

Local Continuous Quality Improvement Teams

County continuous quality improvement (CQI) teams guide local efforts, address barriers and ensure adherence to the MiTEAM model in case management. County CQI teams receive information including federal requirements and national trends through their respective BSCs, through meetings with the CSA executive director and membership on state-level sub-teams. County CQI teams ensure that local CQI efforts are data-driven through analysis of local service data that measures the performance of their respective offices, showing where attention is needed. Subsequent data indicates whether improvement strategies worked. Local data is aggregated monthly to track state-level results, which drive ongoing strategizing statewide.

Program Improvement Plan Planned Activities for 2020-2024

Michigan's CFSR PIP identified workforce as one of the four cross-cutting concerns leading to

the state's lack of progress. Highlights from the PIP in this area are listed below.

- PIP Workforce: 2.2.1: MDHHS will use Comprehensive Organizational Health Assessment data from the Children's Trauma Assessment Center to assess organizational health including secondary traumatic stress.
- PIP Workforce: 2.1.2: MDHHS is implementing the Leadership Development Tool to search for growth opportunities for managerial staff.
- PIP Workforce: 2.1.3: MDHHS will offer targeted training in areas identified as low performance by the Comprehensive Organizational Health Assessment and the Leadership development tool.
- PIP Workforce: 2.1.4: MDHHS will develop individualized county plans for improvement based on statewide climate and culture results.
- PIP Workforce: 2.2.1: MDHHS will evaluate the tasks of each role within the child welfare workforce to identify misappropriated resourcing and opportunities for reduction in duties.
- PIP Workforce: 2.2.2: MDHHS will evaluate child welfare requirements to identify redundancies and inefficiencies by surveying child welfare staff to identify the top three inefficiency issues, commit those issues to the LEAN process and implement suggestions identified by the process.
- PIP Workforce Strategy 3: Hiring and training child welfare workers in adequate numbers and with the appropriate job fit, which includes:
 - 2.3.1: Full implementation and subsequent review of enhanced candidate screening.
 - 2.3.2: Development of enhanced regional training and support teams for MDHHS employees and managers.
 - 2.3.3: Enhanced foster parent recruitment through professional marketing strategies.
 - 2.3.4: Implementation and review of mentoring enhancement period.

CHILD AND FAMILY SERVICES CONTINUUM

Michigan provides a continuum of services for children and families in the child welfare system, from prevention to post-permanency, including transitional services for young people leaving foster care. Services are community-based, coordinated with other government benefits, culturally relevant and family-focused. The continuum begins with a trauma-informed service approach that incorporates an understanding of the effects of trauma on children and families.

Trauma-Informed Services

To ensure children and families are provided services that effectively address trauma resulting from child abuse and neglect, MDHHS is implementing several efforts focused on trauma-informed practice and intervention. Major efforts include:

- **Statewide Secondary Traumatic Stress training** for child welfare staff began in January 2018 as part of a contract with Western Michigan University's Children's Trauma Assessment Center (CTAC). The training includes role-specific information for county

directors and program managers, supervisors and caseworkers, and establishes local secondary traumatic stress teams.

- **Secondary Traumatic Stress Teams** are being implemented in county offices to respond to secondary trauma on a peer-to-peer level. Training is based on the success of a 2015 pilot training that occurred in eight counties and is part of the statewide Secondary Trauma/Culture and Climate contract with CTAC.
- **Culture/Climate Assessment and Development** began in January 2018 as part of a contract with CTAC. Assessments include a survey for local office staff, individual county/agency plan development based on survey results, and a reassessment to gauge progress. Strategies are being developed and tracked in local offices to create physically and psychologically safe working environments that are necessary to achieve performance outcomes.
- **Statewide Trauma Screening Training** began in January 2018 and is being delivered through a contract with CTAC. Use of the Trauma Screening Checklist developed by the CTAC, will be required when children enter care and ongoing throughout the duration of the case. The training offers guidance for case planning and intervention based on the results of the screening tool.
- **Residential Transformation** is being addressed by a workgroup focusing on effective community-based behavioral health interventions and the inclusion of trauma-informed practices, principles, and environments in contracts for residential treatment providers to be compliant with federal Qualified Residential Treatment Provider standards.
- **Comprehensive Trauma Assessment Services** contracts were implemented in June 2017. These contracts ensure that quality comprehensive trauma assessments are available and provided statewide to foster children as needed.
- **Psychological Assessment Contracts** for adults are in development and include a trauma component to ensure that adult trauma is appropriately recognized and addressed via recommendations by the service provider. Contracts for child psychological assessments are also being explored.
- **A Trauma and Toxic Stress website** was developed as part of the Defending Childhood State Policy Initiative that concluded in September 2016. The website includes information on trauma screening, assessment, intervention, training, resources for caregivers, and provides resources on building trauma-informed communities and organizations. The site was recently updated to include a section entitled, "Building a Trauma Informed Michigan".
- **A statewide initiative to address Adverse Childhood Experiences**, led by the Michigan Association of Health Plans, developed "Creating Healing Communities: A Statewide Initiative to Address Adverse Childhood Experiences." The initiative expands awareness of the effects of adverse childhood experiences and creates a coalition for development of state policy and implementation of Medicaid policy. The initiative will train social workers, teachers, community mental health staff and parents to understand and address behaviors resulting from adverse childhood experiences.
- **Guiding NEAR** addresses neuroscience, epigenetics, adverse childhood experiences and resiliency. This workgroup was created as an extension of the Defending Childhood Initiative in 2015 and 2016 and is focused on engaging state-level leadership and

building state and community level strategies to educate and integrate knowledge of NEAR science into applicable policies and programs.

- **Intensive Crisis Stabilization Services** were established statewide in January 2018. The mobile teams are intended to proactively address crisis situations. The service is available for children/youth ages 0-21 with Serious Emotional Disturbance (SED) and/or Intellectual and Development Disability and their parents/caregivers. This service assists with maintaining a child or youth in their home and community environment.
- **The Children’s Trauma Initiative** includes training/coaching in trauma screening, trauma assessment, Caregiver Education and Learning Collaboratives for Community Mental Health Service Provider (CMHSP) networks to prevent and address trauma. Training cohorts are provided on a regular basis and CMHSPs involvement is solicited via communication with CMHSP and prepaid inpatient health program directors. The initiative is focused on the use of evidence-based practices and programs in the provision of mental health services to children and their families.
- **MDHHS Trauma Policies** have been developed for various service providers, including the Behavioral Health and Developmental Disabilities Administration and the Medical Services Administration. A Trauma Protocol for child welfare was disseminated to the field in April 2018. A workgroup was developed to focus on revisions based on feedback and utilization of the protocol over the last year. The protocol includes guidance on trauma screening and follow-up, resiliency-based case planning and addressing secondary trauma.
- **Family First Prevention Services Act**, focused in part on the integration of trauma-informed evidence-based programs to mitigate the risk of removal of children from their families, will be implemented in 2020.

Statewide Services to Prevent Abuse and Neglect

- **Prevention** services are provided by MDHHS Family Independence Specialists to families receiving financial and other assistance statewide. In addition, Wayne County has four prevention specialists providing services to families in that county.
- **Community Resource Centers** based in schools with high numbers of families receiving financial assistance, offer assistance and referrals for food, housing and other needs. Please see the Pathways to Potential section for more information.
- **Child Protection/Community Partners** funding is provided to all MDHHS offices for services to families at low to moderate risk of child abuse or neglect. Services are determined locally, focused on needs identified in each community. The purpose is to:
 - 1) Develop services targeted to the specific needs identified in the community.
 - 2) Reduce the number of referrals for substantiated abuse and neglect.
 - 3) Improve the safety and well-being of children.
 - 4) Improve family functioning.
- **The Children’s Trust Fund** supports a statewide network of 73 local councils that fill the critical role of prevention in a full array of services for children and families. The Children’s Trust Fund provides resources to over 20 community direct service programs, which target the needs of the most vulnerable and challenged families. The Children’s Trust Fund is leading or collaborating on critical policy and education efforts on research

and innovative approaches to serving families. The Children’s Trust Fund serves as the Citizen Review Panel on Prevention, providing ongoing feedback and information about preventive services to families.

- **Children’s Trust Fund Direct Service Grants** are awarded to provide prevention services to meet community needs. Services are provided to families that have risk factors for child maltreatment but do not have active CPS cases. The following are some examples of how the direct services grants are used:
 - Parent/guardian skills training and support programs designed to educate and/or provide peer support in child development, childcare skills, stress management and general advocacy and support.
 - Services that include respite care, parent education programs and support groups, fatherhood programs, home visitation programs, family resource and support centers, early care and education, evidence-based practice, and positive youth development to prevent child abuse.
 - Programs that adhere to culturally competent guiding values and principles.
 - Projects that serve special populations.
- **Families Together Building Solutions** is an evidence-based service that provides long-term in-home services to support vulnerable families and prevent abuse and neglect. FTBS provides counseling, parenting coaching, housing and budgeting assistance and other services in the family home for up to four months.
- **Early On** is Michigan’s system of early intervention services that assists families with infants and toddlers from birth to 36 months that display developmental delays or have a diagnosed disability. Early On provides assessment, care coordination, in-home therapy and other services to families and young children. Referral to Early On is a requirement for all substantiated CPS cases of children under 3 years.

Statewide Services to Protect Children from Abuse and Neglect

- **CPS investigation and ongoing services** are provided statewide by MDHHS. MDHHS operates a statewide Centralized Intake hotline, which is available 24 hours each day, seven days a week. Centralized Intake is responsible for receiving reports of abuse and neglect of children statewide and assigning them for investigation by CPS investigators in each county office. Ongoing CPS services to children in the home are provided through local CPS staff, who are responsible for assisting the family to alleviate the conditions that are endangering the safety of children in the home.
- **The Maltreatment in Care unit** investigates and provides services to children who have experienced abuse or neglect while in out-of-home placements.
- **Mandated Reporter Training** is delivered by MDHHS local offices in their communities upon request and is available online.
- **Children’s Advocacy Centers** are child-focused programs in which representatives from law enforcement, child protection, prosecution, mental health, victim advocacy and child advocacy conduct multi-disciplinary interviews and make team decisions about investigation, treatment, management and prosecution of child sexual abuse cases. Services include forensic interviewing, crisis counseling, advocacy, medical evaluation,

service coordination, support groups, and child and family therapy.

- **Forensic Fluids** is a statewide contract for drug testing of clients affected by substance use that provides prompt, accurate results that allow for consistency among counties in addressing substance abuse needs.

Statewide Services to Preserve Families

Michigan offers several family preservation services, all of which are evidence-based and monitored for outcomes.

- **Families First of Michigan** is a home-based, intensive (up to 10 hours a week in the family home) crisis intervention model designed to keep children safe and prevent foster care placement or to provide intervention to return children to their homes. Designated domestic violence shelter programs may refer families with children at risk of homelessness due to domestic violence. The program also accepts referrals from Michigan's 12 federally recognized Native American tribes. Families First is available in all 83 Michigan counties. Examples of individualized intervention services the model provides include family and child assessment, safety planning and parenting skill modeling and coaching.
- **Strong Families/Safe Children** is a funding resource for enhanced family preservation and support services. Funds are provided for service needs determined in collaboration with local stakeholders and contracted with private agencies and individuals.

Statewide Services to Reunify Families

- **Family Reunification Program** is an intensive, in-home service model that facilitates safe and stable reunification when children in out-of-home placement return to their homes. In 2017, the Family Reunification Program expanded services by 29 counties, now serving 73 counties. Services may begin as early as 30 days prior to the return of children from foster care and may last up to six months to ensure stability is achieved. Out-of-home placement may include residential treatment, family foster care, relative placement, psychiatric hospitalization or shelter care.
- **Supportive Visitation** is provided in several regions throughout the state to coach parents during parenting time to assist development of skills and promote parent-child relationships.
- **Family Group Decision-Making** services include the coordination of a group of family members and other supporters for lesbian/gay/bisexual/transgender/questioning (LGBTQ) young people in residential care in Wayne County. The pilot will be expanded as additional funding is secured.
- **The Parent Partners Program** is a collaborative effort that connects parents with children in foster care to "veteran" parents who have been successfully reunited with their children. Parent Partners go to hearings with parents, connect them to other resources in the community and provide support and encouragement in working toward reunification.

Statewide Services to Promote Permanency

- **Foster care and adoption services** are provided by county MDHHS and private agencies. Medical and dental health care and assessment of behavioral health needs are provided to all Michigan children in foster care. When mental or behavioral health needs are identified, appropriate services are provided to children and families. Adoption services also include child evaluations and family assessments that identify immediate and potential needs that the child and family may have as they transition to creating a permanent family.
- **The Adoption Assistance Program** provides adoption financial subsidy, medical subsidy and assistance with non-recurring adoption expenses for children and their adoptive families.
- **Post Adoption Resource Centers** support families who have finalized adoptions of children from the Michigan child welfare system, children who were adopted in Michigan through an international or a direct consent/direct placement adoption and children who have a Michigan subsidized guardianship agreement. Family participation is voluntary and free of charge. Adoption Resource Centers offer the following services:
 - Case management, including short-term and emergency in-home intervention.
 - Coordination of community services.
 - Information dissemination.
 - Education.
 - Training.
 - Advocacy.
 - Family recreational activities and support.
 - Website and newsletter on topics relevant to adoptive families.
- **Adoption resource consultant services** are available statewide and provide services to young people who have a permanency goal of adoption and have been legally free for adoption for one year or more without an identified family. Consultants:
 - Utilize a solution-focused model.
 - Develop, review and amend the Individualized Adoption Plan with specific recruitment steps to place a child in an adoptive or pre-adoptive home.
 - Assist with problem solving to eliminate barriers and enhance the specificity of each Individualized Adoption Plan.
- **The statewide Parent-to-Parent Program** contracts with the Adoptive Family Support Network and provides support, education, information and referral services to adoptive parents through:
 - Adoption support groups.
 - Adoptive parent seminars/trainings/workshops.
 - Adoptive family fun events.
 - Parent-to-parent hotline.
- **Regional Resource Teams** focus on recruiting, supporting and developing foster families to meet annual non-relative licensing goals, retain a higher percentage of existing foster families, appropriately prepare families for the challenges associated with fostering and develop existing foster family skills to enable them to foster children with challenging behaviors. Regional Resource Team contracts went into effect in December

2017/January 2018. The six Regional Resource Teams are located across the state and provide regional recruitment, retention and training for foster and adoptive parents.

- **The Guardianship Assistance Program** provides financial support to ensure permanency for children who are placed in eligible guardianships. The purpose of the Guardianship Assistance Program is to provide financial support to ensure permanency to children who may otherwise remain in foster care until reaching the age of majority.
- **Permanency resource managers** lead individualized efforts to establish permanency for children who have been out of the home for over 24 months. Efforts include targeted recruitment and assistance with relative searches to identify potential placements.
- **Michigan Adoption Resource Exchange** operates a registry of children available for adoption and employs many strategies to increase awareness of the need for adoptive families. These efforts include operating the Heart Gallery, a traveling exhibit of photos of waiting children, and a photo-listing online catalogue which provides information and descriptions of waiting children.

Statewide Services for Youth Transitioning to Adulthood

- Foster care caseworkers provide assistance to older youth to transition to independence. After age 14, quarterly meetings are held with the youth to identify supports, assess their independent living needs, and assist in learning budgeting and home management skills and provide information about resources available in the community.
- **Michigan's John H. Chafee Foster Care Program** offers assistance to current and former foster youth between ages 14 and 21 statewide to achieve self-sufficiency, including juvenile justice youth, tribal youth and unaccompanied refugee minors. Services include supervised independent living and independent living stipends, an opportunity to join the Michigan Youth Opportunities Initiative (MYOI), local and state-level groups for mutual support and leadership skills. In 2019, eligibility extended to age 23.
- **The Tuition Incentive Program and Education and Training Vouchers** are available to foster youth to help them attend college. MDHHS also collaborates with the public universities in Michigan to provide scholarship funds and support to foster and former foster youth attending college.
- **The Michigan Youth Re-Entry Initiative** 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. Juvenile Justice Programs also provides reentry services to youth with disabilities who are adjudicated through an Interagency Agreement with Michigan Rehabilitation Services.
- **Homeless and Runaway Youth Services** include crisis-based services available to youth ages 12 to 17, their siblings and families. Services are available statewide and include crisis intervention, community education, case management, counseling, skill building and placement. Homeless and Runaway Youth Services are also provided to young people ages 16 to 17 who require support for longer periods. Services are available statewide and include crisis management, community education, counseling, placement

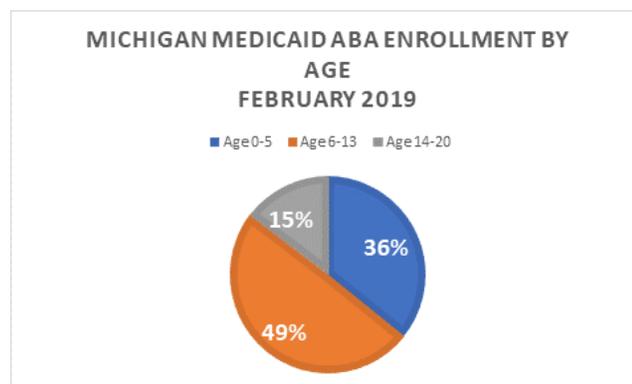
and teaching of life skills.

- **Unaccompanied Minor Program** provides living expenses and assistance to more than 200 unaccompanied minors each year.

Behavioral Health Services for Children and Youth

Medicaid-funded mental and behavioral health services are provided through Michigan’s community health system with partners in state and local health and education systems. Each service must be determined medically necessary, as defined in the child’s individualized plan of service. Although children and families involved in the child welfare system are among the clients served through these projects, eligibility criteria are based on mental health diagnoses and Child and Adolescent Functional Assessment scores rather than risk of abuse or neglect. The most recent outcome data for the following services are provided, as available.

- **Applied Behavior Analysis (ABA)** is a behavioral health service for eligible Medicaid enrolled children, youth and young adults with Autism Spectrum Disorder birth to age 21. Applied Behavior Analysis is recognized as the most effective treatment for individuals with Autism Spectrum Disorder, with over 40 years of scientific research and evidence demonstrating its effectiveness. Applied Behavioral Analysis services are individually tailored to address social behaviors, improve communication, socialization and teach daily living skills, as well as increase inclusion in general educational and community settings by addressing or averting aggressive or self-injurious behaviors that pose a threat to an individuals’ development and to families remaining together. Medicaid has 6,258 youth approved for Applied Behavior Analysis as of February 2019. The age breakdown is age 5 and younger is 36 percent, age 6-13 is 49 percent, and age 14-20 is 15 percent.



- **Wraparound** is a Medicaid-covered service that assists children with serious emotional disturbance. Wraparound offers a team planning process and is one of the few mental health services that can be used when a child in residential care is transitioning to the community. Outcomes for Wraparound consistently show clinically significant (over 70 percent of children served) improvement in functioning. The Division of Mental Health Services expanded the timeframe for provision of Wraparound for transitioning from a residential facility or the children’s state psychiatric hospital to 180 days. In fiscal year 2018, 1,279 new children were opened to Wraparound services.

- **Youth Peer Support** is a Medicaid-covered service under the behavioral health managed care waiver. This service provides a Youth Peer Support Specialist that engages a youth with serious emotional disturbance currently receiving services. The Youth Peer Support Specialist provides guidance, shares information about resources and helps in skill development. Youth Peer Support Specialists are available in 11 Community Mental Health service areas, with 24 working in the state in 2019. Since 2015, 48 Youth Peer Support Specialists have been trained.
- **Parent Support Partners** is a statewide initiative that provides peer-to-peer support to eligible families as part of Michigan’s Early Periodic Screening Diagnosis and Treatment State Plan. PSP increases family involvement and engagement in the mental health treatment process and equips parents with the skills to address the challenges of raising a youth with special needs. There are 108 Parent Support Partners currently providing services throughout Michigan within 36 Community Mental Health agencies. Since 2010, 228 parents have completed the five-day training, 249 have completed the three-day training, and 162 have been certified. An additional 23 parents are currently in the process of becoming certified.
- **The Family Support Subsidy Program** provides financial assistance to families with a child with severe developmental disabilities. The goal is to make it possible for children with developmental disabilities to remain with or return to their birth or adoptive families. The program provides a monthly payment, which families can use for special expenses incurred while caring for their child. In 2018, the program served 5,815 children and only 16 children (0.3 percent) within these families served were placed out-of-home. In 2018, four children returned to their families from out-of-home placement.
- **Parent Management Training** is an evidence-based service for parents and caregivers of children with serious emotional disturbance. Parent Management Training provides individual, group and home-based services. Michigan currently has 165 clinicians delivering services through local community mental health agencies.
- **Parenting Through Change - Reunification** is training for parents of children who are currently in foster care. Parenting Through Change – Reunification is available in 11 counties. The goal is to expand the number of trained clinicians across the state.
- **Intensive Crisis Stabilization for Children Services (ICSS)** is a Community Mental Health service for children and youth ages 0 to 21 with Serious Emotional Disturbance (SED) and/or Intellectual and Developmental Disability, including autism or co-occurring SED and substance use disorders, and their parents/caregivers. ICSS provides structured treatment and support activities delivered by a mobile intensive crisis stabilization team that travels to the child or youth in crisis for a face-to-face contact in one hour or less in urban counties, and in two hours or less in rural counties. From July 1 to Dec. 31, 2018, 3,839 total calls were received, for an average of 21 calls per day.
- **Crisis Residential Services** provide a short-term alternative to inpatient psychiatric services for children experiencing an acute psychiatric crisis. Services are designed for children who meet psychiatric inpatient or substance use disorder residential criteria or are at risk of admission to a more restrictive setting. Services may be used to avert an inpatient admission or to shorten the length of an inpatient stay. In 2017, the most recent year for which data is available, 466 children received services. There are

currently six MDHHS-enrolled programs statewide.

- **Infant Mental Health Services** provide home-based support and intervention services to families in which the parent's condition and life circumstances or the characteristics of their infant threaten the parent-infant attachment. Therapeutic interventions support attachment and the consequent social, emotional, behavioral and cognitive development of the infant. The infant mental health specialist provides weekly visits to enrolled families during pregnancy and around the time of birth through 47 months. In FY 2017, over 1,500 young children and their parents were provided this individualized, intensive service.
- **The Serious Emotional Disturbance Children's Waiver (SEDW)** provides intensive home and community-based services for children up to age 21 with serious emotional disturbance who meet current MDHHS admission criteria for state psychiatric hospital for children or who are at risk for hospitalization without waiver services. The SEDW serves two priority populations; traditional (non-child welfare involved) and MDHHS-Project (children with open foster care cases through MDHHS and children adopted from the child welfare system). The SEDW is a fee-for-service program administered by the Community Mental Health agency in partnership with other community agencies. Wraparound is a mandatory component of the SEDW service array.
- **Early On**, Michigan's Part C system, supports families with infants and toddlers, birth to age 3 who have developmental delays or are at risk for delays due to certain health conditions. It is designed to help families find the social, health, and educational services that will promote the development of their infants and toddlers with special needs. More information about Early On can be found in the Populations at the Greatest Risk of Maltreatment section.
- **The Michigan Child Collaborative Care (MC3) program**, developed in collaboration with MDHHS, targets child/adolescent populations through supporting local primary care providers who treat behavioral health issues in their clinics. MC3 offers same-day telephone consultation to primary care providers on children/youth from birth through 26 years and pregnant/peripartum women, telehealth evaluation for complex patients, and behavioral health consultants to coordinate care. The goal of MC3 CONNECT is to expand and enhance the MC3 program to all 83 Michigan counties and to 70 school-based child and adolescent health centers, including the Upper Peninsula and tribal populations, educate providers by developing a series of culturally sensitive webinars based on requested topics, link children/youth to evidence-based intervention programs and integrate screening and referral within primary care processes.
- **The Treatment Foster Care Oregon Initiative in Michigan** - MDHHS and Wayne State University are collaborating to provide implementation oversight for the Treatment Foster Care Oregon initiative in Michigan. The first year of the initiative focused on creating the structure to position the evidence-based practice as an alternative to psychiatric hospitalization for children enrolled in the Waiver for Serious Emotional Disturbance (SEDW). Two Community Mental Health sites completed the pre-planning and readiness stages for clinical services using the Treatment Foster Care Oregon model for children ages 7-11 years. Treatment Foster Care consultants provide fidelity

monitoring and clinical consultation for both sites. Treatment Foster Care Oregon clinical services began at both sites Oct. 31, 2018. Currently, two youth have completed treatment and two are receiving treatment. This initiative has expanded to include Oakland County for FY 2019.

PERFORMANCE-BASED CHILD WELFARE SERVICES

A component of child welfare reform in Michigan, in addition to the MiTEAM practice model and a continuous quality improvement approach, is the development of performance-based child welfare services and a supportive funding model.

The department utilizes performance-based contracting for adoption services. Contractors receive differential rates of reimbursement for adoption services based on the length of time between accepting the adoption case to when the adoption petition is filed with the court or if the child was photo-listed on the Michigan Adoption Resource Exchange or placed with an adoptive family after being in a residential setting.

Defining Consistent Performance Measures for Child Welfare Agencies

- In partnership with the University of Michigan Child and Adolescent Data Lab, MDHHS continued reporting on federally established permanency outcomes and indicators on a monthly basis, enabling early identification of practice areas that require targeted attention to support improvement.
- County performance on outcomes related to key performance indicators, measurable case management activities prioritized by MDHHS, are shared monthly with public and private agencies via the Monthly Management Report.

Performance-Based Funding Pilot Progress in 2018 and 2019

Kent County

The Kent County Performance-Based Funding pilot consists of a consortium of five private child-placing agencies with the goal to achieve better outcomes for children and families through a prospective funding model. Year two of the pilot began on Oct. 1, 2018. The Child Welfare Partnership Council, consisting of key MDHHS staff and community stakeholders, continues to guide implementation of Kent County's performance-based child welfare contracting pilot.

Performance-Based Funding Pilot Progress - Data Overview
Oct. 1, 2017 to Dec. 31, 2018

	Fiscal Year 2018	Fiscal Year 2019		
		October 2018	November 2018	December 2018
New Referrals (Entries)	488	45	21	40
Children Discharged (Exits)	398	45	25	39
Census at the end of the Period	890	876	872	867

Data Source: Data Warehouse

Discharge Reasons	Fiscal Year 2018		Fiscal Year 2019		
			October 2018	November 2018	December 2018
Reunification with Parents	192	48%	24	10	11
Adoption	140	35%	11	13	21
Guardianship	29	7%	6	1	6
Emancipation	25	6%	4	1	1
Living with Relatives	5	1%	0	0	0
Other (AWOL, Transfer to another agency)	7	2%	0	0	0
Total Discharges	398		45	25	39

Data Source: Data Warehouse

Placement Settings for Children at the end of Specified Period							
	*Placement Utilization During Fiscal Year 2018	Fiscal Year 2019					
		October 2018		November 2018		December 2018	
Total Children	1,275	876		872		867	
Foster Home	43%	377	43%	381	44%	358	41%
Relative	26%	247	28%	254	29%	252	29%
Parental Home	9%	86	10%	80	9%	89	10%
Residential Care	10%	71	8%	65	7%	68	8%
Adoptive Home	5%	44	5%	42	5%	44	5%
Independent Living	2%	16	2%	15	2%	15	2%
Fictive Kin	2%	15	2%	15	2%	11	1%
Shelter	1%	5	1%	5	1%	8	1%
Guardian	0.1%	3	0.3%	3	0.3%	6	1%
Other (Jail, Detention, AWOL, Hospital)	2%	12	1%	12	1%	16	2%

Data Source: Data Warehouse.

*Placement utilization in FY18 is total days of care in each placement setting divided by the total days of care in the FY.

Key Performance Indicators

Key Performance Indicators	Standard	*Statewide FY18 Performance	**WMPC FY18 Performance	***FY19 Performance by Month		
				October 2018	November 2018	December 2018
Caseworker-Child Visits	95%	81%	88%	94%	94%	95%
Caseworker-Parent Visits	85%	60%	63%	65%	65%	61%
Parent-Child Visits	85%	45%	52%	53%	49%	45%
Worker-Supervisor Conferences	95%	92%	96%	98%	96%	97%
Initial Service Plan Timeliness	95%	75%	70%	71%	71%	90%
Updated Service Plan Timeliness	95%	86%	89%	90%	90%	86%
Supervisor Approval Timeliness	95%	88%	87%	92%	92%	85%
Initial Medical Exam Timeliness	85%	85%	84%	82%	69%	100%
Annual Medical Exam Timeliness	95%	86%	84%	88%	67%	86%
Initial Dental Exam Timeliness	90%	85%	77%	66%	67%	64%
Yearly Dental Exam Timeliness	95%	80%	86%	78%	75%	79%

*Data Retrieved: Monthly Management Report, September 2018, 12-month data

**Data Retrieved: MDHHS Kent County Reports- 10-1-17 to 9-30-18, Run Date: 2/26/19

***Data Retrieved: MDHHS Kent County Reports by Month, Run Date: 2/26/19

Key Innovations

- Between Jan. 1, 2018 – Dec. 31, 2018, the consortium provided Enhanced Foster Care Services to 115 children. Enhanced Foster Care is a family-based service that provides individualized treatment for children in general foster care who present with intensive behavioral or emotional needs. This model was introduced by the consortium in December 2017.
- Since implementing Enhanced Foster Care in January 2018, the consortium has decreased placements in residential settings by five percentage points. Based on expenditures on residential placements in the first three months of fiscal year 2019, the consortium expects to spend \$2,000,000 less on residential in FY 2019 than in FY 2018.
- The consortium implemented a robust, continuous quality improvement framework to identify areas quickly and effectively for improvement across its provider network.
- The consortium's Performance and Quality Improvement team uses MindShare, the state's MiSACWIS database, and local records to analyze data related to performance.

Planned Activities for 2019

- MDHHS will continue implementing the private agency technical support process.
- MDHHS will continue delivering outcome data monthly to public and private agencies for ongoing assessment of progress and targeting areas needing attention.
- The independent evaluator will continue to gather and assess baseline data.
- An actuary and independent evaluator will continue to monitor the funding model.
- The department will continue utilizing performance-based contracting for adoption services.

PROGRAM SUPPORT

MDHHS provides multiple types of program support to counties and local groups that operate state programs. In addition to conferences and workshops described throughout this report, MDHHS offers the following ongoing program support to field staff and service providers:

- MDHHS provides a policy mailbox for staff to seek clarification and technical assistance regarding child welfare policy.
- The MiTEAM staff provides training and technical assistance for the enhanced MiTEAM practice model to local child welfare staff. Statewide implementation of the MiTEAM Fidelity Tool continues to assist local child welfare managers to monitor their staffs' skill using the MiTEAM practice model in providing services.
- DCQI provides feedback and technical assistance for current child welfare cases through Quality Service Reviews; intensive reviews of current cases in local offices and agencies through interviews with case members, local courts and community service providers. The Quality Service Review is described in detail in the Quality Assurance System section.
- DCQI staff works with local CQI teams and provides ongoing technical assistance relative to the integration of the teaming structure to guide data informed decision making and service provision. Technical assistance methods are specific to the needs of each community.
- Local CQI teams use data from Monthly Management Reports and other sources to track progress on key performance indicators. The reports provide county service data that can be drilled down to the frontline worker level to track timeliness and performance of necessary functions. Report data helps counties identify barriers that may be affecting outcomes and can guide decision-making through the CQI process. The monthly report data demonstrates whether efforts are reflected in improved scores and whether other strategies or changes are needed. Such feedback loops facilitate the development of innovative efforts to target specific areas and needs.
- The University of Michigan Child and Adolescent Data Lab provides county- and state-level CFSR safety and permanency data, updated monthly.
- Trauma-informed caregiver training is being provided in 12 counties, with plans for expansion. This training assists foster parents' understanding of the underlying issues related to children's behaviors and may increase empathy toward foster children based on improved awareness of the effects of trauma.
- The Foster Care Psychotropic Medication Oversight Unit addresses persistent challenges in achieving the engagement of children and consenting adults in psychotropic medication decisions and consent.
- Training for mandated child abuse and neglect reporters is provided by local MDHHS staff in their communities. Mandated reporter training was enhanced to include training for specific professional roles in child welfare.
- DCQI is providing training for CFSR reviewers as needed through the CFSR PIP period.
- MiSACWIS project support staff are continuing MiSACWIS Academy training. The academy includes end-user classroom workshops, webinars, web-based trainings and

new worker training. MiSACWIS project staff also conducts new worker juvenile justice residential training.

- The Office of Child Welfare Policy and Programs provides materials and data to counties to assist them in completing their Adoptive and Foster Parent Recruitment and Retention plans and to track whether county goals are met.
- The Office of Workforce Development and Training provides Michigan tribes access to child welfare training through Title IV-E and Chafee funding. In addition, tribes have access to the learning management system to view training schedules, track staff training, access computer-based training and register for training sessions.
- The training office and Native American Affairs provide Indian Child Welfare Act/Michigan Indian Family Preservation Act training in Pre-Service and New Supervisor Institutes, as well as a refresher course.
- The housing specialist in the Education and Youth Services Unit provides technical assistance to Homeless Youth and Runaway providers in serving young people who identify as lesbian, gay, bisexual, transgender and questioning (LGBTQ) and those identified as victims of human trafficking.
- Education planners provide resource information to public and private child welfare staff and refer young people to employment and educational programs.
- MDHHS includes information about Youth in Transition and Education and Training Vouchers services at each quarterly Tribal-State Partnership meeting as a standing agenda item. Services are described, as well as how tribal youth can access them. Tribal leaders have an opportunity to ask questions and request presentations. Technical assistance is provided to individual tribes as requested.
- To support Chafee policy and procedures, child welfare specialists are trained on Youth in Transition policy in initial and ongoing training. Technical assistance is provided as requested. Information is shared with child welfare management and staff through communication issuances and monthly supervisory phone calls.
- The Office of the Family Advocate investigates child welfare-related complaints and all fatalities of children and wards who have had recent contact with CPS or are under the care and supervision of the department.

EVALUATION AND RESEARCH ACTIVITIES

MDHHS is participating in the following evaluation and research activities that support the goals and objectives of the Child and Family Services Plan:

- **PIP Planning with Child Welfare Capacity Building Collaborative.** In 2019, MDHHS and varied groups of child welfare stakeholders conducted an in-depth evaluation of the root causes for areas needing improvement identified in the CFSR and developed a theory of change and logic model for the PIP period and going forward. Identifying and addressing the root causes of lagging progress provides a basis for the PIP that will improve the targeting of interventions to where they are needed most.
- **National Council on Crime and Delinquency.** MDHHS is continuing the evaluation of the

structured decision-making safety and risk assessment tools through a contract with the National Council on Crime and Delinquency. Evaluating the efficacy of the tools will help elucidate whether ineffective safety and risk assessments are possible factors in maltreatment in care and repeat maltreatment. Findings of the evaluation will determine whether the tools should be updated or replaced.

- **Evaluation of contracted comprehensive trauma assessments.** A team composed of field and central office staff read 42 non-identified cases from the six contractors and rated them on contract compliance and quality of the assessment. The results are being used to strengthen the contracts to better serve the child welfare population.
- **Johnson Center at Grand Valley State University.** The Pathways model underwent a three-year evaluation through a grant funded by the Kellogg Foundation. The evaluation was concluded in 2018, and several recommendations to improve service accessibility were offered. The evaluation recommendations are being operationalized in 2019.
- **National Youth in Transition Database.** Since 2011, Michigan has gathered demographic and outcome information on young people receiving independent living services and entered the data into the National Youth in Transition Database. The state uses this data to improve understanding of the needs of young people and identify areas for improvement.
- **Protect MiFamily evaluation.** MDHHS contracted with an independent evaluation team to determine the effectiveness of the Protect MiFamily Title IV-E demonstration project from Aug. 1, 2013 through Feb. 28, 2018. Overall, families completing the Protect MiFamily program showed statistically significant improvement in their protective factors across all subscale areas, including the Knowledge of Parenting/Child Development items.

MDHHS TARGETED PLANS STATUS

MDHHS reviewed the four required targeted plans and their status is below:

1. **Foster and Adoptive Parent Diligent Recruitment, Licensing and Retention Plan, Attachment N:** The Foster and Adoptive Parent Diligent Recruitment, Licensing and Retention Plan was assessed in 2019, and it was determined that no substantive changes were necessary.
2. **Health Care Oversight and Coordination Plan, Attachment O:** The Health Care Oversight and Coordination Plan was assessed in 2019 and lessons learned were used to develop a new Health Care Oversight and Coordination Plan, included with the CFSP.
3. **Child Welfare Disaster Plan, Attachment P:** MDHHS county offices, BSCs and the Child Welfare Field Operations Administration reviewed Michigan's Child Welfare Disaster Plan in 2019 and determined no changes in procedure were necessary.
4. **Staff and Provider Training Plan, Attachment Q:** The MDHHS Staff and Provider Training Plan was reviewed and updated in 2019. It was determined that updates were necessary. Changes in the updated Staff and Provider Training Plan include:
 - A section on Diversity, Equity and Inclusion was added.

- The section on Leadership training was expanded.
- A section on Office of Workforce Development and Training Professional Development and Staff Preparedness was added.

SAFETY

Michigan remains focused on improving child safety. Significant policy and systemic changes were made in 2018 and 2019, with the goal of providing CPS investigators and supervisors greater confidence in the quality and documentation of investigations, which is expected to improve outcomes. In 2019, MDHHS implemented the Supervisory Control Protocol, which was developed to address findings from the 2018 CPS Investigation Audit, conducted by the MDHHS Office of the Auditor General. The Supervisory Control Protocol addresses many of the concerns identified in the audit, focusing on critical child safety assessment points. The protocol requires CPS supervisors to evaluate the completion of required steps at key points of the investigation, ensuring necessary oversight of case management and facilitating corrective measures when necessary.

Michigan's CFSR Round 3 Program Improvement Plan (PIP) identified Assessment and Services as one of the root causes for the state's lack of progress in CFSR measures. In the 2020-2024 CFSP period, MDHHS has committed to carefully assessing and replacing current safety and risk assessment tools for CPS investigation and ongoing services with new or revalidated assessment tools. This is detailed in this section under Planned Activities for 2020-2024.

Safety

During the PIP period, Safety 1 will be tracked through use of the CFSR Onsite Review Instrument. Following the successful completion of the PIP, Michigan will utilize CFSR case reviews and aggregate data from MiSACWIS to determine performance.

Safety Outcome 1 – Children are, first and foremost, protected from abuse and neglect.

Item 1: Timeliness of Initiating Investigations of Reports of Child Maltreatment

When Centralized Intake receives a complaint of suspected child abuse or neglect, the Centralized Intake worker determines whether the case is assigned as a priority one or priority two response based on the priority response tool. Centralized Intake may override the priority response if necessary, depending on the urgency of the situation and child safety concerns (for example, law enforcement requesting assistance).

- A caseworker must commence an investigation and make face-to-face contact with alleged child victims within the corresponding timeframes.
- MCL 722.628 requires the department to commence an assigned investigation of the child suspected of being abused or neglected within 24 hours following report to CI.
- A priority one response investigation must be commenced within 12 hours. Face-to-face contact must take place with each alleged child victim within 24 hours.

- A priority two response investigation must commence within 24 hours after receipt of the report from CI. Face-to-face contact must take place with each alleged child victim within 72 hours.

To aid in tracking timeliness of commencement at a statewide, BSC and county level, Monthly Management Reports provide reliable data via MiSACWIS on timely commencement, completion of reports and provision of medical and dental services.

Item 1 Assessment: In the CFSR Round 3, timeliness of investigations was found to be an area needing improvement because 82 percent of 33 applicable cases were rated as a Strength.

Safety Outcome 2: Children are safely maintained in their own homes when appropriate.

Item 2: Services to Families to Protect Children in their Homes.

CPS Ongoing Services. Ongoing protective services must be provided in cases with a preponderance of evidence of child abuse and/or neglect as long as the child needs protection. Cases which have an intensive or high score on the risk assessment or reassessment must be kept open until the risk level is moderate or low or until supervisory approval is obtained to close. During the time the case remains open, contact standards for all cases must be followed. The worker must monitor whether the parent participates in and benefits from services. Cases which should be kept open and monitored for a minimum of 90 days include:

- Cases with an extensive history of CPS involvement.
- The severity of the incident is such that reoccurrence could result in harm to the child.

The total required face-to-face visits a CPS worker or service provider with the family are based on the risk level:

- Intensive: four contacts each month.
- High: three contacts each month.
- Moderate: two contacts each month.
- Low: one contact each month.

During face-to-face contacts, the worker must engage the individual by creating an environment of empathy, genuineness and empowerment that supports them with entering into a healing relationship and actively working to mitigate risk and safety concerns. The visit and discussion must include child-centered safety planning, addressing the child's needs, continued services and discussion of identified case goals.

CPS Purchased Services. Child abuse and neglect purchased services are those services purchased for a children's services client-family through contracts negotiated between the department and a service provider. Purchased services are part of the total services plan developed by department staff with the family. Purchased services are available to assist relatives in providing support to the client's family, allow placement in relative care, or prevent removal from the relative's home to promote permanency for a child in a relative care setting.

Family Preservation Services. Michigan provides evidence-based family preservation services to prevent the need for placement or to allow an early return from placement. These include Families First of Michigan, the Family Reunification Program and Families Together Building Solutions. Each of Michigan's family preservation models is based on collaboration with the family to assess their strengths and needs and individualized services focused on the family's specific needs and circumstances. Michigan's family preservation services are described below:

Families First of Michigan, available in all 83 Michigan counties, is a home-based, intensive (up to 10 hours a week in the family home) crisis intervention model designed to keep children safe and prevent foster care placement. Families First also provides intervention to assist in the reunification process when children return to their homes. Families First interventions last four weeks and can be extended for up to six weeks. Families First is available in all 83 Michigan counties. In the 10 counties where the Family Reunification Program is not available, or if there are no openings in the Family Reunification Program, Families First of Michigan assists with the reunification process. Service data shows that in 2018, 88 percent of families that received Families First services were successful in maintaining their children in the home one year following the conclusion of services. Examples of individualized intervention services the model provides include:

- Family and child needs assessment.
- Safety planning.
- Parenting skills modeling and coaching.
- Budgeting.
- Housekeeping.
- Counseling.
- Connecting families with community resources.

Families Together Building Solutions provides services for lower-risk families that need support. The program consists of in-home counseling utilizing a strength-based, solution-focused model. Workers spend an average of three hours in the home each week and are available to families 24 hours a day, seven days a week. Families Together Building Solutions is a 90-day program which can be extended to four months. Families Together Building Solutions is available in 39 counties.

Parent Partners is a mentoring program for parents who currently have children in care. The program utilizes parents who have successfully worked with the foster care system to mentor parents who are currently working with the foster care system. The mentoring process is provided for up to six months. Parent Partners is available in the metro Detroit area.

Substance Use Disorder Family Support Program provides intensive home-based services for substance affected families that are at potential or actual risk of experiencing a removal due to child abuse and/or neglect. The program provides skill-based interventions and support for families when a parent is alcohol or drug affected or has been found to have a co-occurring disorder. This program will be available in nine counties by Oct. 1, 2019.

Family Reunification Program is an intensive, in-home service model that facilitates safe and stable reunification when children in out-of-home placement return to their homes. The Family Reunification Program provides weekly individual and family counseling in addition to two to four hours of in-home family support in areas identified as having placed the children at risk. The program serves families for up to four months. The Family Reunification Program now serves 73 counties. In the 10 counties where the Family Reunification Program is not available, Families First of Michigan is mobilized to assist with the reunification process.

In addition to child welfare services provided in the home by CPS staff and contracted service providers, and centrally administered family preservation services, Michigan provides funding to local communities to fund services identified as needed by that community.

- **Child Protection Community Partners** - Funding is provided to MDHHS local offices for preventive services to children of families at low to moderate risk of child abuse or neglect. The purpose of the funding is to:
 - Reduce the number of re-referrals for substantiated abuse and/or neglect.
 - Improve the safety and well-being of children and family functioning.
- **Child Safety and Permanency Plan** - Funding is provided to 83 MDHHS local offices to contract for services to families with children at elevated risk of removal for abuse and/or neglect, or families with children in out-of-home placement. The purpose is to:
 - Keep children safe in their homes and prevent the unnecessary separation of families.
 - Return children in care to their families in a safe and timely manner.
 - Provide safe, permanent alternatives for children when reunification is not possible.

Some of the services funded by local funding include:

- In-home counseling.
- Parenting education.
- Parent aide services.
- Adoptive family counseling and post-adoption services.
- Wraparound coordination.
- Homemaking support.
- Flexible funds for individual needs.

Item 2 Assessment: Michigan received an overall rating of Area Needing Improvement for Item 2 because in the CFSR, 55 percent of the 20 applicable cases were rated as a Strength.

Item 3: Risk and Safety Assessment and Management

Child Assessment of Needs and Strengths (CANS) and Family Assessment of Needs and Strengths (FANS)

During each CPS investigation, the specialist completes a safety assessment in MiSACWIS prior to case disposition. Where a preponderance of evidence of child abuse or neglect is found, a Child Assessment of Needs and Strengths (CANS) is completed by the CPS caseworker with

family input. The assessment identifies areas that the family needs to focus on to reduce risk of future child abuse or neglect. A separate CANS must be completed for each child. CANS are used to:

- Develop and monitor a service agreement with the family that prioritizes the needs that contributed most to the maltreatment.
- Identify services needed for cases that are opened or closed and referred to other agencies for service provision.
- Identify gaps in resources for client services.
- Identify strengths that may aid in building a safe environment for families.

The Family Assessment/Reassessment of Needs and Strengths (FANS), DHS-145, is used to evaluate the presenting needs and strengths of each household with a legal right to the child(ren). CPS caseworkers engage the parents and the child(ren), if age appropriate, in discussion of the family's needs and strengths. The FANS is used for any household that has a legal right to the child(ren) in the initial services plan, due 30 days after removal from the family home and in each updated services plan, due quarterly.

Other Assessment Tools

In addition to the structured decision-making tools used in CPS investigations and foster care child and adult assessments, child welfare caseworkers also use these assessment tools:

- **Trauma Screening Checklist (ages 0-5)**, developed by the Southwest Michigan Children's Trauma Assessment Center, the checklist is administered to all children within 30 days of placement into foster care and is a requirement for all CPS and foster care cases.
- **Safety Assessment and Plan - DHS-1232** identifies safety factors and protective strategies and documents a plan to be used if a crisis occurs. Safety is assessed each time staff visits the family and the plan is updated as often as necessary.
- **Risk Assessment - DHS-257** identifies risk factors which indicate future risk of abuse or neglect to a child. Future risk levels are assessed prior to the disposition of a case, as well as during the completion of the updated service plan.

Item 3 Assessment: Michigan received an overall rating of Area Needing Improvement for Item 3 because in the CFSR, 55 percent of 65 cases were rated as a Strength.

Progress in 2018

- The Office of Workforce Development and Training continued to provide Safety by Design training for new child welfare workers and supervisors to improve safety assessment skills, develop safety plans and ensure an awareness of threatened harm.
- MDHHS developed a Safety by Design 2.0 training for foster care caseworkers to assess and improve the safety of children in foster care.
- The QIC Placement and Safety sub-teams continued to lead efforts to improve placement assessment and decision-making.
- A workgroup continues to consider modifications to the MDHHS threatened harm policy

with the intention of improving field practice related to assessment of historical and current risk factors contributing to child safety.

- Threatened harm training was offered to CPS workers on an as-needed basis, or as policy modifications occurred.
- Threatened harm policy is under review with the goal of reducing recurrence.
- Statewide training on the use of the Safe and Together model to improve worker assessment of risk and to reduce recurrence of abuse/neglect in cases involving domestic violence. Engagement of other child welfare partners throughout the state to address domestic violence was completed through community trainings.
- CPS took the following steps to enhance mandated reporter training:
 - Maintaining and distributing an updated list of staff in each county that provide mandated reporter training.
 - Creation of an online training video to describe the responsibilities of mandated reporters, guidance for reporting abuse and neglect and resources available.
 - Revision of mandated reporter brochures for 10 types of reporters.
 - Revision of the mandated reporter guide for general information on mandated reporting.
 - Revision of statewide training regarding mandated reporting to include various new topics.
 - Ensured follow-up with mandated reporters who needed assistance or clarification during the reporting of child abuse and neglect. Local offices will contact mandated reporters to determine whether mandated reporter training is needed.
 - CPS program office began logging training results for local mandated reporter trainings. When needed, local offices can contact the office to determine their point of contact for various stakeholders.

Safety 1 and 2 Planned Activities for 2020

- MDHHS' Quality Improvement Council CQI team monitors requirements and identifies areas for improvement. The state-level team communicates with BSC and county directors to implement policy changes to improve county and state performance.
- MDHHS is working toward development of CQI teams in each county. Each local team develops goals and plans specific to their county's needs. DCQI provides ongoing support to local CQI teams.
- Distribution of monthly management and Infoview reports that are used to analyze county data to the worker level. These reports provide data on key performance indicators, including timeliness of investigation initiation, caseworker visits with children, timely completion of service plans, medical examinations and caseworker visits with children. Supervisors use data from these reports to track staff performance and assist staff to make improvements.
- Timely communication to the field of policy and practice strategies and improvements through monthly supervisory telephone conferences, in which policy and procedural changes are shared with children's services supervisors, for timely sharing with field

staff in meetings and individual supervision. Contact information for policy experts is provided when more information is needed.

- Attention to staffing levels and staff retention. The following CPS staffing ratios were defined by the modified settlement agreement and remain the standard for MDHHS:
 - CPS cases per ongoing worker: 17 to 1
 - CPS cases per investigation worker: 12 to 1
 - CPS worker to supervisor: 5 to 1
- CPS program office sponsored the 4th annual Child Welfare Safety Conference on Dec. 17, 2018. This conference was free to all child welfare staff and had speakers which represented a variety of disciplines. The conference had over 300 participants and provided eight hours of child welfare training.

Safety 1 Plan for Improvement

Goal Selection Rationale: The goal below was added due to the rating of area needing improvement in Safety Item 1 in the CFSR Round 3.

Goal: MDHHS will respond to reports of child abuse and neglect statewide.

- **Objective:** MDHHS will ensure CPS investigations are initiated timely.
Outcome: Timely initiation of investigations will shorten the time to intervention in substantiated cases of child abuse or neglect and increase child safety.

Measure: CFSR Onsite Review Instrument

Baseline - 2017:

- 82%; Area needing improvement, CFSR Round 3
- 96 percent; Monthly Management Report.

Benchmarks 2020-2024:

- **2020:** 83%
- **2021:** 84%
- **2022:** 85%
- **2023:** 87%
- **2024:** 90%

Safety 1 Planned Activities for 2020-2024

Rationale for Strategies: The strategies below will assist in ensuring timely investigations by increasing supervisory support and oversight, which allows supervisors the ability to track the timeliness of investigations, evaluate what has been completed on a case, what needs to be completed and address any concerns they have. The Mobile Investigator Application provides a method for streamlining case documentation in the field, which may prevent delays due to the need to complete paperwork in the office.

Strategies:

- **Supervisory Control Protocol.** The Supervisory Control Protocol was created to ensure supervisors check the status of policy requirements at three checkpoints during the investigation phase of CPS complaints. The protocol focuses on critical child safety assessment points and requires CPS supervisors to evaluate the completion of required steps at key points of the investigation.

- The Mobile Investigator Application was created to allow workers the ability to enter contacts quickly and accurately from the field and to upload documents directly into MiSACWIS. The application provides workers with the questions for each interview as required by policy and enhances worker safety by allowing workers to “check in” and “check out” to ensure their safety. Should a worker not check out timely, their supervisor will receive alerts.

Safety 2 Plan for Improvement

Goal Selection Rationale: The goal below was added due to the rating of area needing improvement in Safety Item 3 in the CFSR Round 3.

Goal: MDHHS will provide services to families so that children may safely remain in the home or be reunified with their families.

- **Objective:** MDHHS will provide services to prevent removal from the home or re-entry into foster care.

Outcome: Effective and timely provision of services will increase child safety.

Measure: CFSR Onsite Review Instrument

Baseline - 2017:

- 55%; Area Needing Improvement; CFSR 2018
- Services to mother: 81%, Services to father: 75%; QACR 2018

Benchmarks 2020-2024:

- **2020:** 57%
- **2021:** 58%
- **2022:** 60%
- **2023:** 65%
- **2024:** 70%

- **Objective:** MDHHS will assess and address risk and safety concerns relating to the children in their own homes or in foster care.

Outcome: Effective assessment of risk and safety will enhance child safety and improve targeting of services.

Measure: CFSR Onsite Review Instrument

Baseline:

- 55%; Area Needing Improvement; CFSR 2018
- Safety – Exposure to threats at home: 97.4%; Risk to self: 91.4%; Risk to others 91.4%; QSR 2018

Benchmarks 2020-2024:

- **2020:** 60%
- **2021:** 63%
- **2022:** 65%
- **2023:** 70%
- **2024:** 75%

Goal Selection Rationale: The goal below was maintained because it was rated as an area

needing improvement in the CFSR Round 3. Baselines were created via the CFSR and the University of Michigan Child and Adolescent Data Lab.

Goal: MDHHS will reduce maltreatment of children in foster care.

- **Objective:** MDHHS will decrease maltreatment of children in foster care.
Outcome: Decreasing maltreatment of children in foster care will enhance child safety and improve permanency outcomes.
Measure: CB Data Profile; DMU Report: CFSR Monthly Scores
Baseline: 14.68; Area Needing Improvement; CFSR 2018
National Performance: 9.67
Benchmarks 2020-2024:
 - **2020:** 14.0
 - **2021:** 13.0
 - **2022:** 12.0
 - **2023:** 11.0
 - **2024:** 9.67

- **Objective:** MDHHS will reduce the number of children experiencing recurrence of maltreatment.
Outcome: Reducing recurrence of maltreatment will enhance child safety and improve permanency outcomes.
Measure: CB Data Profile; DMU report: CFSR Monthly Scores
Baseline: 13.6%; Area Needing Improvement; CFSR 2018
National Performance: 9.5%
Benchmarks 2020-2024:
 - **2020:** 13.5%
 - **2021:** 12.5%
 - **2022:** 11.5%
 - **2023:** 10.5%
 - **2024:** 9.5%

Safety 2 Planned Activities for 2020-2024

Rationale for Strategies: The strategies below will assist in providing services to prevent removal or re-entry into foster care by improving engagement of child welfare professionals with families by 1) increasing community support for families at crisis points, 2) ensuring that caseworkers are prepared to use the MiTEAM case practice model to engage families effectively and 3) expanding family preservation and family support services.

Involvement of community members to attend Family Team Meetings at the point where removal of the children from the home is being considered will provide an opportunity for support, mentorship and modeling for parents. Pairing resource families with families with children at risk of removal offers support, mentoring and modeling as well as longer term benefits for improved parenting. Effective engagement promotes a team approach with families and may enhance their receptiveness to formal services. Ensuring that all services for

children and families are trauma-informed and evidence-based will promote timely achievement of case goals. Expansion of coverage and careful targeting of home-based services will enhance families' ability to demonstrate improved parenting skills.

CFSR PIP Engagement Strategies:

- PIP: Engagement: 1.5.2: MDHHS will determine a pilot site to utilize community representatives to attend family team meetings to help prevent removal or increase timeliness to permanency.
- PIP: Engagement: 1.5.3: MDHHS will assess funding streams to develop and test a model of prevention that pairs resource families with high-risk families or families with children at risk of removal due to abuse/neglect. Providing families with mentoring will improve engagement with services with the potential for longer term support.

Other Strategies

- MiTEAM is reestablishing focus on fundamental social work practice skills increasing collaborative engagement with families through additional training and coaching in county offices. The model guides Michigan's child welfare system on case management activities to ensure that children remain safe, raised by their families whenever possible and provided support and guidance to ensure their well-being.
- Trauma-informed screening of children in CPS and foster care continues as a case management practice. Trauma-informed training for caregivers is likely to expand to additional counties. This training helps foster parents understand the underlying issues that impact children's behaviors.
- Continued employment and expansion of home-based family preservation and support programs such as Families First of Michigan and the Family Reunification Program allow parents to practice new skills under the guidance of family workers and reduce risk of maltreatment.
- MDHHS funds the annual Child Abuse and Neglect conference, providing training to hundreds of child welfare practitioners on current and emerging issues.

Rationale for Strategies: The strategies below are listed in Michigan's CFSR PIP and are considered key to improving assessment and services, one of the root causes of the state's lagging progress.

Developing valid and reliable safety and risk assessment tools for CPS workers will ensure workers have the tools to make accurate assessment and target interventions accordingly. Training staff on risk and safety assessment using validated tools gives workers information they need to implement the assessment tools effectively. Using the Supervisory Control Protocol to oversee case management will enable supervisors to monitor risk and safety assessment and intervene when necessary.

CFSR Assessment and Services PIP Strategies:

- PIP Assessment and Services: 3.1.1: MDHHS will develop a valid and reliable CPS risk assessment tool by:

- Evaluating the current CPS risk assessment tool and data.
 - Assessing other factors in the case record that may identify risk.
 - Gathering input from the field on the current tool.
 - Drafting the new tool.
 - Developing a policy, training and communication plan for use of the new tool.
- Use by caseworkers of a new or revalidated tool will promote consistent, accurate risk assessments.
- PIP Assessment and Services: 3.1.2: MDHHS will revalidate the CPS safety assessment tool and develop a safety assessment policy.
 - Collaborating with the National Council on Crime and Delinquency to revalidate the current safety assessment tool.
 - Piloting the draft safety assessment tool.

Use by caseworkers of a new or revalidated tool will promote consistent, accurate safety assessment.
 - PIP Assessment and Services: 3.2.1: MDHHS will evaluate current training needs regarding safety and risk assessment.
 - PIP Assessment and Services: 3.2.2: MDHHS will develop a comprehensive training curriculum to support supervisory oversight of the assessment of risk and safety.
 - Enhancing supervisory skills will increase engagement in supervisory relationships and improve mentoring, promoting consistent and accurate safety and risk assessments.
 - PIP Assessment and Services 3.3.1 and 3.3.2: With implementation of the Supervisor Control Protocol for CPS investigations, a compliance review team will track and assess by county compliance with accuracy of safety and risk assessments. Counties with accuracy rates below 90 percent will develop and implement local CQI efforts targeted to improve compliance.
 - PIP Assessment and Services 3.5.1: MDHHS will create a workgroup of CPS field and policy experts to develop a Supervisory Control Protocol for ongoing CPS cases and to review policy requirements.
 - PIP Assessment and Services 3.5.6: MDHHS will pilot the ongoing CPS Supervisor Control Protocol in three counties.

Safety 2 Planned Activities for 2020-2024

Rationale for Strategies: The strategies below were selected as continuing opportunities to target maltreatment in care and repeat maltreatment because they are based on ongoing data analysis and feedback from validated reports through the work groups described below. Data on recurrence of maltreatment is used to evaluate trends and develop pilot programs, system changes, policy development, statewide initiatives and training, the results of which will demonstrate the level of effectiveness in key performance areas.

Strategies:

Work Groups

- The Maltreatment in Care (MIC) Quality Improvement Team 1) addresses identification and resolution of data entry issues and 2) analyzes results of monthly DCQI review of

MIC cases and initiates resolution of identified issues.

- The QIC Safety sub-team examines data on recurrence patterns and trends across the state to improve practice and recommend policy changes. The sub-team was involved in the development of the MIC case reading tool.

Maltreatment in Care Continuous Quality Improvement Activities:

- **CPS-MIC management meetings.** Quarterly CPS-MIC management meetings are held with all programs involved in MIC investigations to discuss barriers, best practices and need for policy clarification/revision.
- **CPS-MIC case reviews.** All CPS-MIC investigations where there have been three or more investigations with the same placement other than a child-caring institution are reviewed to assess gaps in investigation or the need for other interventions to prevent repeat child abuse or neglect.
- **MIC case reading tool.** A MIC case reading tool is in development for improving case practice and training opportunities at a local and statewide level.
- **CPS MIC case reviews.** DCQI reviews MIC cases for ISEP compliance reporting.
- **Monthly visit review.** Private agency analysts conduct monthly reviews of visit contacts to ensure caseworkers are visiting children each month. They identify the reasons for missed visits with the goal of reducing barriers leading to missed visits.
- **Case conferences.** CPS program office and MIC unit staff meet as needed to discuss issues that arise involving MIC cases.
- **Relative Safety Screen and Home Study Review Pilot.** The Placement sub-team is piloting a local office CQI process for reviewing the Relative Safety Screen and Relative Home Study. Results will allow local office CQI teams to develop a plan and potential solutions/strategies to ensure relative homes are visited prior to placement, ensure all Central Registry and criminal history clearances are completed as required and that the home study is completed within 30 days of placement.
- **Compliance Review Team.** The CPS Compliance Review Team is a unit within the Office of the Family Advocate that reviews a random sample of CPS cases disposed the previous month to ensure compliance with policy and applicable laws.

Data and Reporting

- **Monthly data analysis.** CPS-MIC analysts validate data on a monthly basis and roll up an annual report of patterns and trends for out-of-home placement investigations. These reports are provided to the field to assess trends in their areas.
- **Federal reporting.** DCQI is continuously improving reporting on MIC cases for AFCARS and NCANDS submissions to the Children's Bureau.
- **MiSACWIS fixes.** MiSACWIS staff are working to assess requested changes and fix any existing defects related to MIC cases.

Policy and Practice

- **Dispositional Conferences.** Case conferences must be convened for all CPS-MIC dispositions that require cross-program participation.

- **Revision of assessments for relative placement.** The Initial Relative Safety Assessment (DHS-588) and the Relative Placement Home Study (DHS-3130A) are under revision to focus more clearly on verification and resolution of safety factors. Training for staff who are assessing relatives will be provided.
- **Supportive Visitation.** Supportive visitation contracts offer coaching to biological parents during visits, which helps improve safety for children and provides strategies to reduce maltreatment during unsupervised visits.
- **Safety Planning.** Safety plans are required for:
 - Any child with a history of being the aggressor in sexual acting out. The plan should be realistic and developed with the provider at the time of placement.
 - Any placement in a relative home. The plan must address the parent's access to the child(ren). Any visits supervised by the relative must have a safety plan outlined and signed by the relative.
 - Any household where a 30-day notice of a placement change has been provided. The plan must be developed and implemented during the transition to the new placement and requires more frequent contact with the provider to assess safety and risk until a replacement foster home is located.
- **Payment for Unlicensed Relative Providers.** Unlicensed, approved relative providers are now paid the same as licensed providers, thus allowing the same financial supports for children in unlicensed relative care as those in licensed provider care. This began April 1, 2019.
- **Foster Care Policy.** Policy was updated to require case action by the assigned foster care worker and supervisor when a CPS case is received regarding a child with an active foster care case. The urgency of action is determined by assignment decision and ability for the perpetrator to access the child(ren).
- **Placement Collaboration Unit.** To reduce incidents of maltreatment in care and ensure child safety, the Placement Collaboration Unit was piloted in Oakland County and went statewide in April 2019. The unit focuses on screened out CPS complaints involving any court wards placed in their home or in out-of-home care to address any concerns before they rise to the level of child abuse and neglect.

Licensing and Contractual Corrective Action

The Division of Child Welfare Licensing is responsible for:

- Assessing the safety and well-being of children placed in licensed foster homes and with unlicensed relatives.
- Conducting a tour of the home where placement occurs.
- Conducting interviews with foster parents, unlicensed relatives, children and birth parents.
- Sending safety alerts to the child-placing agency with timeframes for resolving identified issues.
- Documenting resolution to identified concerns in annual inspection reports.
- Conducting annual reviews that assess a childcare organization's compliance with Act 116, administrative licensing rules, contract provisions, MDHHS policies and federal and state laws. Violations require a corrective action plan that identifies how compliance will

be achieved and maintained. Adverse license action is taken on foster homes, child-placing agencies and child-caring institutions when the nature and number of violations has been determined to be willful and substantial.

- Conducting conference calls in collaboration with the MDHHS program/policy office and child-placing agencies when unlicensed relatives are recommended for denial of licensure and children continue to be placed in their homes. Technical assistance is provided to address barriers to licensure, safety planning and/or developing plans for replacement of the child.
- Providing technical assistance and requiring addenda to initial foster parent home studies when an applicant's criminal history, CPS history or social history is not thoroughly assessed by the certifying agency.

Training

- **Training by MIC Staff.** CPS-MIC staff are engaging with private agencies, Regional Resource Teams and child-caring institutions to provide training on mandated reporting, safety planning and roles and responsibilities during a CPS investigation.
- **Safety Planning Workshop.** The Foster Care/Adoption/Licensing Summit, held in July 2018, included Safety Planning as a workshop topic.
- **Certification and Complaint Training.** Licensing workers and supervisors are required to attend certification and complaint training. The curriculum focuses on thorough assessment of the applicants' history of criminal activity, CPS involvement as a victim or perpetrator, trauma, overall social history and the ability to effectively parent children with trauma and challenging behaviors.

Safety 1 and 2 Planned Activities for 2020-2024

- Local office development of CQI teams will continue. Each team will develop goals and plans specific to their county's needs. DCQI provides support to local teams.
- Training will be provided to local CQI teams to use data from Monthly Management Reports and other sources to identify barriers that may affect outcomes.
- MDHHS will assess investigation policies and procedures in licensed provider settings. To enhance the investigation process, MIC workers are required to coordinate pre-dispositional case conferences with their supervisors, foster care workers and licensing consultants.
- MDHHS will continue to enhance screening and licensing procedures for relatives.
- MDHHS will evaluate and update or replace the structured decision-making tools through a contract with the National Council on Crime and Delinquency. These assessment tools provide workers with guidance for proper safety and risk assessment and provision of appropriate services. The safety assessment helps workers assess current safety concerns and the risk assessment helps workers assess future risk of harm to the child(ren).
- MDHHS conducted a caseworker time study to evaluate the time necessary to complete caseworker responsibilities. The department will evaluate how to use the results to support improved case practice and increased staffing needs.

- Michigan developed a number of approaches to address child, family, and worker safety through three remediation efforts. These efforts began in 2019 and include:
 - **Supervisory Control Protocol Dashboard.** The dashboard allows local and state administration to review investigation status and policy compliance.
 - **Mobile Investigator Application.** The Mobile Worker Application increases the ease of documentation and augments worker safety. The Mobil Worker Application ensures workers have the ability complete documentation while in the field. Workers can select answers to required policy questions, add a narrative via voice to text and scan documentation. The Mobile Worker Application also utilizes GPS technology to provide updates on the location of the worker to their supervisor.
 - The rollouts for the Supervisory Control Protocol, Supervisory Control Protocol Dashboard, and Mobile Worker Application included statewide training and ongoing implementation is reinforced by ongoing staff training.
- As of March 2019, the Placement Collaboration Unit was implemented statewide.

Implementation Support

- MDHHS will utilize the CAPTA state grant fund increase resulting from the Consolidated Appropriations Act of 2018 to enhance collaboration with health care systems on implementing infant Plans of Safe Care.
- MDHHS' Injury and Violence Prevention Unit's five-year Substance Abuse Mental Health Services Administration grant continued through 2018 to expand suicide prevention services in Michigan.
- MDHHS' participation in the Consortium on Improved Placement Decision-Making and Capacity Building sponsored by the Annie E. Casey Foundation resulted in the following activities:
 - The Quality Improvement Council Placement sub-team collaborated with the Office of Workforce Development and Training to develop training to improve assessment skills and placement outcomes, "A Guide to Critical Thinking in Child Welfare."
 - "Abbreviated Licensing Training for Child Welfare Workers" provides a general overview of licensing rules for non-licensing staff. The training assists workers to improve information for relative providers about the children being placed in their homes to promote safer placements.
- Michigan was one of 10 states selected to participate in the "2017 Policy Academy: Improving Outcomes for Pregnant and Postpartum Women with Opioid Use Disorders and their Infants, Families and Caregivers." With the support of the Policy Academy, Michigan will continue to develop a cross-system plan to address the needs of infants affected by opioids and their caregivers, as well as ensure the development of Infant Plans of Safe Care for substance-affected newborns.

Program Support

- DCQI will assist local offices on the use of the MiTEAM Fidelity Tool to track use of the

MiTEAM practice model.

- MDHHS will continue utilizing the QIC Placement and Safety sub-teams to strategize improved placement assessment and decision-making. Child-centered approaches are discussed, and information is brought to the QIC for support and planning.
 - Information on decision-making processes utilized locally is provided to all county offices to improve outcomes by sharing successful strategies.
 - The group focused on areas of the state where recurrence rates remain high to identify potential solutions.

Technical Assistance and Capacity Building

- Michigan will conduct a needs assessment with technical assistance from Chapin Hall at the University of Chicago to assist with understanding the needs of children in care and the current service array of prevention and congregate care in Michigan.
- MDHHS will continue to participate in the Consortium on Improved Placement Decision-Making and Capacity Building sponsored by the Annie E. Casey Foundation.
- Michigan will continue working with the Policy Academy to address opioid use disorders and the effects on children and families.

POPULATION AT THE GREATEST RISK OF MALTREATMENT

In 2018, the population identified at greatest risk of maltreatment was children ages 3 and younger living with their biological parents, constituting 38 percent of total child victims; this data was captured through MiSACWIS. The percentage of identified victims ages 3 and younger has been between 38 and 40 percent during the previous three reporting years (2015: 39 percent, 2016: 39 percent, 2017: 40 percent). MDHHS will try to determine if this indicates a trend and if so, what steps to consider when determining services to families with young children.

The policies and services described below are directed toward this vulnerable population and remained in place in 2018. Other policy enhancements and services described earlier are applicable and available to all children regardless of their age, except where specific populations are noted.

Factors included in identifying the population of children at the greatest risk of maltreatment include vulnerability due to their age and stressors on parents because of the children's dependent status. Eight areas of policy and practice focus on this population in Michigan:

1. **Multiple Complaint Policy.** The multiple complaint policy requires that whenever MDHHS Centralized Intake receives a third complaint in a home with a child under 3 years of age, a preliminary investigation must be completed to assess the likelihood of maltreatment. This ensures that repeat abuse and neglect complaints on the youngest children are not screened out, but at a minimum, undergo investigation to determine risk to the children and their service needs.

2. **Safe Sleep Policy.** The Safe Sleep policy, described earlier in this report, requires that workers include in their assessments of children under 1 year (for any investigation type) the factors that place a child at risk of suffocation in his or her sleep environment.
3. **Birth Match System.** This screening system identifies when a parent who previously lost rights to a child or committed an egregious act of abuse or neglect has given birth to a new baby in Michigan. This service includes automatic case assignment and requires workers to make immediate contact to assess the safety and well-being of the infant and evaluate the risk of maltreatment. Each year, this system identifies nearly 1,000 matches, leading to investigation and services for many children at elevated risk of maltreatment.
4. **Early On.** All child victims aged birth to 36 months in substantiated cases of categories I or II are referred to Michigan’s Part C-funded early intervention service, Early On. Early On is described earlier in this report.
5. **Protect MiFamily.** In 2017 and 2018, Protect MiFamily, Michigan’s Title IV-E waiver project, focused on reducing the likelihood of maltreatment or repeat maltreatment. Protect MiFamily operated in Macomb, Muskegon and Kalamazoo counties. The Protect MiFamily Title IV-E Waiver project concluded in June 2018.
6. **Infant Mental Health Services.** Infant mental health services provide home-based parent-infant support and intervention to families where the parent's condition and life circumstances or the characteristics of the infant threaten the parent-infant attachment and the consequent social, emotional, behavioral and cognitive development of the infant. The infant mental health specialist provides home visits to families who are enrolled during pregnancy, around the time of birth or during the infant's first year. The specialist provides weekly home visits, or more frequently, if the family is in crisis.
7. **Infant Plans of Safe Care.** In accordance with the 2016 federal Comprehensive Addiction Recovery Act, Michigan modified policies to address the needs of infants exposed to medications or substances.
8. **Safety Planning.** In February 2019, PSM 713-01, CPS Investigation – General Instructions and Checklist was updated to include guidance regarding safety planning. The policy provides guidance regarding the requirements of a safety plan as well as how to document safety plans. The following requirements of safety planning were added into policy:
 - Safety plans should address immediate concerns.
 - Safety plans should be developed with the input of parents.
 - Safety plans should include formal and information supports.
 - Safety plans should be realistic, achievable and understood, as well as specific, modifiable, and based on parent strengths.

Plan for Improvement Activities for 2019 and 2020

In 2019, MDHHS is continuing to focus on the following projects related to the needs of infants in the following ways:

- Service coordination between MDHHS staff and Early On to enhance and maintain a comprehensive early intervention system of services, referring children who are eligible for Early On services.

- Training to MDHHS field staff regarding the Early On referral process as well as providing information regarding the services Early On provides.
- Resources provided to MDHHS field staff through the Early On link in MiSACWIS, so MDHHS staff can readily access information related to the 0 to 3 aged population.
- Collaboration with Early On partners and remaining abreast of projects and policies.

PERMANENCY

In Michigan, local courts authorize removal of children from the care of their parents and refer them to the MDHHS Children’s Foster Care Program for placement, care and supervision. Foster care intervention is directed toward assisting families to rectify the conditions that brought the children into care through assessment and service provision. Foster care maintenance in Michigan is funded through a combination of Title IV-B(1), Title IV-E and state, local and donated funds.

The provision of foster care services in Michigan is a joint undertaking between the public and private sectors. As of April 9, 2019, approximately 46 percent of foster care case management services were contracted with private agencies. The goal of the foster care program is to ensure the safety, permanence and well-being of children through reunification with the birth family, permanent adoptive home, permanent placement with a suitable relative, legal guardianship or another permanent planned living arrangement. Permanency goals are developed through federal CFSR outcome standards and scores are expressed through formulae that combine percentages and national rankings.

Permanency 1 – Assessment of Performance

During the PIP period, Permanency 1 will be tracked through use of the CFSR Onsite Review Instrument. Following the successful completion of the PIP, Michigan will utilize CFSR case reviews, the Quality Service Review (QSR), the Quality Assurance Compliance Review (QACR).

Quality Service Review Results

In Quality Service Reviews, Placement Stability looks at the child’s current placement, past placements, and school setting. This indicator examines whether the child remains in a familiar area or school setting while limiting the number of out-of-home and school placements.

Item 4 Assessment: Item 4 is rated as an Area Needing Improvement because in the CFSR, 78 percent of the 40 applicable cases were rated as a Strength.

Item 5: Permanency Goal for Child

Quality Service Review Results

In Quality Service Reviews, Permanency measures the degree to which a child experiences a high-quality placement, demonstration over time of the child’s capacity to interact successfully, security of positive relationships likely to sustain to adulthood and whether conditions

necessary for timely legal permanency have been achieved. CFSR Item 5 focuses on whether the permanency goal is established with the child's best interest for permanency in mind, whether it was established timely and was based on the needs of the child and the case circumstances.

Concern: Quality Service Review Permanency results indicate more work with the field is needed to assist staff to develop timely, realistic permanency plans with families.

Item 5 Assessment: Item 5 is rated as an Area Needing Improvement because in the CFSR, 53 percent of the 40 applicable cases were rated as a Strength.

Item 6: Achieving Reunification, Guardianship, Adoption or Other Planned Permanency Arrangement

The Living Arrangement indicator measures the degree to which the child is living in the most appropriate, least restrictive living arrangement consistent with his or her needs and whether the child's extended family, social relationships, faith community and cultural needs are met. The indicator includes how well current needs are met for specialized care, education, protection and supervision. The table below shows Michigan demonstrates a strong performance overall in Living Arrangement.

Item 6 Assessment: Item 6 is rated as an Area Needing Improvement because in the CFSR, 25 percent of the 40 applicable cases were rated as a Strength.

MDHHS has taken a number of approaches aimed at ensuring timely permanence for children in out of home care.

Absent Parent Protocol was developed to provide guidance for identifying and locating absent parents of children involved in the child welfare system. The protocol was developed in response to a broad-based consensus that failure to identify and involve absent parents is a barrier to timely, permanent placement for children. The protocol provides information on the need for, and methods of, locating an absent parent to ensure that all viable placement options for children in foster care are considered. Locating an absent parent may provide valuable information about the parent's health history. Children may also benefit from their parent's social security benefits and inheritance. The protocol was updated in 2018 to include new means of locating and engaging absent parents.

MiTEAM Training Summits were held regionally in 2017 to initiate statewide implementation of the enhanced MiTEAM model. The training incorporated virtual training modules, leadership practice calls, application exercises and practice providing feedback through use of the MiTEAM Fidelity Tool within four training cycles.

Systems Transformation on Reducing Residential Placements

In 2016, MDHHS convened a workgroup consisting of representatives from child welfare, community mental health, courts and residential treatment providers in March 2016 to analyze

Michigan's continuum of mental health and behavioral health services. With the passage of the Family First Prevention and Services Act, in 2018 and 2019 the group has been working on implementation of the provisions of the act that focus on reduction of use of congregate care. This aligns with previous efforts of this group, shifting the focus to outcomes beyond a specific intervention episode and ensuring practices address long-term outcomes for youth.

Residential programs will provide treatment and support services to youth and their families under the requirements of Qualified Residential Treatment Programs with newly defined goals. Providers and MDHHS are working collaboratively to establish community resources, screening and assessment standards and intervention goals that will meet the needs of Michigan's youth. Efforts to ensure an array of placements are available for youth who may not need the intensity of a residential intervention is a primary area of focus, including enhanced supports to foster parents and relative providers, shelter home services, and placement stability support services such as Wraparound.

Progress in 2018 and 2019

- Eleven train-the-trainer MiTEAM Fidelity local office expert sessions were held across the state from January through March.
- MiTEAM Fidelity local office experts trained their supervisors within one month of their train-the-trainer sessions from February through April.
- Child welfare public and private agencies implemented full use of the MiTEAM Fidelity Tool with one tool completed per worker per quarter.
- Trauma screening training and follow-up meetings to review barriers were held statewide.
- A statewide conference for caseworkers and supervisors focusing on strengthening teaming was conducted in August 2018.
- Development of guidance for use of the MiTEAM Fidelity Tool for licensing staff began.
- Assessment of MiTEAM fidelity and areas for improvement began at the local community level.
- MiTEAM analyst positions in local offices were modified to encourage implementation of quality assurance activities targeted at assessing practice skills, identifying gaps in skills and creating plans for addressing gaps.
- MDHHS has engaged local and BSC quality assurance teams to complete focus groups and information gathering relative to implementation of the fidelity tool and potential need for additional resources and tools.
- MDHHS is developing a process for local quality improvement teams to highlight innovative practices and disseminate information for distribution statewide.

Permanency 1 Plan for Improvement

Goal Selection Rationale: The goal below was maintained due to its rating of area needing improvement in the CFSR Round 3 and because Michigan has not yet reached a consistent level of improvement.

Goal: MDHHS will increase permanency and stability for children in foster care.

- **Objective:** MDHHS will increase the percentage of children discharged to permanency within 12 months of entering care.

Outcome: Decreasing time to permanency will enhance stability for children and preserve or create permanent family connections.

Measure: CFSR Onsite Review Instrument; DMU Report: CFSR Monthly Scores

Baseline: 32.3%, RSP; 15A-17B

National Performance: 42.7%

Benchmarks 2020-2024:

- **2020:** 33.3%
- **2021:** 34.3%
- **2022:** 35.3%
- **2023:** 36.3%
- **2024:** 37.3%

- **Objective:** MDHHS will increase the percentage of children in care for 12 to 23 months discharged from foster care to permanency within 12 months.

Outcome: Decreasing time to permanency will enhance stability for children and preserve or create permanent family connections.

Measure: CFSR Onsite Review Instrument; DMU Report: CFSR Monthly Scores **Baseline:** 47.4%, RSP; 17A-17B

National Performance: 45.9%

Benchmarks 2020-2024:

- **2020:** 47.5%
- **2021:** 47.5%
- **2022:** 47.5%
- **2023:** 47.5%
- **2024:** 47.5%

- **Objective:** MDHHS will increase the percentage of children in care for 24 months or more discharged to permanency within 12 months.

Outcome: Decreasing time to permanency will enhance stability for children and preserve or create permanent family connections.

Measure: CFSR Onsite Review Instrument; DMU Report: CFSR Monthly Scores

Baseline: 36.6%, RSP, 17A-17B

National Performance: 31.8%

Benchmarks 2020-2024:

- **2020:** Maintain at 36.6%
- **2021:** Maintain at 36.6%
- **2022:** Maintain at 36.6%
- **2023:** Maintain at 36.6%
- **2024:** Maintain at 36.6%

- **Objective:** MDHHS will decrease the percentage of children who re-enter foster care

within 12 months of discharge to relative care or guardianship.

Outcome: Decreasing re-entry of children into foster care will enhance child safety and reduce traumatization.

Measure: CFSR Onsite Review Instrument; DMU report: CFSR Monthly Scores

Baseline: 7%, RSP; 15A-17B

National Performance: 8.1%

Benchmarks 2020-2024:

- **2020:** 7%
- **2021:** 6.8%
- **2022:** 6.6%
- **2023:** 6.4%
- **2024:** 6.2%

- **Objective:** MDHHS will decrease the rate of placement moves per 1,000 days of foster care.

Outcome: Decreasing the rate of placement moves will increase placement stability and shorten time to permanency for children.

Measure: CFSR Onsite Review Instrument; DMU report: CFSR Monthly Scores

Baseline: 3.64, RSP; 17A-17B; Area needing improvement.

National Performance: 4.44

Benchmarks 2020-2024:

- **2020:** 3.64
- **2021:** 3.62
- **2022:** 3.6
- **2023:** 3.58
- **2024:** 3.56

Permanency 1 Planned Activities for 2020-2024

Rationale for Strategies: The strategies below were selected because they focus on several factors that affect time in foster care including facilitating local services to families by eliminating the need to negotiate payment for services in other counties and increasing placement stability through community placement of children and support for caregivers. The use of permanency resource monitors to provide support through the treatment process is expected to expedite less restrictive placements with use of community treatment when possible. Focus by the QIC Permanency sub-team on proper use of the structured decision-making assessment tools and improving the transfer from CPS to foster care is expected to enhance caseworker assessment and targeting of services. Working through the Court Improvement Program to analyze county placement data will help focus court attention on the need for timely reunification.

Strategies:

- A change was made in the contract between MDHHS and Community Mental Health (CMH) service providers related to the county of fiscal responsibility for mental and behavioral health services for children in foster care. The change enables a child to be served by the CMH located in the county where the child is placed, regardless of

whether the child came from another county or the child's parents reside in another county or court of jurisdiction. Delaying service provision to negotiate payment for services with other counties was a longstanding barrier to providing timely services to children placed in foster care. This change eliminates that barrier.

- Implementation of the Regional Placement Unit in Wayne, Oakland, Macomb and Genesee counties allows for streamlined initial placement of youth in these counties with a goal of keeping children in their communities and improving placement stability.
- Six contracted Regional Resource Teams were created to provide consistent regional foster parent training, assistance with local recruitment and retention, foster parent navigator services and caregiver training opportunities.
- Permanency resource monitors assist with timely progress toward permanency goals. Permanency resource monitors provide assistance to first line staff and supervisors to assess the need for residential treatment and provide facility recommendations based on the needs of the child.
- The QIC Permanency sub-team is working to increase the percentage of children discharged from foster care to permanency within 12 months through targeted case review in the use of structured decision-making tools and improving the foster care worker-to-worker transfer process.
- The SCAO Court Improvement Program works collaboratively with MDHHS to provide county-specific placement data to courts and assists judges to pinpoint challenging areas to improve performance.

Implementation Support

Collaboration with the courts, universities, private providers and child welfare advocates is essential to reduce the number of children awaiting reunification, adoption, guardianship or permanent placement. The following entities strengthen MDHHS' permanency outcomes:

- Adoption resource consultants provide services to children statewide who have been waiting over a year for adoption without an identified adoptive family.
- The Adoption Oversight Committee provides policy recommendations to improve permanency through adoption.
- Foster care and adoption navigators provide support and assistance to families pursuing foster home licensure or adoption of children from Michigan's child welfare system.
- The Michigan Adoption Resource Exchange produces recruitment brochures and newsletters, maintain an informational website and host "meet and greet" events. The exchange maintains the Michigan Heart Gallery, a traveling exhibit introducing children available for adoption. The Match Support Program is a statewide service for families who have been matched with a child from the website and are moving forward with adoption. The Match Support Program provides up to 90 days of information and referral services to families.

Program Support

- DCQI provides technical assistance to local counties and agencies regarding utilization of monthly management reports and other data to track case management activities.

- DCQI staff assist counties to develop and implement county CQI plans.
- DCQI staff assist county CQI teams to implement the MiTEAM Fidelity Tool to track the use of the MiTEAM practice model in case management.
- MDHHS is developing training and enhanced MiTEAM materials to address the use of Family Team Meetings for the engagement of parents, caregivers and other case members in the development of parenting time plans.
- DCQI provides QSR data in the form of county and annual reports that can be used to identify areas for local and statewide improvement efforts.

Technical Assistance and Capacity Building

- MDHHS participates in the Consortium on Improved Placement Decision-Making and Capacity Building sponsored by the Annie E. Casey Foundation.
- MDHHS participated in Permanency Roundtable training sponsored by the Annie E. Casey Foundation.

Permanency 2: The Continuity of Family Relationships and Connections is Preserved for Children

Permanency 2 Assessment of Performance

During the PIP period, Permanency 2 will be tracked through use of the CFSR Onsite Review Instrument. Following the successful completion of the PIP, Michigan will utilize CFSR case reviews, the Quality Service Review (QSR), and the Quality Assurance Compliance Review (QACR).

Items 7 – 11: Continuity of Family Relationships and Connections is Preserved for Children

Item 7 Assessment; Placement with Siblings: This item was rated as an Area Needing Improvement because in the CFSR Round 3, 89 percent of the 29 applicable cases were rated as a Strength.

Item 8 Assessment; Visitation with Parents and Siblings in Foster Care: This item was rated as an Area Needing Improvement because in the CFSR Round 3, 69 percent of the 29 applicable cases were rated as a Strength.

- In 83 percent of the 12 applicable cases, Michigan made concerted efforts to ensure that both the frequency and quality of visitation with siblings in foster care were sufficient to maintain and promote the continuity of the relationship.
- In 72 percent of the 25 applicable cases, Michigan made concerted efforts to ensure that both the frequency and quality of visitation between children in foster care and their mothers were sufficient to maintain and promote the continuity of the relationships.
- In 79 percent of the 14 applicable cases, Michigan made concerted efforts to ensure that both the frequency and quality of visitation between children in foster care and

their fathers were sufficient to maintain and promote the continuity of the relationships.

Item 9 Assessment; Preserving Connections: This item was rated as an Area Needing Improvement because in the CFSR Round 3, 79 percent of the 39 applicable cases were rated as a Strength.

Item 10 Assessment; Relative Placement: This item was rated as an Area Needing Improvement because in the CFSR Round 3, 79 percent of the 28 applicable cases were rated as a Strength.

Item 11 Assessment; Relationship of Child in Care with Parents: Michigan received an overall rating of Area Needing Improvement for Item 11 because 67 percent of the 27 applicable cases were rated as a strength.

- In 68% of the 24 applicable cases, Michigan made concerted efforts to promote, support, and otherwise maintain a positive and nurturing relationship between the child in foster care and his or her mother.
- In 86% of the 14 applicable cases, Michigan made concerted efforts to promote, support, and otherwise maintain a positive and nurturing relationship between the child in foster care and his or her father.

MDHHS has taken a number of approaches aimed at ensuring continuity of family relationships and connections is preserved for children in out of home care. These are described below.

MiTEAM Case Practice Model

The MiTEAM case practice model is built on maintaining family connections and family involvement in case planning. Central to the model are Family Team Meetings, family-centered planning sessions that guide decisions concerning a child's safety, placement and permanency. In Family Team Meetings, information is shared to locate absent parents and mobilize supportive adults. Family Team Meetings are held at each decision point in a foster care case. Family Team Meetings ensure that:

- Family members are actively involved in decision-making and service participation from the time of removal through achievement of permanent homes for children.
- Family members are viewed as a valuable resource for ensuring safety for children.
- Family members are the first placement considered if removal is necessary.

MiTEAM Fidelity Tool was automated in June 2016 and statewide use began in 2018 for monitoring fidelity to the MiTEAM model. The MiTEAM Fidelity Tool measures the extent to which the MiTEAM skills are practiced in case management as designed. To aid in tracking fidelity to the model, supervisors complete MiTEAM fidelity worksheets for each of their staff and a fidelity tally worksheet for their unit.

Supportive Visitation/In-Home Parent Education contracts were implemented. This program facilitates parent-child visits and provides parents with support before and after visits. The

Bavolek Nurturing Parent Program is an evidence-based model that teaches skills to prevent and treat abuse and neglect. To date, 80 of the state's 83 counties have Supportive Visitation services.

Kent County Race Equity Workgroup includes partners across the continuum of care coming together to identify and address issues of overrepresentation of minorities coming into care. The workgroup includes representatives from K-12 and higher education, law enforcement, faith-based leaders, former foster care youth, MDHHS staff, attorneys, local judges and private agency staff.

Permanency 2 Plan for Improvement

Goal Selection Rationale: The goal below was maintained based on inconsistent progress toward the goal over the past CFSP and the rating of area needing improvement in the CFSR.

Goal: MDHHS will maintain and preserve family relationships and the child's connections.

- **Objective:** Children will have visits of sufficient frequency with their mother and father to maintain and promote the continuity of the relationship.

Outcome: Sufficient frequency of visits with children and their parents will enhance parent/child relationships and shorten time to permanency.

Measure: CFSR Onsite Review Instrument

Baseline:

- 69%, CFSR 2018
- Mother: 88%, Father: 84%; QACR 2018

Benchmarks 2020-2024:

- **2020:** 69.5%
- **2021:** 70%
- **2022:** 71%
- **2023:** 72%
- **2024:** 73%

- **Objective:** MDHHS will make concerted efforts to place siblings together unless a separation is necessary to meet the needs of one of the siblings.

Outcome: Placing children together safely will preserve and enhance sibling relationships.

Measures: CFSR Onsite Review Instrument

Baseline:

- 89%; CFSR 2018
- 43%; QACR 2018; Child living with all siblings.

Benchmarks 2020-2024:

- **2020:** 89%
- **2021:** 89.5%
- **2022:** 89.5%
- **2023:** 90%
- **2024:** 90%

- **Objective:** Children in foster care will have visits of sufficient frequency with siblings to maintain and promote sibling relationships.

Outcome: Sufficient frequency of visits among siblings will preserve and enhance sibling relationships.

Measure: CFSR Onsite Review Instrument

Baseline:

 - 83%; CFSR 2018
 - 66%; QACR 2018.

Benchmarks 2020-2024:

 - **2020:** 83%
 - **2021:** 83.5%
 - **2022:** 84%
 - **2023:** 84.5%
 - **2024:** 85%

- **Objective:** MDHHS will track and report the number of children in foster care who are placed with relatives.

Outcome: Placement of children with relatives will reduce traumatization and promote family support for parents and children.

Measure: CFSR Onsite Review Instrument

Baseline:

 - 79%; CFSR 2018
 - 35%; Monthly Fact Sheet

Benchmarks 2020-2024:

 - **2020:** 36%
 - **2021:** 37%
 - **2022:** 38%
 - **2023:** 39%
 - **2024:** 40%

- **Objective:** MDHHS will make concerted efforts to promote, support and/or maintain relationships between the child in foster care and his or her mother and father.

Outcome: Promoting, supporting and maintaining relationships between children and parents will enhance child safety and shorten time to reunification or permanency.

Measure: CFSR Onsite Review Instrument

Baseline:

 - Mother: 68%, Father: 86 percent, CFSR 2018
 - Mother: 88%; Father: 84%, QACR 2018

Benchmarks 2020-2024:

 - **2020:** Mother: 68% Father: 86%
 - **2021:** Mother: 69% Father: 86.2%
 - **2022:** Mother: 70% Father: 86.5%
 - **2023:** Mother: 71% Father: 86.6%

- **2024:** Mother: 72% Father: 86.8%

Permanency 2 Planned Activities for 2020-2024

Rationale for Strategies: The strategies below were selected based on their ability to assist maintaining connections of a child with their family. Increasing support for licensing relatives and providing maintenance payments for unlicensed relatives will alleviate concerns over lack of resources for providing care for children. Updating the Absent Parent Protocol will encourage caseworkers to maintain connections of children with non-custodial parents and increase family support for children. Identifying gaps in service availability and partnering with other systems will increase access to community-based parenting time opportunities for families outside of MDHHS or private agency offices. Enhancing caseworker retention will reduce delays caused by staff turnover and the time needed for new caseworkers to make decisions about the care of children.

Strategies:

- Relative Licensing Incentive Grant payments were increased to encourage the timely licensing of relatives by private child-placing agencies.
- In 2019, MDHHS began maintenance payments to unlicensed relatives.
- Development of aligned assessment and documentation of relative placement policy and practice will ensure children in out-of-home care can be placed with relatives whenever appropriate and that safety issues can be identified and addressed to ensure timely placement.
- The Absent Parent Protocol was updated to provide guidance to courts and child welfare staff to support identification and location of parents who are not present at the onset or at any time that children are under the jurisdiction of the court.
- Michigan will map currently available resources and identify gaps in service availability and opportunities to partner with other systems and community stakeholders to ensure access to effective services that will help families build skill and capacity, thereby reducing risk and safety issues promoting timely reunification and when appropriate reduce the necessity for out-of-home care.
- MDHHS established new residential contracts to keep children closer to parents and siblings and facilitate visits and family involvement in interventions.
- Michigan will strive to ensure a stable, resilient child welfare workforce. Timely achievement of permanency can be delayed with the continued turnover of staff. MDHHS will explore efforts and identify processes that can be refined for staff that will provide relief, acknowledge and support the reality of secondary traumatic stress and its impact on outcomes for families, and develop hiring and recruitment strategies that will increase job satisfaction and retention.

Implementation Support

In addition to the implementation of the MiTEAM practice model, community involvement and partnership are essential between courts, universities, private providers and child welfare advocates to preserve family relationships and connections. The following steps are being implemented in to strengthen permanency outcomes:

- The Permanency sub-team focuses on ensuring all required visits are completed and documented in MiSACWIS.
- The definitions of “sibling” and “relative” were expanded in policy in 2019 to encourage connections with family.
- Policy was strengthened to encourage increasing the frequency of parent-child visits.
- Trauma-informed practice was piloted in 2017 in Genesee, Lenawee, Mecosta/Osceola, Kalamazoo and Kent counties to address factors that may limit the quality of engagement with children and families.
- A state law was enacted in 2018 which outlined the child’s right to visit with their parents and relatives.
- MDHHS will continue to collaborate with Tribal Social Services where available and contracted tribal foster care agencies to maintain family connections for Native American children.

Program Support

- MDHHS provides training for utilization of Family Team Meetings effectively as a resource for developing and revising parenting time plans.
- DCQI provides technical assistance to local counties and agencies regarding utilization of monthly management reports and other data to track case management activities.
- DCQI staff assists counties to develop and implement county CQI plans.
- DCQI staff assists county CQI teams to implement the MiTEAM Fidelity Tool to track the use of the MiTEAM practice model in case management.
- MiTEAM materials are being enhanced to reinforce the use of Family Team Meetings to engage parents, caregivers and others in the development of parenting time plans.
- In the QSR, DCQI provides feedback to caseworkers and supervisors on current case practice in local offices and agencies.
- DCQI provides QSR data in the form of county and annual reports that can be used to identify areas for local and statewide improvement efforts.

Technical Assistance and Capacity Building

- MDHHS contracted with the national Building Bridges Initiative, Casey Family Programs and Chapin Hall at the University of Chicago for consultation on best practices when young people in child welfare are in need of residential intervention.
- MDHHS participates in the Consortium on Improved Placement Decision-Making and Capacity Building sponsored by the Annie E. Casey Foundation.

SERVICES FOR CHILDREN UNDER THE AGE OF 5

- In 2018, 4,935 children ages 5 and under were in foster care. This is 37 percent of the total population in foster care.
- At the conclusion of FY 2018, 12 children under age 5 did not have an identified

permanent family upon termination of parental rights. Of those children, two have been adopted, and 10 had an identified family.

- As of February 2019, eight children under 5 did not have an identified permanent family but by April 2019, six of those children had an identified family, and the remaining two children were listed as available on April 1, 2019.

Activities to Reduce the Time Young Children are Without an Identified Family

Child-specific recruitment efforts are mobilized when an adoptive family has not been identified at the time of adoption referral. A written, child-specific recruitment plan must be developed within 30 calendar days. The plan is based on the child's specific needs, and efforts focus on finding an adoptive family that will provide a stable home for the child. The plan may include locating relatives or friends who have an established relationship with the child and photo listing the child on state and national websites, as well as distribution of information about a specific child. Quarterly reviews of the plan continue until the child is placed with a family that plans to permanently care for the child.

Permanency Resource Monitors

Permanency resource monitors are permanency experts for local child-placing agencies that consult on complex cases that are experiencing barriers or a delay in achieving permanency. The monitors conduct trainings in the areas of diligent relative search, case file mining, how to determine an appropriate permanency goal, permanency goal approval procedures and the guardianship approval process. The monitors are responsible for conducting special reviews for each child or youth awaiting reunification for over nine months, those who have a goal of adoption without an identified family at three months post termination, or with older youth working toward achieving specific permanency goals. During FY 2018, permanency resource monitors made over 26,000 contacts with supervisors, specialists, caregivers, youth, and others that assisted more than 5,500 of Michigan's youth in foster care.

Adoption Resource Consultants

MDHHS contracts with Judson Center and Orchards Children's Services to provide adoption resource consultant services statewide. The consultants have demonstrated adoption experience and have received training by national experts on adoption best practices. The consultants review all cases following termination of parental rights when the child has a goal of adoption for more than one year and does not have an identified adoptive family. They work with the assigned staff to expand recruitment efforts, locate extended family members that may be appropriate for adoptive placement, and involve youth in their adoption planning. Intensive recruitment services are also provided.

Michigan Adoption Resource Exchange Match Support Program

The Match Support program is a statewide service for families who have been matched with a child from the Michigan Adoption Resource Exchange and are in the process of moving forward with an adoption. The match support specialists engage with the family throughout the adoption process. The match support specialists provide up to 90 days of services to families by providing referrals to support groups, training opportunities, and community resources.

Michigan Adoption Resource Exchange Waiting Family Forums

To assist adoptive parents through the match process, adoption navigators host Waiting Family Forums across the state. Prospective adoptive parents learn what happens after they submit inquiries on the exchange website, learn what they can do to make the most of their wait time, identify ways to strengthen their inquiries, get tips on how to effectively advocate for their family, and meet other waiting families. Families who are approved to adopt and families who are in the process of completing their home study are welcome to participate.

Family First Prevention Services Act

The Family First Prevention Services Act requires states, in addition to taking steps to reduce the time young children are without an identified family, to address the developmental needs of children under 5-years-old who are in foster care or in-home care. Michigan addresses the developmental needs of children under 5 in the following ways:

- Public and private agency caseworkers and contracted family preservation workers make referrals to Early On for children 3 and under.
- Early Head Start services are provided to children in home and in out-of-home care across the state.
- Child welfare staff conduct trauma screenings and referrals to targeted services based on findings.
- Michigan offers the Early Childhood Home Visiting program, which provides voluntary, prevention-focused family support services in the homes of pregnant women and families with children ages 0-5.

Progress in 2018 and 2019

- Trauma-informed practice continues to be promoted statewide.
- Child welfare staff are being trained statewide to perform trauma screening for all children entering out-of-home care.
- MDHHS continues to identify additional funding to expand the number of families served through the foster care supportive visitation program.
- MDHHS submitted a funding request to assist with transportation and observation of parent child visitation.
- Development of a pilot program is beginning in Ingham County for parenting support groups that focus on appropriate play for parents with young children. Parents and children will attend together.
- MDHHS piloted trauma-informed parenting training for caseworkers, foster/adoptive parents and birth parents.
- Based on opportunities offered through the Family First Prevention Services Act, MDHHS will develop additional programming for young children with the goal of reducing time to permanence, increasing placement stability and assessing and addressing trauma and developmental needs.

WELL-BEING

Well-being includes the factors that ensure children’s needs are assessed and services targeted to meet their needs in family connections, education and physical and mental health.

Well-Being Outcome 1 - Families Have Enhanced Capacity to Provide for their Children’s Needs

Well-Being 1 Assessment of Performance

During the PIP period, Well-Being 1 will be tracked through use of the CFSR Onsite Review Instrument. Following the successful completion of the PIP, Michigan will utilize CFSR case reviews, the Quality Service Review (QSR), and the Quality Assurance Compliance Review (QACR) to monitor progress.

Item 12; Needs and Services of Child, Parents and Foster Parents Assessment: Item 12 was rated as an Area Needing Improvement in the CFSR because 28 percent of the 65 cases reviewed were rated as a Strength.

Item 12A; Needs Assessment and Services to Children: Michigan received an overall rating of Area Needing Improvement for Item 12A in the CFSR because 66 percent of the 65 cases reviewed were rated as a Strength.

Item 12B; Needs Assessment and Services to Parents: Michigan received an overall rating of Area Needing Improvement for Item 12B in the CFSR, because 35 percent of the 55 applicable cases were rated as a Strength.

Item 12C; Needs Assessment and Services to Foster Parents: Michigan received an overall rating of Area Needing Improvement for Item 12C in the CFSR because 63 of the 35 applicable cases were rated as a Strength.

Item 13; Child and Family Involvement in Case Planning: Michigan received an overall rating of Area Needing Improvement for Item 13 in the CFSR because 50 percent of the 62 applicable cases were rated as a Strength.

Services to Preserve Families

Michigan provides an array of services that provide a comprehensive strategy to assure all families receive services tailored to their needs and that build healthy family relationships. Each of these services is based on collaborative planning with families. Services include:

- Families First of Michigan.
- Families Together Building Solutions.
- The Family Reunification Program.
- Strong Families/Safe Children.
- Family Group Decision-Making.

- Parent Partners.
- Training and Supervision of Caseworkers and Caregivers of Young Children.

Item 14; Caseworker Visits with Child: Michigan received an overall rating of Area Needing Improvement for Item 14 in the CFSR because 71 percent of the 65 applicable cases were rated as a Strength.

Item 15; Caseworker Visits with Parents: Michigan received an overall rating of Area Needing Improvement for Item 15 in the CFSR because 43 percent of the 54 applicable cases were rated as a Strength.

Other Assessment Data

- Michigan has had a strong score for caseworker visits with children since 2014, when the percentage of children visited monthly by their caseworker consistently exceeded the federal requirement of 95 percent. In 2017, in 98 percent of the cases, caseworker visits with the child took place in his or her home.
- Michigan’s performance in Item 15, Caseworker Visits with Parents was strong, with caseworkers visiting mothers sufficiently frequently to meet case goals in 96.4 percent of cases and with fathers at 89 percent of cases, for fathers, an improvement of nearly 20 percent from 2016.
- Further work is needed to improve the frequency of quality caseworker visits with fathers.

Strengths

- Item 14, caseworker visits with child, has remained above 95 percent in both the Quality Assurance Compliance Review and a review of MiSACWIS data since 2014.
- The Reasonable and Prudent Parent Standard was implemented in policy and case management in 2015, which provided guidance to foster parents when determining whether to allow a child in foster care to participate in extracurricular, enrichment, cultural and social activities while maintaining a child’s health, safety and best interests. These changes included training for staff, child-caring institution providers and foster parents.
- The DHS-5333 form, “Conversation Guide on Return from AWOLP” (Absent without Legal Permission) was developed to help a caseworker discuss with a youth the factors that contributed to their being absent from foster care and to discuss their experiences while absent, including trauma and potential victimization in human trafficking. Policy was updated in February 2017 to mandate this discussion with a youth after return and includes instructions if it is suspected that the youth was a victim of trafficking.
- Foster care policy was updated in 2017 to include the requirement that young people in foster care ages 14 and older assist in the development of their case plan and are able to select two individuals to participate on the case planning team to advocate on their behalf.

- Foster care policy was updated in 2017 to require that young people 18 years and older or those leaving foster care, are provided with a driver's license or state-issued identification card and educational documents.
- Foster care policy was updated in 2015 to limit the age to 16 years or older that a permanency goal of Another Planned Permanency Arrangement can be assigned. This requires caseworkers to continue efforts to find permanent placement options for 14- and 15-year-olds.
- Caregiver training classes were added to university partnerships on topics pertinent to caring for children, including training on the effects of traumatic events on children.
- The Child's Bill of Rights was incorporated into state statute in 2018.

Well-Being 1 Progress in 2018 and 2019

- Policy requiring Family Team Meetings at regular and frequent intervals and at critical points ensures that all family members and supporters are involved in case planning and support of the family.
- The statewide rollout of the MiTEAM Fidelity Tool for use by supervisors when observing and monitoring case management activities emphasizes the importance of the use of MiTEAM skills and practices in working with families.
- The QIC Service Array sub-team and the Child Welfare Policy and Programs Division work continuously to identify statewide and regional service needs, resulting in expansion of services to additional areas, including Supportive Visitation, the Family Reunification Program and Families Together Building Solutions and other services.
- A statewide focus on trauma-informed services has led to an awareness of the results of Adverse Childhood Experiences and the need to build resiliency in children and families. The state continues to explore how this knowledge can be used to create a more effective and responsive service array.
- An increasingly mobile child welfare workforce with access to MiSACWIS in the field has enhanced staffs' ability to document contacts quickly and accurately, ensuring all contacts are documented in the case record.
- Caregiver training classes were added to university partnerships on topics pertinent to caring for children, including training on the effects of traumatic events on children.
- The Reasonable and Prudent Parent Standard in policy and case management provides guidance to foster parents when determining whether to allow a child in foster care to participate in extracurricular, enrichment, cultural and social activities while maintaining a child's health, safety and best interests. Training was provided to staff, child-caring institution providers and foster parents.

Well-Being 1 Plan for Improvement

Goal Selection Rationale: The goal below was maintained due to Well-Being 1 being rated as an area needing improvement in the CFSR Round 3 and because of MDHHS' inconsistent achievements in this area.

Goal: Families will have enhanced capacity to provide for their children's needs.

- Objective:** Caseworkers will assess the needs of parents, children and foster parents initially and on an ongoing basis to identify the services necessary to achieve case goals.

Outcome: Effective and timely assessment will improve the targeting and timely provision of services to children and families.

Measure: CFSR Onsite Review Instrument

Baseline - 2017:

 - Children: 66%; Mother: 39%; Father: 33%; Foster Parent: 63%; Area needing improvement; CFSR 2018
 - Children: 95%; Mother: 89%; Father: 74%; Foster Parent: 93%; QACR 2018

Benchmarks 2020-2024:

 - 2020:** Children: 66% Mother: 39% Father: 33% Foster Parent: 63%
 - 2021:** Children: 66.5% Mother: 39.5% Father: 33.5% Foster Parent: 63.5%
 - 2022:** Children: 67% Mother: 40% Father: 34% Foster Parent: 64%
 - 2023:** Children: 67.5% Mother: 40.5% Father: 34.5% Foster Parent: 64.5%
 - 2024:** Children: 68% Mother: 41% Father: 35% Foster Parent: 65%

- Objective:** MDHHS will make concerted efforts to involve children, mothers and fathers in case planning.

Outcome: Involving children, mothers and fathers in case planning will ensure their voices are considered in identification and provision of services, thereby enhancing their investment in change efforts.

Measure: CFSR Onsite Review Instrument

Baseline:

 - Children: 65%; Mother: 58%; Father: 55%; Area needing improvement; CFSR 2018
 - Children: 81%; Mother: 88%; Father: 73%; QACR 2018

Benchmarks 2020-2024:

 - 2020:** Children: 65.5% Mother: 58% Father: 55%
 - 2021:** Children: 65.5% Mother: 58.5% Father: 55.5%
 - 2022:** Children: 66% Mother: 59% Father: 56%
 - 2023:** Children: 66% Mother: 59.5% Father: 56.5%
 - 2024:** Children: 66.5% Mother: 60% Father: 57%

- Objective:** Caseworkers will visit with children in foster care a minimum of once each calendar month.

Outcome: Sufficient frequency of caseworker child visits will improve caseworkers' assessment of children and the effectiveness of their placements by supporting caregivers.

Measure: CFSR Onsite Review Instrument

Baseline:

 - 71%; Area needing improvement; CFSR 2018
 - 97.4%; MiSACWIS 2018

Benchmarks 2020-2024:

- **2020:** 72%
 - **2021:** 73%
 - **2022:** 74%
 - **2023:** 75%
 - **2024:** 76%
- **Objective:** Caseworkers will have visits with mothers and fathers with sufficient frequency and quality to ensure the safety, permanency and well-being of children and promote achievement of case goals.
Outcome: Sufficient frequency of quality visits with mothers and fathers will enhance caseworkers' assessment of parents' needs and progress and provide support for parents.
Measure: CFSR Onsite Review Instrument
Baseline:
 - Mother: 46%; Father: 50%; CFSR 2018
 - Mother: 87%; Father: 71%; QACR 2018**Benchmarks 2020-2024:**
 - **2020:** Mother: 47% Father: 50%
 - **2021:** Mother: 48% Father: 50.5%
 - **2022:** Mother: 49% Father: 51%
 - **2023:** Mother: 50% Father: 51.5%
 - **2024:** Mother: 51% Father: 52%

QACR and QSR Scores

- Quality Service Review scores for Assessment and Understanding indicate that there is need for improvement in case management activities related to understanding and addressing all of the factors and dynamics that affect families' ability to benefit from services.
- There is a substantial difference between the scores for the mother and the father in the Quality Assurance Compliance Review scores for initial and ongoing assessment and service provision and the Quality Service Review factor Assessment and Understanding.
- There is a trend downward in Quality Assurance Compliance Review scores in all areas.
- The variance in Quality Assurance Compliance Review scores (derived from case documentation) compared with Quality Service Review scores (derived from case interviews) on related questions indicates a need to explore the reasons for this variance and ways to address the concerns of family members more effectively.
- Quality Assurance Compliance Review scores for Item 13 rose dramatically when the measure stopped being rated solely by the presence of parental signatures on the case plan and instead included other documented efforts to engage parents and the child in case plan development.

Well-Being 1 Planned Activities for 2020-2024

Rationale for Strategies: The strategies below were selected because they focus on engagement with families which will enable caseworkers to make accurate assessments of

parents' needs and strengths, thereby enhancing the effective targeting of services. Coaching and monitoring of key practice behaviors will emphasize the necessity and value of early and ongoing parental engagement.

PIP strategies for Well-Being 1 focus on improving engagement with families by use of the MiTEAM model, enhancing teaming, engagement, assessment and mentoring skills in order to improve family involvement in creation of their service plans and targeting of service provision. Strengthening formal supports for families is another important strategy. Finally, improving or replacing the FANS and CANS will assist in improving service provision for children and families by targeting services more accurately to the family's needs and circumstances.

CFSR PIP Strategies:

- PIP: Engagement Strategy Two: Review and improve MiTEAM Fidelity and measurement.
 - PIP 1.2.1: Determine need for additional fidelity tool guides or training for MDHHS and private agency staff.
 - PIP 1.2.2: Revise fidelity tool based on first and second quarter feedback concentrating on coaching by supervisors and usability of the fidelity tool.
 - PIP 1.2.3: Implement ongoing analysis of fidelity assessment information in local and state performance and quality improvement systems.
 - PIP 1.2.4: Develop and pilot Family Team Meeting facilitation and coaching program.
- PIP: Engagement Strategy Five: Create mechanisms for parents to have formal supports.
 - PIP 1.5.2: Determine a pilot site, to utilize community representatives to attend Family Team Meetings.
- PIP: Assessment and Services Strategy One: Michigan will use valid and reliable assessment tools.
 - PIP 3.1.4: Develop a valid and reliable Family Assessment of Needs and Strengths (FANS) and Child Assessment of Needs and Strengths (CANS).
 - PIP 3.1.4a: Procure a contract for the development of a valid and reliable FANS and CANS by a nationally recognized expert.
 - PIP 3.1.4b: Gather feedback from the field on the current tool.
 - PIP 3.1.4c: Draft policy to align with FANS and CANS changes.

Implementation Support

- MiTEAM enhancement training for individual counties continues through collaborative efforts between MiTEAM staff and DCQI.
- Policy was updated in the following areas:
 - A requirement that young people in foster care ages 14 and older assist in the development of their case plan and may select two individuals to advocate on their behalf.
 - A requirement that young people 18 years and older or those leaving foster care are provided with a driver's license or state-issued identification card, educational documents and proof that they were in foster care.

- Limiting the age to 16 years or older that a permanency goal of Another Planned Permanency Arrangement can be assigned to a youth.

Program Support

- Caregiver training courses were added to university partnerships on topics pertinent to caring for children, including training on the effects of traumatic events on children.
- DCQI assists county CQI teams to implement the MiTEAM Fidelity Tool to track utilization of the MiTEAM practice model in case management. The MiTEAM practice model requires coordination of a family team for service planning and implementation.
- In the Quality Service Review, DCQI provides feedback to caseworkers and supervisors on current case practice in local offices and agencies.
- DCQI provides Quality Service Review data in the form of county and annual reports that can be used to identify areas for local and statewide improvement efforts.

Technical Assistance and Capacity Building

- DCQI staff assists counties to develop and implement county CQI plans.
- DCQI provides technical assistance to local counties and agencies on how to use management reports and other data to track case management activities.

Well-Being 2 Assessment of Performance

Well-Being Outcome 2: Children will receive appropriate services to meet their educational needs.

Item 16; Educational Needs of the Child: Michigan is not in substantial conformity with Well-Being 2. In the CFSR, the outcome was substantially achieved in 69 percent of the 36 applicable cases reviewed.

MDHHS is committed to ensuring that all children in foster care receive appropriate services to meet their educational needs. To promote educational success, the following requirements are in current foster care policy:

- Children entering foster care or changing placements must continue their education in their schools of origin whenever possible and if it is found to be in their best interest.
- When making best interest decisions for a child's school placement decision, collaboration is necessary between the caseworker, school staff, the child's parents and the child.
- School-aged foster children must be registered and attending school within five days of initial placement or placement change, regardless of the placement type.
- All educational information and related tasks, activities and contacts must be documented in the service plan.
- When it is determined that a child should stay in the school district of origin after being placed outside of that school district, a transportation plan must be set up in collaboration with the school district.

MDHHS education planners provide educational support to young people referred because of a specific educational need. Although predominantly working with youth who are older than 14, education planners can assist youth at any age with the following:

- Education transportation and payment.
- Records transfer.
- Education placement determinations.
- Advocacy to remain in the school of origin.
- Resolving special education issues.
- Resolving disciplinary issues.
- Assisting with financial aid applications.
- Arranging college tours.
- Post-secondary preparation and attendance.

Currently, 18 education planners serve young people in 48 counties. In addition to working with individual youth, they provide ongoing technical assistance to child welfare and education staff.

As a requirement of the federal Every Student Succeeds Act, all school districts must designate a foster care liaison. MDHHS also has designated education points-of-contact in every county office. In counties that have a full-time education planner, that person is the point-of-contact, in counties that do not, another staff member is identified. When a new point-of contact is assigned, they receive initial training in the form of a webinar, which gives guidance on education policy and procedures including education best interest determinations and transportation plans and payments.

Public and private child welfare specialists are trained in education policy in the Office of Workforce Development and Training Pre-Service Institute. In addition, the MDHHS education analyst and Michigan Department of Education foster care consultant complete in-person and webinar-based trainings for child welfare staff and education staff across the state regularly. Training includes federal and state policy and procedures and instruction on how to document education information within MiSACWIS.

A data warehouse report available in MiSACWIS provides school enrollment information and allows local MDHHS staff and management to monitor education enrollment data. Supervisors are encouraged to regularly review their reports to ensure the most updated education information is entered.

Progress in 2018

- Training sessions covering the provisions of the Every Student Succeeds Act for foster care staff were held at five locations in spring 2018.
- An Every Student Succeeds Act training was included in the statewide foster parent conference in June 2018 and the statewide caseworker conference in July 2018.
- MDHHS local offices participate in the Great Start Collaborative, a coalition of human service agencies, families and other partners working to ensure every child from birth to

age 8 has access to a universal, comprehensive and collaborative system of community-based early childhood programs, services and supports.

- In August 2018, a webinar was recorded for the State Court Administrative Office for court staff, attorneys, and referees to give the most updated guidance on education policy and procedure, including education best interest determinations and transportation plans.
- In January 2019, an updated webinar was placed on the MDHHS learning management system. The webinar is targeted to new education planners, education points-of-contact and other foster care staff to give the most current guidance on education policy and procedure, including education best interest determinations, and transportation plans and payment. In March 2019, a similar webinar was recorded for foster care liaisons.
- As a requirement of the Every Student Succeeds Act, state education agencies must report graduation and dropout rates for students who are in foster care, starting with the 2017-2018 academic year. The Education and Youth Services Unit collaborated with the Michigan Department of Education and the Center for Education Performance and Information to ensure this requirement was met.

Well-Being 2 Plan for Improvement

Goal Selection Rationale: The goal below was retained from the previous CFSP because Item 16 received a rating of area needing improvement in the CFSR Round 3. Objective 3 was added in the CFSP 2020-2024 in an effort to strengthen educational services to older youth.

Goal: Children will receive appropriate services to meet their educational needs.

- **Objective:** MDHHS will engage with school staff to determine the educational needs of students who are experiencing foster care and address any identified needs through appropriate services.

Outcome: Collaborating with school staff to determine educational needs of children will enable the effective targeting of educational services provided to children when there is an identified need.

Measure: CFSR Onsite Review Instrument

Baseline:

- 69%; CFSR 2018
- 88% Needs assessed, identified needs addressed: 79%; QACR 2018

Benchmarks 2020-2024:

- **2020:** 70%
- **2021:** 72%
- **2022:** 74%
- **2023:** 76%
- **2024:** 78%

- **Objective 2:** Children entering foster care or experiencing a placement change will remain in their school of origin whenever possible and if it is in the child's best interest.
Outcome: Maintaining children in their school of origin will minimize disruption caused

by placement in foster care.

Measure: QACR

Baseline:

- 93% QACR 2018

Benchmarks 2020-2024: Maintain a score of 90% or above.

- **Objective 3:** MDHHS will monitor the dropout rate of children and youth in foster care.

Outcome: Tracking dropout rates of foster children will allow the development of strategies to increase the rate of high school graduation.

Measure: Michigan Department of Education annual MiSchool Data Report, MiSACWIS data report

Baseline:

- 31.73% Dropout rate for five-year cohort of 2017-2018 Graduation Dropout Cohort.

Benchmarks: 2020 - 2024: Demonstrate improvement each year.

Well-Being 2 Planned Activities for 2020-2024

Rationale for Strategies: Each of the strategies below was selected to improve educational outcomes including school enrollment, by improving data and tracking methods, provide necessary services for students to remain in their schools of origin and improve caseworker educational assessment skills.

Strategies:

- Strategies to improve data collection will be identified to improve assessment of education outcomes for children in foster care.
- MDHHS will improve maintenance of children in their schools of origin when possible by assisting with transportation.
- MDHHS will improve educational assessment of children through training in assessment skills in the enhanced MiTEAM practice model through coaching and mentoring.
- MDHHS will improve scores on enrolling children through the education point-of-contacts in each county office, who will assist and monitor school enrollment.

Implementation Support

- An education point-of-contact was identified in each local MDHHS office to serve as the county's liaison with the school district's foster care liaison and a resource to child welfare staff in their geographic area.
- In 2017 Michigan Department of Education hired a state foster care consultant, as required by the federal Every Student Succeeds Act of 2015. The MDHHS education analyst collaborates with the consultant to train staff and attends intermediate school district meetings, where school district foster care liaisons are present.

Program Support

- The MDHHS education analyst provides technical assistance and training to child welfare staff, education planners and the education points-of-contact on education policy and

school transportation procedures.

- DCQI provides technical assistance to local counties and agencies on how to use management reports and other data to track case management activities.
- In the QSR, DCQI provides feedback to caseworkers and supervisors on current case practice in local offices and agencies.

Technical Assistance and Capacity Building

- MDHHS local offices participate in the Great Start Collaborative, a coalition of human service agencies, families and other partners working to ensure every child from birth to age 8 has access to a universal, comprehensive and collaborative system of community-based early childhood programs, services and supports.
- The Education and Youth Services Unit is collaborating with the Michigan Department of Education to ensure all aspects of the foster care provisions in the Every Student Succeeds Act are implemented.
- As a requirement of the Every Student Succeeds Act, state education agencies will need to report on students who are in foster care. The Education and Youth Services Unit will work with the Michigan Department of Education and the Center for Education Performance and Information as needed to ensure this requirement is met.
- A Learning Collaborative is in process in Isabella County to improve system partnerships for children in foster care.

Well-Being 3 Assessment of Performance

Well-being Outcome 3: Children entering foster care will receive adequate services to meet their physical and mental health needs.

Michigan is not in substantial conformity on Well-Being Outcome 3. In the CFSR, the outcome was substantially achieved in 52 percent of the 56 applicable cases reviewed.

Item 17; Physical Health of the Child: Michigan achieved an overall rating of Area Needing Improvement because 62 percent of the 50 applicable cases were rated as a Strength.

Physical Health

MDHHS is committed to ensuring every child in foster care receives the preventive and primary health care necessary to meet his or her physical, emotional and behavioral health and developmental needs. Foster care policy and Michigan's Health Care Oversight and Coordination Plan requirements include:

- Every child entering foster care must receive a comprehensive medical examination including a psychosocial/behavioral assessment, accomplished by either surveillance or screening within 30 calendar days of placement, regardless of the date of the last physical examination.
- Every child in foster care between ages 3 through 20 years must receive annual comprehensive medical examinations.
- Every child in foster care under 3-years-old must receive more frequent comprehensive

medical examinations as outlined in the Early and Periodic Screening, Diagnosis and Treatment guidelines.

- Every child 3 years of age and older entering foster care must receive a dental examination within 90 calendar days if one was not completed within the six months prior to foster care entry and must receive a dental exam yearly thereafter.
- Every child under 3-years-old listed as a victim in a confirmed abuse or neglect report will be referred to Early On for assessment and services. Children with pre-existing medical conditions must be referred to Early On regardless of CPS case status.
- Every child who re-enters foster care after case closure must receive a comprehensive medical examination within 30 days of placement and ongoing comprehensive examinations thereafter.
- Every child in foster care must have a “medical home,” a care delivery model whereby treatment is coordinated through the primary care physician. Whenever possible, the child’s existing medical provider will remain the medical home.
- Foster care workers are required to complete each child’s medical passport that documents medical, dental and mental health care and share the passport with all health providers at or before the first appointment, foster parents, parents and youth exiting foster care.
- Health care providers must have the information needed to assist the child and family receiving assessment and treatment for physical health and emotional and behavioral needs.

Initial Physical Examination

MDHHS will ensure that children entering foster care receive an initial physical examination within 30 days of entry through the following activities:

Progress in 2018

- Statewide training on using the Trauma Screening Checklist was initiated for CPS, foster care and juvenile justice workers, supervisors and managers.
- A CSA trauma protocol was developed and implemented.
- MDHHS awarded funds to hold Learning Collaborative events statewide to engage local/regional child welfare, medical, dental and mental health providers and other stakeholders in identifying and addressing barriers to achieving the health well-being needs of children in foster care. This project, Fostering Health Partnerships, will continue through calendar year 2019.
- All foster care staff, public and private, have access to CareConnect360. This application provides workers with Medicaid claims information for children under MDHHS supervision.
- Mandatory supervisor training on psychotropic medication and informed consent was provided in 17 sites.
- Webinars for MiSACWIS health screen completion was developed and made available to CPS and foster care staff.

- The joint application design team process was initiated for the integration of Medicaid claims information in the medical passport.
- Tasks from the timely medical exams project were completed.

Item 18; Mental/Behavioral Health of the Child: Michigan received an overall rating of Area Needing Improvement for Item 18 because 51 percent of the 37 applicable cases were rated as a Strength.

Mental Health

The goal of mental health services for children in foster care is to achieve a system of care that is strength-based, family driven, youth guided, trauma-informed and delivered in community settings whenever possible. The use of psychotropic medication will be based on a comprehensive mental health assessment, the best available evidence and with the assent of the child and consent of the party legally responsible for the child. Delivery of mental health interventions in a residential setting will be limited in frequency and duration, with an emphasis on service delivery in the community.

MDHHS is committed to identifying and addressing children’s mental health needs as part of comprehensive medical care. Stakeholders continue to identify access to mental health services as an area needing improvement. MDHHS is continuing to work across divisions and departments to improve access to mental health services within the broader systems of care.

Impact of Protocols on the Use and Monitoring of Psychotropic Medications

For most categories, the prescribing patterns remain like those seen in prior years and within the range of data reported by other states. The data will be monitored over the next several years to determine trends and address the factors associated with each one.

Progress in 2018

- Since July 1, 2016, the Foster Care Psychotropic Medication Oversight Unit tracks consent for psychotropic medications by reviewing Medicaid claims and cross-referencing to consent documents sent by caseworkers. The unit provides outreach to the field when claims appear without accompanying consent.
- Statewide training was initiated to implement the trauma screening checklist for CPS, foster care and juvenile justice workers, supervisors and managers.
- A Children’s Services Agency trauma protocol was developed and implemented.
- Fostering Health Partnerships Learning Collaborative events were held at the local and regional level in more than 30 counties to engage child welfare, medical, dental and mental health providers to discuss the needs of children in foster care. The stakeholders identified and addressed barriers that prevent them from meeting children’s needs.
- Mandatory foster care worker training on CareConnect360, health screen completion and psychotropic medication and informed consent was provided at nine sites.
- Webinars for MiSACWIS health screen completion were developed and required for CPS and foster care staff.

- MDHHS partnered with the University of Michigan to develop a Foster Care Clinic.
- Exhibit tables were staffed at three physician group annual conferences with information about psychotropic medication informed consent when children are in foster care.
- MDHHS continued the joint application design team process for the integration of Medicaid claims information in the medical passport.
- Tasks from the timely medical exams project were completed.
- Health liaison officers received specific health-related training on:
 - Serious emotional disturbance and waivers.
 - Early Hearing Detection and Intervention Program.
 - Accessing services for children with intellectual and/or developmental disabilities.
 - Child welfare response to opioid use disorders.
 - Supplemental Security Income.
 - Community mental health services.
 - Suicide prevention.
 - Children’s special health care services.

Well-Being 3 Plan for Improvement

Goal Selection Rationale: The rationale for the goal below is that Items 17 and 18 were rated as areas needing improvement in the CFSR Round 3. MiSACWIS data confirms that these are areas needing improvement.

Goal: Children will receive timely and comprehensive health care services that are documented in the case record.

- **Objective:** MDHHS will address the physical and dental health needs of children.
Outcome: Addressing the physical and dental health of children in foster care will maintain and may improve their health status.
Measure: CFSR Onsite Review Instrument
Baseline - 2017: 62%; CFSR 2018
Benchmarks 2020-2024:
 - **2020:** 62.5%
 - **2021:** 63%
 - **2022:** 63.5%
 - **2023:** 64%
 - **2024:** 64.5%

- **Objective:** MDHHS will address the mental/behavioral health of children.
Outcome: Addressing the mental/behavioral health of children in foster care will maintain and may improve their mental health status.
Measure: CFSR Onsite Review Instrument
Baseline - 2017: 51%; CFSR 2018
Benchmarks 2020-2024:
 - **2020:** 51.5%

- **2021:** 52%
 - **2022:** 52.5%
 - **2023:** 53%
 - **2024:** 53.5%
- **Objective:** Children entering foster care will receive an initial comprehensive physical examination within 30 days of entry.
Outcome: Providing an initial comprehensive physical examination timely will screen for health needs and enable appropriate follow-up care for children.
Measure: Monthly Management Report
Baseline: 83% (average March 2018-January 2019)
Benchmarks 2020-2024: 95% or higher.
 - **Objective:** Children entering foster care will receive a mental health screening within 30 days of entry.
Outcome: Providing a mental health screening timely will screen for mental health, identify mental health needs and enable appropriate follow-up care for children.
Measure: Monthly Management Report – initial medical examinations¹).
Baseline: 83% (average March 2018-January 2019)
Benchmarks 2020-2024: 95% or higher
 - **Objective:** Children entering foster care age 3 or older will have a dental examination within 90 days of foster care entry if the child had no exam within 6 months prior to foster care entry.
Outcome: Providing a timely dental examination will screen for dental health concerns and enable appropriate follow-up care for children.
Measure: Monthly Management Report
Baseline: 82% (average March 2018-January 2019)
Benchmarks 2020-2024: 95% or higher

Well-Being 3 Planned Activities for 2020-2024

Rationale for Strategies: The strategies below were selected because they address each of the health objectives at the root causes of lack of progress in a multifaceted and comprehensive manner. Addressing barriers through ongoing methods such as streamlining Medicaid opening, assistance from health liaison officers, technical assistance on requirements and identification of enrollment and service barriers, along with ongoing training of caseworkers, the primary care community and resource parents will set the stage for continued improvement.

Strategies:

¹ Psychosocial/behavioral assessment (accomplished through surveillance or formal screening) is a required activity for all comprehensive examinations under Early and Periodic Screening, Diagnosis and Treatment guidelines. Therefore, documentation of a comprehensive examination by definition includes mental health screening.

- Streamlining Medicaid opening/enrollment at the time of foster care entry.
- Maintaining health liaison officers that focus on addressing system barriers at the county level.
- Amending CPS policy to require CPS caseworkers to notify the health liaison officer within 24 hours of a court order removing a child from parental custody.
- Holding regular conference calls and meetings between the Child Welfare Medical Unit with health liaison officers to provide policy and practice updates.
- Providing training and technical assistance to local office staff to ensure timely Medicaid opening, and accurate/timely documentation of health care activities in MiSACWIS.
- Sending a brochure, “Guidelines for Foster Parents and Relative Caregivers for Health Care and Behavioral/Mental Health Services,” to foster and relative providers at placement to outline health care requirements.
- Presenting webinars for staff on the learning management system on the health needs of children in foster care and how to document needs and services.
- Providing ongoing outreach/education/technical assistance to the primary care community.
- Requiring trauma screening for each child in confirmed and opened CPS cases and for each child placed in foster care.
- Developing a video about parent engagement in health care when children are in foster care for use as a training tool.
- Requesting a change in dental policy to comport with American Dental Association standards.
- Planning the projects recommended by the physician leadership team, focusing on standardizing and improving the documentation of psychiatric care and the dissemination of the documentation during care transitions.
- Updating, renaming and expanding content in the www.michigan.gov/fosteringmentalhealth website
- Development and implementation of child and adult psychological assessment contracts.
- Exploring other models of treatment foster care that increase the available number of beds for children in foster care.
- Hosting an exhibit table at three physician group annual conferences with information about psychotropic medication informed consent when children are in foster care.
- Statewide rollout of community mental health intensive crisis stabilization services for children and youth, ages 0-21 years.
- Producing a new monthly report for the field to track compliance with informed consent documentation when children in foster care are prescribed psychotropic medication.

Health Care Oversight and Coordination Plan for Improvement

- **Objective:** Parents, caseworkers and children will engage in an informed consent process with physicians prescribing psychotropic medication.
Outcome: Engaging parents, caseworkers and children in an informed consent process for psychotropic medications will ensure all parties understand the effects of the

medication on children.

Measure: Medicaid claims and Foster Care Psychotropic Medication Oversight Unit database.

Baseline: 87% informed consent documentation for each prescribed psychotropic medication prior to medication fill (average January 2018-April 2019)

Benchmarks 2020-2024: Increase by 5% each year.

Michigan added a new objective to track compliance with state policy and procedures for oversight of psychotropic medications.

- **Objective:** Increase compliance with policy requirements when a child in foster care is on psychotropic medications.
Outcome: Workers will effectively monitor children in foster care on psychotropic medications.
Measure: Monthly case reviews by the Child Welfare Medical Unit.
Baseline: To be established.
Benchmarks: Will be created after the first year of case reviews.

Planned Activities for 2020-2024

Rationale for Strategies: The strategies below are designed to assist caseworkers in understanding children’s health care needs while in foster care, improve documentation of health information in the case record and improve awareness of the informed consent process and how to engage partners in that process.

Strategies:

- MDHHS will complete the integration of Medicaid claims information in the medical passport through the joint application design team process.
- Follow-up with residential treatment providers will continue to address challenges in achieving care coordination and parent/guardian/caseworker engagement in informed consent.
- Mandatory caseworker training will be provided in eight sites on a variety of topics.
- The Child Welfare Medical Unit will conduct evaluation of trauma assessment contracts.
- The Child Welfare Medical Unit will implement a project recommended by the physician leadership team to improve the quality of mental health documentation and its transfer to new providers during transitions of care.
- The Child Welfare Medical Unit will complete contracting for psychological and psychiatric assessments.
- Michigan has a grant from the Michigan Health Endowment Fund to implement Learning Collaboratives to achieve the following goals:
 - The Learning Collaboratives bring together partners in the various systems of care for children in foster care (primary care, dental, mental health, child welfare, schools, courts, etc.) to identify and address challenges/barriers to achieving timely and quality care. These meetings will occur across the state.

- In pilot counties (Ingham, Saginaw, Muskegon), the collaboratives will discuss barriers to birth/legal parent engagement in health/mental health care and pilot activities to improve engagement.
- The Child Welfare Medical Unit will update, rename and expand content in the www.michigan.gov/fosteringmentalhealth website.
- The Child Welfare Medical Unit will develop and implement child and adult psychological assessment contracts.
- MDHHS will amend treatment foster care contracts to expand beds and improve service.

Implementation Support

- All health liaison officers, county-based foster care workers and supervisors have access to CareConnect360, an online, claims-based electronic record.
- A team comprising the Child Welfare Medical Unit, the Child Welfare Services and Support Division and community stakeholders developed a revised medical passport.
- The Foster Care Psychotropic Medication Oversight Unit visited hospitals with psychiatric beds for children, described the MDHHS psychotropic oversight process and identified the means to collaborate more effectively.
- The Child Welfare Medical Unit meets monthly with trauma assessment contractors to discuss any issues with implementation and use of the contracts.

Program Support

- The Foster Care Psychotropic Medication Oversight Unit completed strategic planning to address persistent challenges in achieving the engagement of children and consenting adults in psychotropic medication decisions and consent.
- The Child Welfare Medical Unit in consultation with the Foster Care Psychotropic Medication Oversight Unit updated psychotropic medication policy to clarify language and requirements to increase compliance with informed consent and documentation.
- The Child Welfare Medical Unit updated foster care health services policy to emphasize parental involvement in the child's health care and require caseworkers to notify and engage parents in all health care appointments to provide historical information to health care providers and to facilitate successful return home.
- The Child Welfare Medical Unit updated the foster care Medicaid policy to clarify the relationship between Medicaid and active Supplemental Security Income and reporting requirements to the Social Security Administration to ensure accurate, ongoing eligibility determinations so health insurance is not disrupted.
- The Foster Care Psychotropic Medication Oversight Unit developed a monthly report that will allow counties and agencies to monitor compliance with informed consent for each medication prescribed to a child in foster care.
- The Child Welfare Medical Unit conducts annual face-to-face training for all foster care workers to teach the importance of health well-being in sustaining safety and permanency and to provide instruction on available tools and best practices that can assist workers in achieving health requirements for children on their caseload.
- The Child Welfare Medical Unit conducted an evaluation of the contracted

comprehensive trauma assessments. A team composed of field and central office staff read 42 non-identified cases from the six contractors and rated them on contract compliance and quality of the assessment. The results are being used to amend and strengthen the contracts to better serve the child welfare population.

Technical Assistance and Capacity Building

- As a deliverable from the Defending Childhood Initiative, MDHHS developed a cross-systems website on trauma that launched in the fall of 2016.
- DCQI staff assists county CQI teams to implement the MiTEAM Fidelity Tool to track the use of the MiTEAM practice model in case management.
- County implementation teams engage in continuous quality improvement efforts as determined by the data in the Monthly Management Reports.

SYSTEMIC FACTORS

In addition to engaging with families, assessment, service provision and evaluation, the quality of child welfare services is affected by the ability of the child welfare system to provide resources, information and communication among divisions, agencies and stakeholders.

MDHHS set goals and objectives with yearly benchmarks for the seven CFSR systemic factors:

1. Information System.
2. Case Review System.
3. Quality Assurance System.
4. Staff and Provider Training.
5. Service Array and Resource Development.
6. Agency Responsiveness to the Community.
7. Foster and Adoptive Parent Recruitment, Licensing and Retention.

INFORMATION SYSTEM

Item 19: Statewide Information System

Michigan is committed to maintaining compliance with federal requirements for a statewide automated child welfare information system. Michigan submits the data files for the Automated Foster Care and Adoption Reporting System (AFCARS) to the Children’s Bureau semi-annually and the National Child Abuse and Neglect Data System (NCANDS) annually. Weekly meetings are held to discuss data improvement, trends and gaps. Participants include the Dept. of Technology, Management and Budget, the MiSACWIS team, Children’s Services Agency, the Data Management Unit and the CPS, foster care and adoption program offices.

Information System Assessment of Performance

Michigan is in substantial conformity with this systemic factor. Item 19 was rated as a Strength.

Automated Foster Care and Adoption Reporting System (AFCARS)

Michigan completed the AFCARS onsite review in July 2015. The review found Michigan to be non-compliant in areas that Michigan had anticipated, as the MiSACWIS system had only been operationalized for one year at the time of the on-site review and operational enhancements continued following launch. As the workforce is accustomed to MiSACWIS functions, data collection has become more consistent and accurate.

Michigan implemented its AFCARS Improvement Plan in April 2016, prioritizing system and reporting improvements. Michigan reduced the number of elements denoted as areas needing improvement in the general requirements from three to one. Likewise, significant work has been done in the foster care and adoption elements, reducing the number of improvements required from 28 to four elements.

Michigan implemented improvements to MiSACWIS allowing a caseworker to enter discharge dates for case closure without interfering with outstanding payments to service providers. Michigan's current AFCARS file, 2019A, passed all elements.

Information System Plan for Improvement

AFCARS Improvement Plan

Remaining key areas requiring improvement include:

- Adoption: Has the IV-E agency determined the child has special needs?
- Adoption: Reporting the primary factor that is a barrier to adoption when the child is identified as having a special need.
- Adoption: Reporting whether the child was placed from another country, tribe or state.
- Adoption: Reporting whether the child was placed by another private or public agency, tribe, or parent.

General Requirements

The state addressed all reporting requirements within general requirement data collection.

Foster Care Data Elements

MiSACWIS was modified and program code was corrected to meet all the requirements outlined in the improvement plan.

Adoption Data Elements

- The information system was modified to update the list of special needs to be consistent with the state's policy for special needs determination and to ensure the worker can identify the special need that was the main barrier to adoption.
- MiSACWIS implemented modifications to improve identification of the state, tribe or country other than the United States that the child was placed by and the placement location. This was also added to the application for adoption assistance subsidy.
- The data group continues to collaborate with and receive technical assistance from the Children's Bureau as it identifies the areas needing improvement and makes changes to

MiSACWIS and program code logic to improve the accuracy and reliability of the data.

National Child Abuse and Neglect Data System (NCANDS)

Michigan consistently submitted annual NCANDS files timely. In FY 2018, Michigan's NCANDS file was approved with continued recommendation to improve reporting of risk factors for both children and caregivers. The CPS program office is finalizing policy updates and instructions for front line staff that will improve reporting on risk factors.

In FY 2018, Michigan reported on the Comprehensive Addiction Recovery Act in the NCANDS file. The MiSACWIS application was enhanced to include this reporting functionality. The state fell short of the reporting requirement of 95 percent having an Infant Plan of Safe Care.

Information System Plan for Improvement

NCANDS Improvement Plan

Michigan's NCANDS team is working with the CPS program office to ensure child and caregiver risk factors are captured and outlined within policy. To ensure promptness of submission and accuracy of reporting data, MDHHS will:

- Participate in Children's Bureau technical assistance to evaluate MiSACWIS and determine information system compliance.
- Track AFCARS and NCANDS data reliability and correct errors.
- Utilize the MiSACWIS system to track progress toward child welfare goals.

Information System Review

Michigan's SACWIS system ensures the state can readily identify the status, demographic characteristics, location and goals for every child who is, or within the immediately preceding 12 months, has been, in foster care. Procedures are in place to reconcile review data and correct data input errors. There is ongoing collaboration and training to improve the functioning of the system and usability.

DCQI utilizes the Information System Review to test the accuracy of child data in MiSACWIS. The Information System Review examines the output of information reported within the AFCARS file from the data entered within the MiSACWIS record of a randomly selected sample of children currently in foster care or who were in foster care within the preceding 12 months for a minimum of seven days. Case information to be reviewed is extracted from the AFCARS file and transmitted to local offices and agencies for review. Case information to be verified includes:

- The placement location of the child as of the date of the data pull, or for closed cases, the location at the time of case closure.
- Demographic information on the child, including age, gender, race and disability.
- The child's legal status as of the date of the data pull, or for closed cases, the legal status at the time of case closure.
- The child's permanency goal as of the date of the data pull, or for closed cases, the permanency goal at the time of case closure.

Foster care caseworkers in MDHHS local offices and private agencies serve as reviewers for the cases they were responsible for during the period under review. The sample size was based on the state foster care population. Cases selected for review were provided on a spreadsheet to the local office or agency responsible for the care of the child. Workers were asked to complete an online survey asking whether each data element as listed on the sheet and in the MISACWIS system was correct. Michigan reviewed 2018 data through two Information System Reviews, one conducted in late 2018 and one in 2019 using 2018AB AFCARS data.

Information System Review Results

Results from the two 2018 Information System Reviews are below:

Information System Review Correct Responses				
Required Data element in MiSACWIS		2018A	2018B	2018 avg.
Number of surveys completed		116/140	162/179	
1.	Gender	116/116 = 100%	162/162 = 100%	100%
2.	Date of birth	116/116 = 100%	162/162 = 100%	100%
3.	Race/ethnicity	116/116 = 100%	160/162 = 99%	99%
4.	Address during period under review (PUR) or at case closure	108/116 = 93%	161/162 = 99%	96%
5.	Placement type during PUR or at case closure	112/116 = 97%	161/162 = 99%	98%
6.	Disability during PUR or at case closure	17/18 = 90%	68/74 = 92%	91%
7.	Legal status during PUR or at case closure	112/116 = 97%	Not available	97%
8.	Permanency goal during PUR or at case closure	115/116 = 99%	Not available	97%
Average for year				97%

The Information System Review results were communicated to stakeholders including the Children’s Bureau, CSA management, BSC or local office directors and Child Welfare Services and Support, which shares information with Michigan’s private agency partners. The next Information System Review will occur in summer 2019, reviewing the data accuracy of 140 children included in the 2019A AFCARS submission.

A trend was observed in the reporting of disability. It was noted that disability options in MiSACWIS do not match the disability options available in adoption subsidy cases, which are more numerous. It appears caseworkers may be uncertain as to how to code for disability for those cases. DCQI will explore how best to address this mismatch.

Findings from the Information System Review will be used for planning to ensure accurate data collection and maintenance on an ongoing basis. In 2020 and moving forward, an Information System Review will occur every six months following AFCARS data profile submissions; the sample size will be a minimum of 140 for each review.

MiSACWIS Academy Training

Michigan has committed to support field staff understanding and development of skills and developed the MiSACWIS Academy training. The academy includes end-user classroom workshops, webinars, web-based trainings and new worker training. A detailed description of

MiSACWIS training and the number of trainees can be found in the Ongoing Staff Training section of this report.

Progress in 2018

- The CPS program office is finalizing policy updates and instructions for the front-line staff that will provide improved reporting on risk factors for children and caregivers.
- Michigan made improvements in the ability to report for the first time the number of children and families served through Title IV-B(2) funding. The state anticipates continued improvement in reporting within the agency file the number of children and families served by specific funding sources.
- Michigan created the Missing/Outlier Value (MOV) report, which displays missing values to prompt caseworkers to add missing information and for supervisors to track completion of data entry in open and closed cases.
- The MiSACWIS application was enhanced to include reporting functionality for the Comprehensive Assessment and Recovery Act requirements. Michigan collaborated with the NCANDS technical liaison to ensure that proper mapping and coding will meet the requirements.

Information System Plan for Improvement

Goal selection rationale: Information System goals for 2020-2024 remain the same as those in 2015-2015 because they represent the fundamental functions of the child welfare Information System, which have not changed. Michigan's information system was rated as a strength in the CFSR Round 3.

Goal: MiSACWIS will be compliant with federal requirements for statewide automated child welfare information systems.

- **Objective:** MDHHS will ensure that the state can identify the status, demographic characteristics, locations and goals for the placement of every child who is in foster care, or who has been in foster care in the preceding 12 months.
Outcome: Verifying that MDHHS has correct data on children in foster care in the information system will ensure children and activities in their case management can be tracked and monitored.
Measure: Information System Review
Baseline - 2018: 97% error free.
Benchmarks:
2020-2022: 90% error-free.
2023-2024: 95% error-free.
- **Objective:** MDHHS will submit the AFCARS file to the Children's Bureau semi-annually and ensure the file contains less than 10% errors for each data element.
Outcome: Verifying that the information system has correct data on children in foster care in the information system will ensure children and case management activities in can be tracked and monitored.

Measure: MiSACWIS federal reporting data

Baseline - 2018: The AFCARS FY 2017A and FY 2017B files were submitted timely. One area remained out of compliance in both files as expected, timeliness to discharge. The rate of error was 11 percent, nearing the compliance threshold.

Benchmarks 2020-2024: Submission of file with less than a 10 percent error rate.

- **Objective:** MDHHS will submit the NCANDS file to the federal Children’s Bureau annually and ensure the file is within the allowable threshold for each area in the Enhanced Validation Analysis Application tool, under the Supplemental Validation Tests.

Outcome: Verifying that the information system has correct data on children with child welfare cases will ensure children and case management activities in can be tracked and monitored.

Measure: MiSACWIS federal reporting data

Baseline - 2018: The NCANDS file was submitted timely and accepted with a continued recommendation to improve reporting of risk factors.

Benchmarks 2020-2024: Submission of the file within the threshold as reported in the Supplemental Validation report.

Information System Planned Activities for 2020-2024

Rationale for Strategies: The strategies listed below are designed to maintain Information System as a strength by addressing all requirements ongoing.

Strategies:

- The weekly AFCARS and NCANDS workgroups will continue to address accuracy in data collection and reporting.
- Findings from the Information System Review will be used to devise plans for ensuring accurate data collection and maintenance on an ongoing basis.
- Michigan is modifying MiSACWIS to enable the collection of data on identified victims of human trafficking. The state will report it with the NCANDS file in 2019 for FY 2018.
- MDHHS is reviewing the results of an assessment of MiSACWIS initiated under the auspices of the Implementation, Sustainability and Exit Plan and will determine any necessary changes to improve usability and data reporting.

Implementation Support

MDHHS collaborates with several internal and external groups to ensure the state’s child welfare information system delivers accurate data that meets federal, state and court standards for tracking service delivery and quality. Collaborative groups include:

- MiSACWIS development and support teams.
- The QIC, which identifies business needs and resources.
- The University of Michigan Child and Adolescent Data Lab, which provides data for tracking Michigan’s achievement of CFSR outcomes

Program Support

- The QIC collaborates with Child Welfare Supportive Services to ensure local and private

- agency staff understand documentation requirements.
- DCQI provides service data and reports designed to assist local and BSC leadership to track local compliance with requirements and achievements.

Technical Assistance and Capacity Building

- MDHHS will continue contracting with the University of Michigan Child and Adolescent Data Lab to ensure data collection and analysis methods align with CFSR requirements.
- MDHHS will continue to receive technical assistance from the Children’s Bureau on improving NCANDS and AFCARS data quality.

CASE REVIEW SYSTEM

Michigan’s case review system functions statewide to ensure that case plans are developed jointly with parents and children and that periodic, permanency and termination of parental rights hearings occur in accordance with federal, state and court requirements. To ensure compliance and improve the functioning of the case review system, MDHHS engages in ongoing collaboration with the Court Improvement Program within the State Court Administrative Office (SCAO), which represents circuit court family divisions on child welfare issues.

Case Review System Assessment of Performance

Quality Legal Representation

In drafting Michigan’s CFSR Round 3 Program Improvement Plan (PIP), quality legal representation was identified as one of the four cross-cutting issues leading to lack of progress in CFSR outcome measures. To achieve the best outcomes for children and families, Michigan needs high-quality attorneys with child welfare knowledge to work with families at the earliest point possible who can present agencies and courts with all the information that is available, to offer alternatives to family separation and to keep parents and youth engaged in the process.

- Some courts in the state have specialized dockets that promote frequent review of families’ status on treatment goals, similar to a drug treatment court model.
- MDHHS is exploring the possibility of piloting child welfare court dockets in several areas in the state. The hope is that these pilots will lay the foundation for sustained efforts to strengthen legal representation across the state.

Item 20: Written case plan developed jointly with parents that includes the required provisions.

Michigan Foster Care and Native American Affairs Policy

As required by Foster Care Policy 722-08, an initial service plan must be completed within 30 calendar days after the removal date of the child. A copy of the plan is required in each case file regardless of individual court reports. The initial service plan is used to:

- Document information about the family including any Indian ancestry.
- Assess the functioning of the family and child, documenting the specific identified needs

and strengths including application of the Indian Child Welfare Act (ICWA) and the Michigan Indian Family Preservation Act (MIFPA).

- Identify the permanency goal and the services necessary to achieve it, including the time frame.

Michigan's case service plans were designed to ensure that Michigan complies with the requirement that each child has a written case plan jointly developed with the child's parents that includes the following:

1. Identifying information.
2. Legal status and progress.
3. Reasonable efforts.
4. Social work contacts.
5. Child information, including child engagement and perception of circumstances.
6. Permanency planning including reasonable and active efforts.
7. Foster Care Review Board review, if applicable.
8. Placement.
9. Placement resources.
10. Medical.
11. Visitation plan.
12. Family Team Meeting summary.
13. Family information and assessment.
14. Child(ren)'s best interest/compelling reasons.
15. Recommendations to the court.

A copy of the service plan must be sent to the court prior to the regularly scheduled review. Through the updated service plan, the foster care worker updates the court on progress and makes recommendations regarding services and ongoing planning for the child and family. At the review, the court may modify the plan. For Indian children, an ICWA performance checklist must be attached to all documents as a coversheet.

Item 20; Written Case Plan: Item 20 was rated as an Area Needing Improvement in the CFSP based on information from the statewide assessment and stakeholder interviews.

Item 21: Periodic Reviews

Dispositional Review Hearings

Michigan's Probate Code, MCL 712A.19, upholds federal requirements to hold dispositional review hearings every six months (182 days). MDHHS policy requires a frequency of every 91 days during a child's first 12 months in foster care if they are not placed with relatives. Parties have the option to file motions for more frequent hearings.

For a child with a goal of Permanent Placement with a Fit and Willing Relative or Another Permanent Planned Living Arrangement, the dispositional review hearing occurs every 182 days after the permanency planning hearing if the child is subject to the jurisdiction, control or supervision of the court, Michigan Children's Institute Superintendent or other agency.

If the child is returned home, the court shall periodically review progress if it retains jurisdiction. This review must occur no later than 182 days after entry of the original dispositional order or 182 days after the child returns home. A hearing may be accelerated to review any element of the case service plan. Following the hearing, the court may:

- Order the child to be returned home if parental rights have not been terminated.
- Modify the dispositional order.
- Modify any part of the case service plan.
- Enter or continue a dispositional order.

Item 21; Periodic Review Hearings was rated as a Strength in the CFSR based on information in the statewide assessment and stakeholder interviews.

Item 22: Permanency Hearings

Permanency Planning Hearing

Foster care policy requires the supervising agency to seek to achieve the permanency-planning goal for the child within 12 months of the child being removed from his/her home. The court must hold a permanency planning hearing within those 12 months to review and finalize the permanency plan. Subsequent permanency hearings must be held within 12 months of the previous hearing.

The only allowable permanency planning goals are the permanency goals recognized by the federal government. The goals, in order of legal preference are:

- Reunification.
- Adoption.
- Guardianship.
- Permanent Placement with a Fit and Willing Relative.
- Another Planned Permanent Living Arrangement.

Court Improvement Plans Data Reports

There is no statewide case management system for Michigan courts, as not all courts provide data to the Judicial Data Warehouse. This makes statewide data collection difficult. To fill this data gap, MDHHS has entered into a data-sharing agreement with SCAO to provide local courts and judges with information on safety and time to permanency in child protective proceedings. These data reports are available to local courts in the Judicial Data Warehouse.

Item 22; Permanency Hearings: The CFSR rated Permanency Hearings as a Strength. Data in the statewide assessment and stakeholder interviews demonstrated that Michigan conducts quality permanency hearings at a frequency of every 12 months for almost all children in care.

Item 23: Termination of Parental Rights

Foster Care and Native American Affairs Policy

MDHHS policy requires that, unless mandated or ordered by the court in a written order, a

petition to terminate parental rights must be filed only when it is clearly in the child's best interest and the health and safety of the child can be ensured in a safe and permanent home.

The filing of the petition to terminate parental rights need not be delayed until a Permanency Planning Hearing. Consultation with legal counsel is necessary to determine if sufficient legal grounds exist to pursue termination of parental rights.

The supervising agency must file or join in filing a petition requesting termination of parental rights if the child has been in foster care for 15 of the most recent 22 months, unless the child is being cared for by relatives or the written court order and the case service plan documents a compelling reason for determining that terminating parental rights would not be in the best interest of the child. Compelling reasons include:

- Adoption is not the appropriate permanency plan for the child.
- No grounds exist to file the termination.
- The child is an unaccompanied refugee minor.
- There are international legal obligations or compelling foreign policy reasons that preclude terminating parental rights.
- The state has not provided the child's family, consistent with the time in the case service plan, with services necessary for the child's safe return home, if reasonable efforts are required.
- The Indian Child Welfare Act, Michigan Indian Family Preservation Act, or tribe specifies compelling reasons for Indian child(ren) (See Native American Affairs policy 250).

Item 23; Termination of Parental Rights: Item 23 was rated as an Area Needing Improvement in the CFSR based on information from the statewide assessment and stakeholder interviews.

Item 24: Notice of Hearings and Reviews to Caregivers

The Safe and Timely Interstate Placement of Children Act of 2006, PL 109-239, requires state courts "to ensure that foster parents, pre-adoptive parents and relative caregivers of a child in foster care under the responsibility of the state are notified of any proceeding to be held with respect to the child".

The Michigan Supreme Court incorporated the federal requirement by amending Michigan Court Rule (MCR) 3.921. The rule indicates the court shall ensure that notice is provided to:

- The agency responsible for the care and supervision of the child.
- Person or institution having court-ordered custody of the child.
- Parents of the child, subject to sub-rule (D), and the attorney for the respondent parent, unless parental rights have been terminated.
- Guardian or legal custodian of the child, if any.
- Lawyer-guardian ad litem for the child.
- Attorneys for each party.
- Prosecuting attorney if the prosecuting attorney has appeared in the case.
- Child, if 11-years-old or older.

- If the court knows or has reason to know the child is an Indian child, the child’s tribe, foster parents, pre-adoptive parents and relative caregivers of a child in foster care under the responsibility of the state.
- If the court knows or has reason to know the child is an Indian child and the parents, guardian, legal custodian, or tribe are unknown, to the Secretary of Interior.
- Any other person the court may direct to be notified.

Item 24; Notice of Hearings and Reviews to Caregivers: Item 24 was rated as an Area Needing Improvement based on the statewide assessment and stakeholder interviews.

Progress in 2018

- **Timeliness:** In FY 2018, based on Monthly Management Reports, 84 percent of CPS service plans were completed timely, an increase of one percent from the previous 12 months. Eighty-six percent of children’s foster care service plans were completed timely, an increase of 2 percent.
- MDHHS and the court collaborate to strengthen the efficiency of actions through training and support of judges, attorneys and court staff regarding the required judicial determinations. While other court orders contained the same language, they also included additional details that clarified and supported the judicial determinations. MDHHS will continue its collaborative efforts to improve the quality of its judicial determinations and court orders.
- Quality Service Review Practice Performance Indicators considered for parental involvement in developing case plans are Engagement, Teaming and Case Planning.
 - Engagement was rated acceptable with mothers in 55.6 percent, fathers in 26.7 percent and children in 78.3 percent of cases.
 - Teaming was rated acceptable in 24.7 percent of cases.
 - Case planning was rated acceptable with mothers in 48.1 percent, fathers in 36.2 percent and children in 70.1 percent of cases.
- The Quality Assurance Compliance Review (QACR), a semi-annual review of case documentation of a representative sample of children statewide revealed information regarding the following question: During the PUR, did the agency make concerted efforts to actively involve the mother/father/child in the case planning process?
 - The score for involvement of mothers in case planning was 88 percent; for fathers, the score was 73 percent and the score for children was 81 percent.
- The CFSR rated Item 20 as an area needing improvement.
 - For a recent year, the CPS service plans were not consistently completed timely, and parents were not consistently actively engaged in case planning. Stakeholders reported that active involvement of parents in case planning varied by county and by caseworker and many stakeholders agreed that parents are not consistently engaged in developing case plans.
- MDHHS works collaboratively with the Court Improvement Project to address hearing timeliness through the following methods.
 - Data Management Unit data reports are modified to create judicial reports

- o on hearing timeliness and permanency. These reports are available in SCAO's Judicial Data Warehouse.
 - o SCAO developed a permanency indicator report to track local court timeliness in child welfare hearings.
 - o Training for new child welfare jurists includes basic legal, procedural and policy requirements to preside over child protective proceedings, best practice recommendations specific to court hearings and an overview of Title IV-E requirements.
 - o Training for jurists was provided on the new National Council of Juvenile and Family Court Judges Enhanced Resource Guidelines for Juvenile Courts.
- The CFSR rated Periodic Reviews as a strength. Findings indicated that periodic reviews are held at least monthly, but often more frequently. Michigan provided data showing that almost all periodic reviews or hearings occurred timely.
- To monitor how long children have been in care, staff from both private and public agencies have access to MDHHS InfoView data reports that can aggregate statewide data or drill down to BSC, county, agency, supervisor and caseworker level data. The data can also be broken down by permanency goals.
- The CFSR rated Termination of Parental Rights as an area needing improvement. Data showed that the filing of termination of parental rights proceedings are not occurring in accordance with required provisions. Stakeholders confirmed that there is no statewide tracking system for the filing and that timely filing of termination of parental rights petitions varies by county.
- The CFSR Rated Notice of Hearings and Reviews to Caregivers as an area needing improvement. Data showed that Michigan does not have a consistent practice across the state for notifying foster parents, pre-adoptive parents and relative caregivers of reviews or hearings held for children in foster care. Stakeholders reported that notices are automated in some counties and depend on the worker to send them out in others. Stakeholders reported variation across the state in providing caregivers an opportunity to be heard when present at court hearings.

Case Review System Plan for Improvement

Item 20: Written Case Plan

Goal Selection Rationale: The goal below was maintained because Michigan received an overall rating of area needing improvement for the Case Review System, and because each of the requirements must be tracked to monitor progress in each area. Baselines were set based on the CFSR and Quality Assurance Compliance Review (QACR) results.

Goal: MDHHS will ensure that Michigan has a case review system that includes for each child:

- A case plan that is developed jointly with the child's parents.
- A case plan that includes the required provisions.
- Period court review hearings that are held timely.
- A permanency hearing that is held no later than 12 months after the child has entered care and every twelve months thereafter.

- For children who have been in care for 15 of the last 22 months, termination of parental rights hearings will be held timely, or compelling reasons documented.
- Notification of hearings to resource parents and that the resource parent has a right to be heard on court.
- **Objective:** Michigan will ensure that each child has a case plan that is developed jointly with the child’s parents.
Outcome: Ensuring each child has a case plan developed jointly with their parents will encourage parental investment and allow tracking of case progress through the court system.
Measure: CFSR Onsite Review Instrument
Baseline - 2017:
 - **CFSR 2018:** Area needing improvement.
 - **QACR:** Mothers: 88%; Fathers: 73%**Benchmarks 2020-2024:** Demonstrate improvement each year.
- **Objective:** Michigan will ensure that each child has a case plan that includes the required provisions.
Outcome: Ensuring each child has a case plan that includes the required provisions will ensure all children receive the required considerations as their cases progress.
Measure: CFSR Onsite Review Instrument
Baseline – 2016, Title IV-E Review: 96% compliance.
 - **CFSR 2018:** Area needing improvement.
 - **QACR:** 99% compliance.**Benchmarks 2020-2024:** Demonstrate improvement each year.

Item 21: Periodic Reviews

- **Objective:** For children in foster care, periodic court review hearings will occur timely (a minimum of every six months).
Outcome: Timely periodic court hearings will ensure each child’s case is monitored through the court.
Measures: CFSR Onsite Review Instrument
Baseline - 2017:
 - **CFSR:** Strength
 - **QACR:** 77%**Benchmarks 2020-2024:** Demonstrate improvement each year.

Item 22: Permanency Hearings

- **Objective:** For children in foster care, a permanency hearing will occur no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter.
Outcome: Timely permanency hearings will ensure each child’s case continues to

progress and move toward permanency for the child.

Measures: CFSR Onsite Review Instrument

Baseline - 2017:

- **CFSR 2018:** Strength
- **QACR:** 86%

Benchmarks 2020-2024: Demonstrate improvement each year.

Item 23: Termination of Parental Rights

- **Objective:** For each child that has been in foster care for 15 of the last 22 months, termination of parental rights petitions will be filed timely or compelling reasons will be documented.

Outcome: Timely termination of parental rights petitions will ensure each child's case continues to progress and move toward permanency for the child.

Measure: CFSR Onsite Review Instrument

Baseline - 2017:

- **CFSR 2018:** Area needing improvement.
- **QACR:** 83%

Benchmarks 2020-2024: Demonstrate improvement each year.

Item 24: Notice of Hearings and Reviews to Caregivers

- **Objective:** Caregivers will be notified of court hearings and the notification will include how they may exercise their right to be heard.

Outcome: Notification of caregivers of court hearings and their right to be heard will ensure caregivers' voices are heard and considered.

Measure: CFSR Onsite Review Instrument

Baseline - 2017:

- **CFSR 2018:** Area needing improvement.
- **QACR:** 31%

Benchmarks 2020-2024: Demonstrate improvement each year.

Case Review System Planned Activities for 2020-2024

Rationale for Strategies: The strategies below were selected because they are focused on working with courts to improve case management activity tracking and assist local offices to monitor timely case management so necessary adjustments can be made promptly.

- Through a data sharing agreement, the court obtains data provided by the Data Management Unit that is modified to create judicial reports for hearing timeliness and permanency. These reports are available in SCAO's web-based Judicial Data Warehouse.
- The DHS-715, Notice of Hearing, is being considered for inclusion in the Central Print Center to be mailed to caregivers from central office, lifting the onus from the caseworker and supervisor and automating the process to improve compliance.
- Family Team Meetings, central to the MiTEAM practice model, are structured around family participation in creating case plans. MDHHS seeks to improve caseworker

- engagement with families to assist families in having a voice in their service plans.
- SCAO developed a pamphlet titled “Foster Parent Guide to Court” to assist foster parents to understand the court process, including informing them of their right to attend court hearings and to be heard. Approximately 1,200 copies have been distributed to courts, private agencies, and training providers.
- MDHHS will continue to collaborate with SCAO to improve case review data collection and analysis and implementation of court improvement efforts, including sharing Quality Service Review results with SCAO to show where improvement is needed most.
- DCQI will provide technical assistance to local MDHHS offices and agencies on how to use management reports and other data to track case management activities.
- The Foster Care Review Board provides third party external review of foster care cases to ensure the system is working to achieve timely permanency for each child.

Quality Legal Representation Statement of Concern

- Less than a third of children who enter foster care in Michigan are discharged to permanency within a 12-month period, well below the national standard of 40.5 percent.
- The CFSR rated Michigan’s performance on this measure as an Area Needing Improvement, as only 13 percent of cases reviewed were in substantial conformity with state and federal law and policies.
- In only 25 percent of cases was achieving reunification, guardianship, adoption or another planned permanent living arrangement deemed a strength.

To address these concerns, Michigan is instituting PIP strategies to improve legal representation for parents and children.

Quality Legal Representation Strategy 2: Secure funding to implement and sustain high-quality representation programs.

- 4.2.1: MDHHS will explore amending the Title IV-E State Plan to claim federal funding for parents’ and children’s attorney fees in child protective proceedings.
- 4.2.2: MDHHS will secure seed money to implement the pilot projects.
- 4.2.3: MDHHS will create Memoranda of Understanding with pilot counties to allow for Title IV-E reimbursement for legal representation.

Quality Legal Representation Strategy 3: Deliver a high-quality training program for parents’ and children’s attorneys.

- 4.3.1: MDHHS will develop training competencies and learning objectives for attorneys in pilot counties.
- 4.3.2 and 4.3.3: MDHHS will implement and evaluate the attorney training program.

Quality Legal Representation Strategy 4: Attorneys will advocate for parents and children in and out of court.

- 4.4.3: Parents’ and children’s attorneys will participate in out-of-court meetings

including Family Team Meetings and mediation.

- 4.4.4: Children’s attorneys will inform the court of the child’s expressed wishes at every hearing, in addition to advocating for the child’s best interest.
- 4.4.5: Children’s attorneys will inform their clients of their right to attend court hearings and facilitate their attendance if they wish to attend the hearing.

Implementation Support

- MDHHS continues to collaborate closely with SCAO to improve case review system data collection and analysis and implementation of improvement efforts.
- Collaboration with the Foster Care Review Board continues to inform foster care case management improvement efforts.

Program Support

- Meetings regularly occurred with SCAO and the Federal Compliance and Child Welfare Funding Unit to review court orders and answer Title IV-E eligibility questions.
- SCAO provides quarterly trainings in collaboration with MDHHS for funding specialists.
- SCAO developed a pamphlet titled “Foster Parent Guide to Court” to assist foster caregivers to understand the court process. Approximately 1,200 copies have been distributed to courts, private agencies, and training providers.
- SCAO produced Quick Reference Charts for Jurists and Court Staff on the Indian Child Welfare Act and the Michigan Indian Family Preservation Act in 2019.

Technical Assistance and Capacity Building

- SCAO periodically provides training for new child welfare jurists. Training content includes basic legal, procedural and policy requirements to preside over child protective proceedings and an overview of Title IV-E requirements. From 2018 to 2019, SCAO provided a comprehensive New Julist Training for 30 new jurists.
- SCAO developed a training for attorneys and caseworkers on the phases of child protection proceedings, including applicable statutes, court rules and agency policy. In 2018, three trainings were held and attended by 168 individuals. SCAO plans to provide the training curriculum six times during 2019.
- SCAO collaborated with the Prosecuting Attorneys Advisory Council and the Prosecuting Attorneys Association of Michigan to create a training webinar in summer 2018 on Qualified Expert Witness Testimony for Prosecutors.

QUALITY ASSURANCE SYSTEM

Item 25: Quality Assurance System Assessment of Performance

Michigan is in substantial conformity with this systemic factor. In the CFSR, Item 25 was rated as a Strength.

Michigan's quality assurance system functions statewide to ensure that the child welfare system fulfills all five of the federal requirements of a Quality Assurance System:

1. Operates in the jurisdictions where the services in the CFSP are provided.
2. Has standards to evaluate the quality of services, including standards to ensure that children in foster care are provided quality services that protect their health and safety.
3. Identifies strengths and needs of the service delivery system.
4. Provides relevant reports.
5. Evaluates implemented program improvement measures.

Quality Assurance in the Jurisdictions where CFSP Services Are Provided

Quality Assurance from the State to the Local Level

Development and refinement of the CSA structure continues in organizing continuous quality improvement efforts at the state level that funnel into local county and agency levels. Child welfare requirements and concerns are conveyed through the regional BSCs or for private agencies, Child Welfare Services and Support and the Quality Improvement Council (QIC), the state-level child welfare decision-making body. The QIC uses input from the field to develop policies and programs that meet federal and state standards and respond to the needs of children and families.

Local MDHHS and private foster care agencies have or are working on establishing a continuous quality improvement (CQI) team that ensures the services provided by their agency are targeted to meet key performance indicators. BSC Quality Assurance Analysts assist local analysts to train and reinforce the use of the MiTEAM case practice model with families. Technical assistance with local CQI efforts is offered by DCQI at the state level in developing tools that gather effectiveness data, and at the local level by assisting local CQI teams in implementing program analysis and improvement strategies.

County Implementation

The CSA and the QIC provide strategic leadership that ensures communication is shared statewide and resources are available in each county for implementing strategies in the field. County executives receive information from the QIC through their respective BSCs, meetings with the CSA executive director and membership on state-level sub-teams. The BSC structure assures that issues are addressed consistently across the state, while ensuring concerns of diverse areas and constituencies are addressed in a manner that fits that area. Many counties have their own CQI teams and some have sub-teams that guide community efforts, address barriers and direct continuous quality improvement processes. Service data from local counties and agencies provides direction for future initiatives. Effectiveness of local efforts is reflected in monthly data reports which provide feedback that in turn shapes future efforts.

Local CQI Structure

In 2018 and 2019, MDHHS continued to operationalize the MiTEAM enhancement through the development and refinement of the local CQI structure. MiTEAM quality assurance analyst positions were created to act as local experts and mentors in the MiTEAM model, assisting local staff to demonstrate effective use of the core MiTEAM skills: Teaming, Engagement,

Assessment and Mentoring in case management. MiTEAM analysts work in tandem with BSC quality assurance analysts to ensure technical assistance is available where needed.

CFSR Round 3 PIP Feedback

Michigan's CFSR Round 3 results, which revealed that the state did not meet substantial conformity with any of the federal safety, permanency and well-being outcomes demonstrates that the state has more work to do in fully operationalizing the quality assurance system on all levels. Identifying engagement as a root cause for Michigan's lagging progress, CSA leadership recognizes that a different approach to coaching and reinforcing the use of the MiTEAM practice model is needed.

A key activity under engagement in the PIP is to operationalize local CQI structures in every county to institutionalize coaching and reinforcement of the practice model (PIP: Engagement, 1.1.1-1.1.5). Child welfare outcomes will improve when the core practice skill of engagement is addressed by all stakeholders within the system. To realize this vision, collaborative efforts will occur for the workforce, youth, parents, resource families and courts to:

- Identify and assess engagement and teaming skills.
- Support and coach these skills in formal and informal settings.
- Encourage innovative and grassroots efforts that could produce improved engagement and teaming skills.
- Improve the participation of all parties in court proceedings.

Child Welfare CQI - Quality Service Review

DCQI utilizes the Quality Service Review (QSR) to measure the quality and effectiveness of child welfare services provided to children and families throughout Michigan. QSRs consist of interviews of case members, such as caseworkers, teachers, therapists and other service providers, caregivers, family members and children when appropriate, to obtain diverse perspectives on how a selected child welfare case was conducted. In addition to interviewing case members in selected cases, each QSR includes stakeholder interviews conducted in individual and group settings. Stakeholder interviews include judges, attorneys and court personnel, MDHHS and private agency directors and child welfare supervisors. Focus groups include the community's mental health service providers, foster parents, foster youth participating in Michigan's Youth Opportunities Initiative, child welfare supervisors and staff.

Case Selection

Cases in counties designated for review are randomly selected and included in the review if the parent or guardian is willing to participate. CPS ongoing cases are stratified based on age distribution of the children. Foster care cases are stratified based on age, living arrangement and permanency goal. The sample is stratified proportionate to the public/private foster care agency split in each county.

2019 Update

In 2018, Michigan reviewed urban communities and contiguous counties within BSCs,

completing five Quality Service Reviews in 11 counties:

- BSC 1 – Alcona, Iosco, Alpena, Montmorency Counties (June 2018).
- BSC 2 – Ingham County (February 2018).
- BSC 3 – Lake, Newaygo, Ottawa Counties (May 2018).
- BSC 4 – Branch, Hillsdale Counties (March 2018).
- BSC 5 – Oakland County (September 2018).

Sixty foster care cases and 17 ongoing CPS cases were reviewed, which included 550 case interviews. At the end of the fiscal year, 51 of the state's 83 counties experienced a QSR. The state established a baseline of case practice.

Standards to Evaluate the Quality of Services

Quality Service Review Standards

Michigan's QSR protocol utilizes 12 indicators for measuring child and family status and seven for measuring case practice performance in open CPS and foster care cases. Child and Family Status Indicators are determined based on a review of the focus child and the parent(s)/caregiver(s) for the most recent 30-day period, except for Safety – Behavioral Risk to Self or Others, which reviews behavioral risk in the past 180 days. Practice Performance Indicators are determined based on a review of the most recent 90-day period for cases that have been open for at least the past 90 days. Each indicator is rated on a six-point scale to determine the level of the child status and the quality of performance indicators.

In 2018, the QSR Protocol was updated in the following ways:

- The Permanency indicator was changed. Previously, this indicator was scored in three categories: Placement Fit, Security and Durability, and Legal Permanency. This indicator is now scored as a single unit.
- Physical Status was previously scored in two categories: Receipt of Care and Physical Status. Now the indicator is scored singly.
- Learning and Development was formerly scored in four categories: Early Learning/Development, Academics, Preparation for Adulthood (14 to 17 years) and Transition to Adulthood (18+). Independent Living Skills has replaced the items scoring Preparation for Adulthood and Transition to Adulthood.
- The indicators, Voice and Choice and Family Functioning/Resourcefulness now include an additional item to score (Other). Caregiving was removed and now is assessed in other indicators.
- The Case Planning indicator was changed. Previously this indicator was named Planning Interventions and scored in four categories: Safety/Protection, Well-Being, Permanency and Transition to Life Adjustment, rather than the simplified Planning Interventions.
- The Implementing Interventions indicator was changed, and multiple individuals are now scored (child, mother, father caregiver and other). The previous QSR Protocol only assessed one score for this indicator.
- Two indicators were removed; Cultural Identity and Need and Medication Management. These indicators have been included in other indicators.

Quality Assurance Compliance Review (QACR) Standards

Michigan measures compliance with federal CFSR standards, state law and MDHHS policy in the QACR through examination of case documentation. The QACR reviews the following information in MiSACWIS:

- Assessments and service plans.
- Educational status and services.
- Compliance with ICWA and the Michigan Indian Family Preservation Act.
- Legal and court documents.

The QACR is conducted using a web-based, automated tool, which selects, assigns and tracks cases, and provides post-review results. QACR results on CFSR requirements are reported in the APSR. The QACR takes place semi-annually and reviews 65 cases from a statistically valid sample representative of all jurisdictions statewide.

2019 Update

QSR and QACR results provide high-level information on MDHHS' progress on federal and state requirements and inform case practice improvement efforts statewide.

- DCQI is working with the Office of Native American Affairs to develop a dedicated American Indian/Alaska Native case review. The review tool was completed, and a review protocol is being developed in 2019.

Identifies Strengths and Needs of the Child Welfare System

CFSR Round 3

The Children's Bureau targeted Safety Outcomes 1 and 2, Permanency Outcome 1 and Well-Being Outcome 1 as primary outcomes needing improvement.

- **Safety Outcome 1:** 82 percent compliant. Michigan performed well at immediately assigning investigations, commencing them the same day, and making efforts to achieve face-to-face contact with all alleged victims. However, not all non-victim children were seen timely and when there were delays, the reasons were not documented.
 - This outcome, along with Safety Outcome 2, will be a priority for improvement in Michigan due to the significant importance of these outcomes.
- **Safety Outcome 2:** 54 percent compliant. Foster care cases had significantly higher compliance than CPS cases for this outcome. For Item 2, CPS cases scored 38 percent compared to 67 percent for foster care. Similarly, for Item 3, CPS cases scored 32 percent compared to foster care at 70 percent compliance.
 - Michigan will focus on identifying, providing direct services and referring timely to safety-related services. Additionally, more work is needed to achieve meaningful conversations with families to perform accurate safety and risk assessments. Developing appropriate safety plans will also be a priority for improvement. Michigan performed well at using relatives for safety planning and practicing communicating well with collateral contacts.
- **Permanency Outcome 1:** 13 percent compliant. Michigan has identified this outcome as a primary goal for improvement. In this outcome, the state's highest performance was

on Item 4, Placement Stability, at 78 percent. Item 5, Permanency Goal, was measured at 53 percent and Item 6, Timely Achievement of Permanency will be an area of focus, as compliance was only 25 percent. A primary concern for Item 5 was the tendency to identify a concurrent goal as standard practice soon after removal but the concurrent goal was not actively worked until considering a primary goal change.

- Improvement is needed to ensure goals are appropriate to case circumstances and to reduce court barriers to achieve timely permanency. Delays towards permanency achievement appeared at both the court and agency level.
- **Well-Being Outcome 1:** 28 percent compliant. Michigan has also identified this outcome as a primary goal for improvement. The scores for the four items are as follows:
 - Item 12, Needs Assessment and Services to Child, Parents, and Foster Parents – 28 percent.
 - Item 13 Child and Family Involvement in Case Planning – 50 percent.
 - Item 14 Caseworker Visits with Children – 71 percent.
 - Item 15 Caseworker Visits with parents – 43 percent.

The outcome also identified the need for improved caseworker visits with parents, diligent searches to locate absent parents, and the need to increase the frequency of visits with families when appropriate. Strengths were the utilization of Family Team Meetings, needs assessments for children in foster care, as well as utilization of programs such as specialized court treatment services, Early On, and the Michigan Youth Opportunities Initiative. The most critical need for improvement appears to lie in better quality assessments for parents and children in CPS and foster care cases. Other issues identified were:

- Delayed service provision.
- Services not matching the identified need.
- Need for improved engagement.
- Need to assess comprehensively rather than assessments focused on certain individuals or incidents.

2019 Update

In the PIP, Michigan identified key activities to improve case assessment and service provision (PIP Assessment and Services 3.1.1-3.1.4). These include:

- Develop a valid and reliable CPS risk assessment tool.
- Develop a valid and reliable safety assessment tool for foster care.
- Develop a valid and reliable Child Assessment of Needs and Strengths (CANS) and Family Assessment of Needs and Strengths (FANS).
- Improve supervisory skills to coach caseworkers in accurate assessment of safety and risk.
- Improve identification and referral to prevention services.

Provision of Relevant Reports

Data Reports

Quality assurance data reports provided to local offices and private agencies include:

- Weekly staff caseload reports by county and agency to allow tracking of child welfare caseloads.
- Monthly Management Reports, which report on CPS investigation initiation and face-to-face contacts, standards of promptness for CPS and foster care reports and timely medical and dental exams.
- Infoview data reports, accessible in MiSACWIS, report aggregate statewide data or drill down to BSC, county, agency, supervisor or caseworker level data. Staff can run this report for specific dates and capture point-in-time data to track their progress before the Monthly Management Report is released.

QSR County Reports and Case Stories

Following the QSR, each county or agency receives a written report that includes compiled status and practice indicator results showing the strengths and challenges observed in the review, as well as case stories, detailed summaries of the strengths and concerns in each case reviewed. Reports document suggested steps to facilitate improvement based on compiled ratings of each indicator.

2019 Update

Michigan developed a four-method approach to illustrate the connection between the implementation of the MiTEAM case practice model to good outcomes for children and families in the areas of safety, permanency and well-being. The four methods include the use of the MiTEAM fidelity tool, results from a QSR, measurement of key performance indicators and the CFSR outcomes. These provide feedback to counties, which in turn, drives continued improvement efforts. Early MiTEAM Fidelity Tool results from 2018 are below.

Statewide MiTEAM Fidelity Tool Scores 2018

MiTEAM Skill	Third Quarter	Fourth Quarter
Teaming	92.6%	94%
Engagement	92.6%	93.5%
Assessment	90.3%	91.9%
Mentoring	88.2%	90.1%

QSR findings in concert with these metrics support local offices to understand the strengths and opportunities within each child welfare community. When child welfare staff implement the key behaviors of the practice model and track key performance indicators on a regular basis, the outcomes experienced by children and families as measured by the CFSR in the areas of safety, permanency and well-being can be achieved.

Michigan will continue to use DCQI as a resource through collaborative work with the BSC quality assurance analysts and MiTEAM analysts to improve knowledge of key case management behaviors and how data is used to measure and improve practice ongoing.

Evaluation of Implemented Quality Improvement Efforts

Continuous Quality Improvement Feedback Loops

CQI reports provide the CSA, the QIC and sub-teams, BSC and local directors and managers with the information needed to gauge whether local offices and agencies are meeting policy requirements and where to direct improvement efforts. DCQI uses the information collected in QSRs and the QACR to complete reports for distribution to stakeholders and publishing on the MDHHS public website. Analysis of data and reporting results is a critical phase that drives ongoing efforts.

- Reports include an analysis of compliance with policy as well as strengths and opportunities to improve practice.
- Results are used to develop training, track progress and demonstrate to stakeholders the status of service provision.
- Quality Service Reviews provide an ongoing flow of information on the quality of current case management in county offices and include formalized feedback from parents, foster parents, youth, judges and other court personnel, service providers, child welfare caseworkers and supervisors and others.
 - Feedback to the county under review is provided at the time of the review and later in a formal meeting, as well as written reports on individual cases and the county's case practice in total. County caseworkers can begin acting on the feedback immediately.
- Supervisors utilize the MiTEAM Fidelity Tool to monitor caseworkers' skills in utilizing the case practice model, as well as how they are implementing changes based on case feedback.
- Ongoing feedback from tribes informs MDHHS decisions on training, supervision and mentoring of caseworkers on sufficient inquiry of Indian heritage and provision of active efforts in cases of Indian children. Details on how feedback is provided are in the Consultation and Coordination with Native American Tribes section.
- QACR results on assessment of need and provision of educational services are shared with the foster care program office and the Education and Youth Services Unit for monitoring of progress and planning for ongoing improvement.

Review Protocols and Targeted Reviews

In developing case reviews, DCQI:

- Develops review protocols and tests the efficacy of the protocols prior to full use.
- Determines the type and number of cases to be reviewed, the manner of selecting cases and the implications of the number and selection process for generalizing findings.
- Ensures that trained staff is available to conduct case reviews.
- Determines data analysis.
- Reports findings in a timely manner to assure strengths and areas needing improvement are identified and communication with key stakeholders facilitated.

2019 Update

After using the QSR for five years to measure case practice in the field, DCQI made the following recommendations, which echo results of the CFSR.

- Michigan’s child welfare improvement efforts should focus on development of staff skills to increase engagement with the families served. A key component of engagement is through the development of a strong assessment and understanding of a family’s needs and strengths. A thorough assessment allows team members to develop a case plan and implement appropriate services.
- Statewide, child welfare supervisors use the MiTEAM Fidelity Tool to assess staff skills and application of the case practice model. Feedback from child welfare supervisors indicates that CPS and foster care workers have strong skills in teaming, engagement, assessment, and mentoring. However, the QSR consistently reveals that practice within local child welfare communities is lower. QSR case interviews teach us that an emphasis needs to be placed on engaging family members in the case planning process; that family members do not feel empowered and the team of child welfare professionals could make better efforts to engage informal family supports.
- Although the frequency of team meetings may have increased during 2018, the teaming process needs improvement in functioning and coordination. Teams are developed but have limited participants, sometimes not involving the biological or foster parent or relevant professionals such as teachers or therapists. Coordination cannot take place when the entire team is not able to attend the meeting, which requires the caseworker to shoulder the communication burden, resulting in limited case planning, poor service implementation and delays in the achievement of permanency.

Quality Assurance System Plan for Improvement

Goal Selection Rationale: The goal below was maintained because each objective represents a vital part of the state’s quality assurance system, which provides the tools needed to monitor progress in providing high quality services to children and families.

Goal: MDHHS will maintain an identifiable quality assurance system.

- **Objective:** The MDHHS quality assurance system will operate in jurisdictions where services in the Child and Family Services Plan are provided.

Outcome: Ensuring the quality assurance system operates in all jurisdictions statewide will allow all children and families to receive high quality services.

Measure: QSR, local continuous quality improvement activities; MiTEAM Fidelity tool.

Baseline: Strength – CFSR 2018.

Benchmarks 2020-2024:

- **2020:** Implement a statewide CFSR program improvement plan (PIP).
- **2021:** Review statewide samples of cases utilizing the federal On-Site Review Instrument (OSRI).
- **2022:** PIP completion and continued implementation of commitments.
- **2023:** Continued implementation of commitments.
- **2024:** Continue to implement and refine statewide CQI activities.

- **Objective:** The MDHHS quality assurance system will have standards to evaluate the quality of services, including standards to ensure that children in foster care are provided services that protect their health and safety.

Outcome: The existence of standards to evaluate the quality of services provides a framework for assessing whether children and families are served appropriately.

Measure: Ongoing implementation of QSR, QACR and ISEP review protocols and processes.

Baseline: Strength – CFSR 2018.

Benchmarks 2020-2024:

 - **2020:** Implement a statewide CFSR PIP.
 - **2021:** Review statewide samples of cases utilizing the OSRI targeting CFSR standards.
 - **2022:** PIP completion and continued implementation of commitments.
 - **2023:** Continued implementation of commitments.
 - **2024:** Continue to implement and refine statewide CQI activities.

- **Objective:** The MDHHS quality assurance system will identify strengths and needs of the service delivery system.

Outcome: Identifying strengths and needs of the child welfare system will provide a map for ongoing improvement activities.

Measure: Completion of QSR feedback to counties; QACR; ISEP reports.

Baseline: Strength – CFSR 2018.

Benchmarks 2020-2024:

 - **2020:** Implement a statewide CFSR PIP.
 - **2021:** Review statewide samples of cases utilizing the OSRI to track PIP progress.
 - **2022:** PIP completion and continue implementation of commitments using data to inform goals.
 - **2023:** Continue implementation of commitments using data to inform goals.
 - **2024:** Continue to implement and refine statewide CQI activities using data to inform goals.

- **Objective:** The MDHHS quality assurance system will provide relevant reports.

Outcome: The provision of relevant reports will allow all stakeholders to track the quality of services provided to children and families.

Measure: Annual QSR Report; county QSR reports; Monthly Management Report; University of Michigan Child and Adolescent Data Lab.

Baseline: Strength – CFSR 2018.

Benchmarks 2020-2024:

 - **2020:** Implement a statewide CFSR PIP.
 - **2021:** Review statewide samples of cases utilizing the OSRI. Report results to the Children’s Bureau.
 - **2022:** PIP completion and review statewide samples of cases utilizing the OSRI. Report results to the Children’s Bureau.

- **2023:** Continued implementation of statewide CQI activities and reporting.
 - **2024:** Continue to implement and refine statewide CQI activities and reporting.
- **Objective:** The MDHHS quality assurance system will evaluate program improvement measures.
 - Outcome:** Evaluation of program improvement measures will allow tracking whether effective strategies for improvement are being utilized.
 - Measures:** QSR feedback process, ISEP monitoring, local continuous quality improvement activities.
 - Baseline:** Strength – CFSR 2018.
 - Benchmarks 2020-2024:**
 - **2020:** Implement a statewide CFSR PIP.
 - **2021:** Utilize feedback from the Children’s Bureau and other stakeholders to develop and implement targeted strategies.
 - **2022:** Utilize feedback from the Children’s Bureau and other stakeholders to develop and implement targeted strategies.
 - **2023:** Utilize feedback from the Children’s Bureau and other stakeholders to develop and implement targeted strategies.
 - **2024:** Utilize feedback from the Children’s Bureau and other stakeholders to develop and implement targeted strategies.

Quality Assurance System Planned Activities for 2020-2024

Rationale for Strategies: The strategies below were selected because each represents important action steps toward ensuring the quality assurance system functions as designed and maintains the strength rating.

- DCQI will provide training and technical assistance for the BSCs, local offices and private agencies to assist counties to effectively utilize data to target outcomes specific to each community.
- QSR results will be provided to local directors and staff through on-site meetings and a written report. Counties will submit Practice Improvement Plans to respond to needs identified in the review.
- DCQI will review the results of the Quality Service Review Participant Survey and consider making changes to the QSR process in response to feedback.
- DCQI will conduct the Quality Assurance Compliance Review semiannually, reviewing cases from a statistically valid sample representative of all jurisdictions statewide.
- DCQI will continue to develop and refine case review protocols to provide information on the functioning of the child welfare system in Michigan.
- MDHHS will engage and train stakeholders as reviewers to ensure reviews are conducted in a consistent and systematic manner.
- DCQI will provide technical assistance so local offices and agencies can use data from several sources to inform work relative to trends, strengths and opportunities for improvement.
- DCQI will conduct data analyses and report the data in easily readable formats.

- DCQI reports will include an interpretation of the data in a manner consistent with the methodology and that answers the questions posed in the review.
- MDHHS will use data and feedback from stakeholders to implement measures to improve performance in an ongoing continuous quality improvement cycle.

Implementation Support

- DCQI is working with the BSCs and Child Welfare Supportive Services to assist the field to operationalize improvement strategies identified through the QIC and with internal and external stakeholders.
- DCQI is providing data, training and technical assistance to the BSCs, local offices and private agencies to target outcomes specific to each community.

Program Support

- MDHHS engages and trains stakeholders as case reviewers to ensure reviews are conducted in a consistent and systematic manner.
- DCQI provides technical assistance to local counties and agencies on how to use management reports and other data to track case management activities.
- County implementation teams engage in CQI efforts as determined by the data in the Monthly Management Reports, root cause analysis and quality assurance activities.

Technical Assistance and Capacity Building

- Michigan contracts with the University of Michigan Child and Adolescent Data Lab to monitor Safety and Permanency outcomes.
- DCQI receives technical assistance from the Child Welfare Policy and Practice Group in conducting the QSR.
- With support from the Children’s Bureau, MDHHS underwent the Round 3 CFSR in 2018. MDHHS developed the CFSR PIP with the assistance of a root cause analysis led by the Children’s Bureau and the Capacity Building Centers for States and Courts.
- MDHHS continues to enhance the use of core MiTEAM skills using the MiTEAM Fidelity Tool and local CQI activities.

STAFF AND PROVIDER TRAINING

To prepare child welfare professionals in Michigan to carry out their responsibilities, the Office of Workforce Development and Training collaborates with the Children’s Services Agency, through the Quality Improvement Council training sub-team. This sub-team:

- Provides input to the training plan for child welfare and assists in monitoring progress.
- Reviews curricula, learning objectives, training outlines, job aids and other training materials developed by MDHHS, contractors or partners.
- Identifies workforce performance gaps and recommends, reviews and prioritizes

training solutions.

The learning management system is working well for both MDHHS and private agency staff. There is a dedicated team that quickly responds to individual and systemic issues. All child welfare training funded through Title IV-E is included in the Title IV-E Training Matrix, Attachment K. Attachment K also includes child welfare courses completed between Jan. 1, 2018 through Dec. 31, 2018, along with the number of trainees. Additional information can be found in the attached Staff and Provider Training Plan, Attachment Q.

Item 26 – Initial Staff Training

Michigan’s performance in Initial Staff Training is tracked through learning management system data, levels one and two training evaluations and through the training sub-team of the Quality Improvement Council.

Between Jan. 1, 2018 and Dec. 31, 2018, 831 new caseworkers completed the nine-week pre-service institute initial training. Caseworkers are required to complete initial training within 112 days of hire; 100 percent of caseworkers completed training timely.

The breakdown between MDHHS and private agency:

- MDHHS: 501; Private agency: 330

The breakdown by program:

- Adoption: 49
- Adoption Child Welfare Certificate: 0
- CPS: 315
- CPS Child Welfare Certificate: 13
- Foster Care: 444
- Foster Care Child Welfare Certificate: 10

The collaboration with 13 Michigan undergraduate schools of social work and three graduate schools of social work continues under the Child Welfare Certificate program. Students who complete the program can register for and complete a condensed version of the nine-week Pre-Service Institute. This program continues to grow and thrive each year. In 2018, 23 child welfare workers were hired and trained under the certificate program.

In addition to the Pre-Service Institute, Program-Specific Transfer Training is available for child welfare specialists who are changing programs and who have already completed initial training. The breakdown of these programs is:

- Adoption: 68
- CPS: 103
- Foster Care: 113

Level One Evaluation – Initial Staff Training

A level one evaluation is issued to each trainee after the conclusion of training. Level one evaluations are issued on a weekly basis for Pre-Service Institute, and at the end of the training

for all training delivered by the training office. The information gained from level one evaluations provides valuable information to guide changes to the curriculum, trainers and facilities to improve the trainee experience. These level one evaluations are posted on an internal shared drive for training staff and managers to review. Some highlights from the Level one data includes:

- After six weeks of training:
 - Eighty-eight percent of trainees agree or strongly agree that they know their role in the child welfare system and know how it interacts with other roles.
 - Eighty-nine percent of trainees agree or strongly agree that they can identify cultural protective and risk factors related to trauma.
- After nine weeks of training:
 - Ninety-four percent of trainees agree or strongly agree that they understand the importance of meeting their social work contact requirements.
 - Out of five possible points, a weighted average of 4.2 points is reported by trainees who are confident they can meet the requirements of their position.

Level Two Evaluations – Initial Staff Training

- The effectiveness of training is measured through a level two evaluation. The level two evaluation consists of a trainee evaluation of a trainee completed by both the trainer and the field supervisor. Trainees are required to pass two written/computerized competency exams at a 70 percent or higher score. Trainees who do not pass the exam on the initial try are given additional support and can retake the exam.
- Competency exam scores in 2018 were:

Exam	Range	Average
General Child Welfare	71% - 99%	87.7%
Adoption	70% - 94%	80.8%
Children's Protective Services	70% - 99%	85.4%
Foster Care	70% - 98%	84.4%

- Trainees who do not pass the competency exams may not be assigned a full caseload until the failed exam is passed and the institute is completed. In some situations, this results in the trainees being placed in a non-caseload carrying position or being separated from child welfare service.

Level Three Evaluations – Initial Staff Training

To evaluate whether trainees have attained the skills necessary for their job, a level three evaluation is utilized at the three- and 12-month mark post-training. These evaluations are sent to the trainee’s supervisor who has had an opportunity to observe and work with the trainee after the initial training has been completed. Comments from supervisors confirm that new staff members are obtaining adequate policy knowledge during training. Some valuable feedback for possible training enhancements collected from the surveys are:

- New staff need additional MiSACWIS support.
- Caseload progression can be a barrier to learning.
- New staff need more time working with and shadowing their mentors in the field.
- Report writing and court testimony training could be enhanced.

The collection of this data will inform any changes made to the training model. Discussions are taking place to enhance the mentor portion of initial training, and targeted in-service trainings are taking place to address MiSACWIS deficiencies and case management functions such as report writing, safety planning and assessments.

Progress in 2018

Extensive discussions with partners, along with analysis of evaluation results, provided a foundation for improvements to the pre-service institute and in-service trainings.

Initial Supervisory Training

New supervisors are required to complete a five-day child welfare supervisory training within 112 days of hire or promotion. Between Jan. 1, 2018 and Dec. 31, 2018, 108 new supervisors completed initial training. The breakdown by program:

- Adoption: 16
- CPS: 34
- Foster care: 58

The breakdown between MDHHS and private agency:

- MDHHS: 58; Private agency: 50

Eighty-nine percent of new supervisors completed training timely. One hundred seventy-two people completed supervisory training; 64 participants were not new supervisors but attended without having a requirement to do so.

A three-day program-specific training is offered for supervisors who have completed initial training. Sixty-four supervisors completed these trainings. The breakdown by program:

- Adoption: 10
- CPS: 3
- Foster care: 51

Level One Evaluation - Initial Supervisory Training

Evaluation results for 2018 indicate that trainees would like less classroom time, as being out of the office is difficult for supervisors. Trainees requested more training in MiSACWIS during the classroom sessions. Trainees rated their trainers as knowledgeable and thorough.

Level Two Evaluation - Initial Supervisory Training

New supervisors complete multiple-choice exams, which are administered in the learning management system. Scores from the exams are provided to the local supervisors. Subject

areas needing extra support are discussed with the supervisor. Trainees must pass a written exam at the end of training with a score of 70 percent or higher. Post-training exam scores in 2018:

Exam	Range	Average
Adoption	75%-100%	87.9%
CPS	70%-100%	87.8%
Foster care	70%-100%	95.1%

Level Three Evaluation - Initial Supervisory Training

Level three evaluations were not implemented in 2018 but will be in 2019. A level three evaluation will be administered to trainees and their supervisors three and 12 months after completion of the New Supervisor Institute.

Initial Staff Training Plan for Improvement

Goal Selection Rationale: The goal below was selected based on the rating of area needing improvement in the CFSR Round 3.

Goal: MDHHS will ensure that initial training is provided to all staff that delivers services.

- **Objective:** MDHHS will ensure that initial training teaches the basic skills and knowledge required for child welfare positions and that the training is completed timely.

Outcome: Providing initial training to all staff on the basic skills and knowledge required for child welfare positions will ensure staff are prepared to provide high quality services to children and families.

Measure: CFSR Round 3; MDHHS learning management system.

Baseline: Area needing improvement; CFSR 2018

Benchmarks 2020-2024: Demonstrate improvement each year.

Item 26; Initial Staff Training: Item 26 was rated as an Area Needing Improvement in the CFSR based on the statewide assessment and stakeholder interviews.

Initial Training Planned Activities for 2020-2024

Rationale for Strategies: The strategies below were selected because of their utility in facilitating timely completion of training for new hires.

Strategies:

- The Pre-Service Institute which currently offers 13 institutes to an unlimited number of new hires per institute will be expanding to offer four additional institutes. In past years the institutes were offered in Detroit and Lansing. This new expansion will offer institutes in Grand Rapids in effort to alleviate travel concerns for new hires and local offices/agencies.
- The Office of Workforce Development and Training will meet with the university partners and collaborate with Human Resources to explore ways to increase Child Welfare Certificate enrollment.
- The training office will explore how to expand the number of universities who are

endorsed in the Child Welfare Certificate program.

Item 27 – Ongoing Staff Training

Michigan’s performance in Initial Staff Training is tracked through learning management system data, levels one, two and three training evaluations and through the training sub-team of the Quality Improvement Council.

MDHHS requires child welfare caseworkers and those in supportive positions to complete 32 hours of ongoing training yearly. Supervisors must complete 16 hours of ongoing training yearly.

Progress in 2018

- To support local offices and private agencies in their requests for additional training, the Office of Workforce Development and Training offers a process whereby agencies and offices may request delivery of existing training topics or the development of training in new subjects. In 2018, the Office of Workforce Development and Training was able to fulfill 23 specific requests for training.
- In 2018, the Office of Workforce Development and Training began providing targeted child welfare in-service training sessions to each of the five BSCs. The in-service training sessions are five-day events providing agency support and training to the BSC child welfare staff. The training office provides the BSCs with a list of training topics, and the BSCs choose which topics are most beneficial to staff in their service area.
- A total of 80 in-service training sessions were provided throughout 11 locations around the state. Six hundred thirty-five participants attended those sessions.
- Ongoing training is also offered by the State Court Administrative Office (SCAO), the Prosecuting Attorneys Association of Michigan and local community partners. In 2018:
 - Ninety-seven percent of 2,399 child welfare caseworkers completed a minimum of 32 hours of ongoing training.
 - Of 520 supervisors, 99 percent completed at least 16 hours of ongoing training.

University-Based Ongoing Training

MDHHS collaborates with Michigan universities to deliver ongoing training free of charge to public and private caseworkers, supervisors and foster/adoptive parents. The university training program was developed to promote competence and skill development of child welfare professionals. Michigan State University leads the child welfare in-service training program, through a contractual partnership with the eight schools in Michigan with Master of Social Work programs. Schools of social work provide both classroom and online training. All trainings are approved for continuing education units for licensed social workers in Michigan. This program utilizes a robust evaluation methodology. Both public and private agency workers who participate in the in-service trainings are eligible to apply for Continuing Education credits through the universities. In 2018:

- Forty-nine classroom and 21 online trainings were offered free to MDHHS and private agency child welfare staff.

- More than 809 trainees attended classroom training in 21 locations across the state; more than 643 participated in live online trainings.
- Sixty-two trainees attended three classroom trainings and one online training on leadership topics.
- Two classroom and two online trainings for caregivers were provided, with more than 37 participants.

Continuing Education Units

In addition to the continuing education units offered through the university contract, in 2018, the Office of Workforce Development and Training offered continuing education units for the following child welfare classes:

- Forensic Interviewing.
- Indian Child Welfare Act.
- Indian Child Welfare Act Refresher.
- Continuum of Care Pre-Service.

Level One Evaluation – University Training

Most trainees reported a high level of satisfaction with trainings. They indicated that the trainings they participated in increased their knowledge of the topic(s), were relevant to their current work and that they would use the knowledge gained in their current positions.

Level Two Evaluation – University Training

Level two evaluations were discontinued as the quizzes yielded the same results as the self-reported post-test results.

Training for Residential and Institutional Staff

The Division of Child Welfare Licensing monitors training of residential staff by reviewing staff training files during the child-caring institution’s annual and renewal inspections. During annual inspections of institutions, the division reviews training documentation for all new hires and a sample of records of staff employed for more than one year.

2018 Inspections:

- The division conducted 86 annual reviews of private contracted child-caring institutions eligible for Title IV-E funding. Of the 86 reviews, 17 agencies had violations related to rule R 400.4128, Initial staff orientation and ongoing staff training.
- The licensing division conducted 86 annual reviews of institutions ineligible for Title IV-E funding, including court and secured detention facilities, training schools and private non-contracted institutions. To date, of the 86 reviews, 12 institutions had violations of R 400.4128, Initial staff orientation and ongoing staff training.
- Corrective Action Plans are required resulting from noncompliance/violations of licensing statutes and rules. Corrective Action Plans are due within 15 calendar days upon receipt of a Division of Child Welfare Licensing inspection report. The licensing field consultant reviews the Corrective Action Plan within seven calendar days of receipt. If the Corrective Action Plan is adequate to ensure compliance, the field

consultant will notify the institution in writing. If the Corrective Action Plan is not acceptable, the field consultant will advise the institution and will provide technical assistance to guide the institution in development of a plan that would lead to compliance.

Training Updates

- Beginning in January 2019, Division of Child Welfare Licensing staff began participating in quarterly meetings held with contractors for residential programs to share updates and other pertinent information with contractors.
- Licensing area managers collaborated with licensing consultants and the division director to develop standardized staff interview questions regarding their training experiences. This information is incorporated into exit conferences held during annual inspections with agency administrators, and recommendations are made for future training.

Planned Activities for 2020-2024

MDHHS will continue to respond to training needs for residential and institutional staff as identified in licensing reviews and by licensing agencies.

- MDHHS will collaborate with the Division of Child Welfare Licensing to identify additional training opportunities for residential and institutional staff.
- Division of Child Welfare Licensing will continue to evaluate the training needs for residential staff as identified in the rule violations during licensing reviews.

MiTEAM Training

MiTEAM principles and modules continue to be provided to new hires through the Pre-Service Institute training. All supervisors participated in MiTEAM fidelity tool training in 2018. CPS, foster care and adoption supervisors began implementing the fidelity tool in July 2018. Fidelity tool training was also implemented in New Supervisor Institute in summer 2018. Fidelity data is captured in a web application to allow supervisors to document completion of the tool, and reports are available to assess practice areas of strength and opportunities for improvement. In August 2018, a MiTEAM Continuous Quality Improvement conference was held focusing on building skills for continuous growth in practice and quality improvement. The objective of the conference was to provide child welfare staff at all levels with best practice techniques to build MiTEAM competencies and to provide knowledge and resources to build local CQI processes and techniques. Over 200 child welfare staff participated in the conference.

Family Preservation Training

Family Preservation Training and technical assistance provides initial core trainings and ongoing special topics trainings designed to assist staff to reduce the risk for out-of-home placement and increase child safety. The training is anchored in research-based service delivery using strength-based, solution-focused techniques. Private agency child welfare caseworkers must complete core training for the program for which they are hired before assuming active casework.

- **Families First** training is comprised of seven days, broken down into a three-part

training series over an eight-week period.

- **Family Reunification Program** training is five days, broken down into a two-part training series over a six-week period.
- **Families Together Building Solutions** is a two-day training which focuses on contract requirements, understanding the foster care and court system, program values and characteristics, solution focused interviewing techniques, skill teaching, goal setting, safety planning, engagement, and documentation.

Family Preservation Ongoing Training Requirements

In 2018, training was provided to private and public child welfare workers in special topics such as domestic violence, working with substance-affected families, mental illness, personal safety, and program-specific supportive services. As family preservation special topic training is open to child welfare caseworkers, this provides another avenue for child welfare workers to meet their annual training requirements and develop skills across the continuum of care.

Progress In 2018

- Family Preservation core training: 172
- Private agency staff: 369
- MDHHS: 104

Family Preservation training and technical assistance continued collaboration with program offices. Bi-monthly meetings were held to maintain consistent communication regarding program requirements. Lesson plans were updated to ensure inclusion of issues relevant to the families served.

MiSACWIS Training

The MiSACWIS project has a field support team comprised of MDHHS and contracted Department of Technology, Management and Budget staff to assist MiSACWIS users with entering child welfare case management information. MiSACWIS project support staff continues to develop the MiSACWIS Training Academy which was developed in response to feedback from MDHHS and private agency executives, field managers and staff that ongoing MiSACWIS field support was needed. The academy includes:

- End-user classroom workshops.
- Webinars.
- Computer-based trainings.
- Training environment maintenance and development.
- Job aids.
- Online help.
- Presentations.
- Site support.
- New worker training.

MiSACWIS Training Academy

MiSACWIS field support staff conducts training workshops. Identifying the training needs for workshops requires analysis of help desk trends, system updates, site support feedback and input from program and policy offices. Each workshop has a focus area based on analysis and feedback. A new curriculum of workshops was developed in late 2017 with a statewide rollout beginning in February 2018. This included training in foster care placement and payments, CPS payments, service plans and assessments, intakes and investigations and provider management.

A training request form was implemented in June 2018 to solicit requests for training or support to further engage and meet end users' needs. There were four requests in 2018 for onsite training specific to CPS service plans and assessments, provider, assignments, foster care service plans, payments, and data warehouse. In 2019, seven requests have been received for onsite training.

MiSACWIS Training Academy In-Classroom Training

CPS and Foster Care Worker Payment Training

MiSACWIS field support staff delivers payment training to new CPS and foster care workers each month as part of the Pre-Service Institute training. There have been 49 classes with 721 new workers receiving MiSACWIS payment training.

Juvenile Justice Residential Worker Case Management Training

New juvenile justice residential workers receive a two-day MiSACWIS case management training quarterly. In 2018, five sessions were held with 40 participants for the year.

County Child Care Fund Budget Training

County child care fund budget training was a new one-day training offered in 2018. Eleven sessions were held April – June 2018 with 157 participants.

MiSACWIS Training Academy Workshops

The field support team implemented a series of ongoing in-classroom workshops based on field feedback and help desk trends in February 2018. The areas targeted for ongoing trainings were placement, payment, service plans, assessments, managing providers, intakes and investigations. The following workshops were provided in 2018 with the number attending:

- Placement and Payment for Foster Care: 55
- Payment for Child Protective Services: 84
- Provider 101 for Children's Services Staff: 131
- Managing Providers for Licensing Workers: 170
- CPS Intake, Investigation, and Case Management: 194
- CPS Service Plans and Assessments: 134
- Foster Care Service Plans and Assessments: 161
- Adoption Case Management: 48

Additional MiSACWIS Training Academy Support

- **MiSACWIS Site Support.** During 2018, the MiSACWIS field support team assisted with MiSACWIS site support. MiSACWIS staff provided demonstrations on requested topics such as:
 - Assignments.
 - Case services and reviews.
 - Placements and placements exception requests.
 - Assessments.
 - Case service plans.
 - Payments.
 - Case closures.
 - Data warehouse.
 - Provider management.
- **BSC In-Service Support.** MiSACWIS trained 10 workshops throughout 2018 helping 59 field staff during the in-service trainings.
- **Juvenile Justice Specialist Support.** In 2018, MiSACWIS staff supported four sessions with 43 participants.
- **Child Welfare Funding Specialist Support.** Training is conducted for CWFS users by the Federal Compliance Division. The division needed training data in the MiSACWIS training environment to be able to train funding specialists.
- **Internal MiSACWIS Staff Trainings.** MiSACWIS field support staff offered seven workshops to internal MiSACWIS staff to assist with understanding cross team impacts, end user business scenarios, and usability issues experienced by users; 84 attended.

Ongoing MiSACWIS Release Support

The MiSACWIS field support team supports the MiSACWIS project's release schedule by completing the following activities:

- Online help maintenance and development.
- Computer-based training and webinar maintenance and development.
- Job aid maintenance and development.
- Training environment maintenance and development.

Ongoing Training Plan for Improvement

Goal Selection Rationale: The goal below remain the same as in 2015-2015 because ongoing training is one of the basic functions of the Staff and Provider Training systemic factor, which has not changed. Ongoing training was rated as a strength in the CFSR Round 3.

- **Goal:** MDHHS will ensure ongoing training is provided that includes the basic skills and knowledge required for child welfare positions.
Outcome: Providing ongoing training to all staff on the basic skills and knowledge required for child welfare positions will ensure staff are prepared to provide high quality services to children and families.
Measure: CFSR Round 3; Learning management system.

Baseline: Strength; CFSR 2018

Benchmarks 2020-2024: Demonstrate improvement each year.

Item 27; Ongoing Staff Training: Item 27 was rated as a Strength in the CFSR based on the statewide assessment and stakeholder interviews.

Planned Activities for 2020-2024

Rationale for Strategies: The strategies below were selected because of their ability to affect the quality of training offered to staff and effectiveness in conveying essential concepts of child welfare services.

Strategies:

- The Office of Workforce Development and Training will continue providing targeted child welfare in-service training sessions to each of the five BSCs, five-day events where trainers provide support and training to the BSC child welfare staff.
- The Office of Workforce Development and Training conducts phone calls with field supervisors to provide increased support to supervisors and mentors. The phone calls assist supervisors with having foreknowledge of what to expect from new hires, as well as communicating different exercises and activities that new hires are to participate in.
- MDHHS has a partnership with Michigan university schools of social work to deliver and evaluate child welfare training for MDHHS and contracted private agency staff.
- The local continuous quality improvement teams will conduct activities to assess MiTEAM implementation and develop plans for MiTEAM sustainability.
- Pre-Service Institute will undergo review to update MiTEAM content.
- The Office of Workforce Development and Training will assess the training needs from the 2018 MiSACWIS annual survey feedback.
- The training office will update existing training materials and maintain training environments to support system enhancements.
- The Office of Workforce Development and Training will complete modernization of computer-based training, so it is more engaging for end users.
- Training staff will provide over-the-shoulder support to staff and supervisors. This includes training for mentors and one-on-one support.
- The Office of Workforce Development and Training will explore creating a curriculum path for newly hired child welfare workers for additional training support within their first three years on the job.
- The Office of Workforce Development and Training will offer leadership development training and resources for first line supervisors.
- With initiation of the university contract for training leadership, the number of courses will be increased.
- CSA will work with the Office of Workforce Development and Training to ensure all pre-service training curricula are updated and relevant.

Item 28: Provider Training Progress in 2018

In 2018, MDHHS trained 61 people using the Foster and Adoptive Parent Resources for Information, Development and Education (PRIDE) model of train-the-trainer. The train-the-trainer provides training to potential trainers of the PRIDE model to prospective foster and adoptive parents along with private agency staff. The PRIDE model allows for a standardized, consistent and structured framework for the competency-based recruitment, preparation, assessment and selection of foster and adoptive resource parents. The PRIDE model is built upon five core competency categories:

- Protecting and nurturing children.
- Meeting children’s developmental needs and addressing their delays.
- Supporting relationships with birth families.
- Connecting children to safe, nurturing relationships intended to last a lifetime.
- Working as a member of a professional team.

The regional resource teams trained 2,771 prospective foster and adoptive parents statewide. Persons seeking approval as adoptive parents must participate in a minimum of 12 hours of training prior to the legal adoptive placement of a child. The training office continued to collaborate with the regional resource teams by providing support during the review of bid packages and meeting to ensure training content was consistent among the training teams. MDHHS and the Statewide Foster, Adoptive and Kinship Parent Collaborative Council joined forces to sponsor the Fifth Annual Foster, Adoptive and Kinship Parent Conference in June 2018 with over 150 people attending. Training topics included:

- Trauma-informed parenting.
- Fetal Alcohol Syndrome.
- Teaming with biological family members.
- Understanding mental health diagnoses.
- Accessing services for youth.
- Parenting children who have been exposed to opioids.

Supportive services and trainings continue to be provided through the eight Post-Adoption Resource Centers located throughout the state.

Diversity, Equity and Inclusion

MDHHS Office of Workforce Development and Training is leading multiple efforts and training opportunities to support child welfare management, staff and its trainers on providing culturally sensitive services. In 2018, the following trainings were offered:

- Computer-based training, Supporting and Affirming Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ) Youth. Staff learn about LGBTQ youth, the unique risks that LGBTQ youth in the child welfare system face, and the specific things staff can do to advocate for them. The course also covers how the new marriage equity laws apply to the work of foster care and adoption.
- Instructor led Implicit Bias Training, staff develop the ability to recognize and reduce the

impact of biased decision-making to provide more inclusive and equitable services and programs to Michigan families.

- Instructor led Cultural Competence Training, in which staff learn about the dynamics and importance of cultural competence.
- Collaboration with Universities - various trainings for staff to increase their knowledge of diversity, equity and inclusion-related topics.
- Anti-Racist, Multi-Cultural Training and Development - a race equity team that meets regularly to create strategies to eliminate racism. The Office of Workforce Development and Training continues to mandate the completion of the “Understanding and Analyzing Systemic Racism” workshop for all staff.

Provider Training Plan for Improvement

Goal Selection Rationale: The goal below was maintained due to Provider Training receiving a rating of area needing improvement in the CFSR Round 3. Adequate training of resource parents may assist in retention because parents will know what to expect from fostering and will be prepared to address issues and concerns as they arise.

Goal: Michigan will expand training for foster and adoptive parents.

- **Objective:** Michigan will explore centralizing training for foster and adoptive parents.
Outcome: Centralizing training for foster and adoptive parents ensures that all prospective foster and adoptive parents are provided with the training needed to care for children.

Measure: CFSR Round 3; Learning Management System

Baseline: Area needing improvement; CFSR 2018

Benchmarks 2020-2024: Demonstrate improvement each year.

Item 28; Provider Training: Item 28 was rated as an Area Needing Improvement in the CFSR based on the statewide assessment and stakeholder interviews.

Provider Training Planned Activities for 2020-2024

Rationale for Strategies: The strategies below strengthen the quality of PRIDE training, utilize regional resource teams to recruit and support foster parents and provide information about trauma and its effects on children in the foster system for resource parents.

Strategies:

- The Office of Workforce Development and Training continues to provide the PRIDE model of practice train-the-trainer and is developing a more robust observation tool to provide a consistent and structured framework for certifying potential PRIDE trainers. All efforts will enable the department to evaluate the consistency of PRIDE training for all prospective foster and adoptive parents, as well as trainers.
- Regional resource teams were implemented in each BSC. Their focus is recruitment, support and development of foster families. Achievement in these three areas helped to increase the number of existing foster families remaining in the program and enhancing the skills of foster families to meet the needs of foster children with challenging behaviors. The regional resource teams are responsible for conducting PRIDE training

- throughout the state for all foster and adoptive parents in private and public agencies.
- The Office of Workforce Development and Training will continue to partner with the CSA, regional resource teams and Eastern Michigan University to develop a trauma informed curriculum for foster and adoptive parents of Michigan, anticipated to be implemented in FY 2021.

Collaboration in Child Welfare Training

Collaboration is critical to providing effective child welfare services. Office of Workforce Development and Training staff participate in various committees to assure consistency in addressing the training and development needs of child welfare professionals and foster and adoptive families. Following are some highlights from 2018 collaborative efforts:

- Several MDHHS local offices and BSCs submitted training requests for training specifically for their office or region.
- The MiSACWIS project collaborated with the Office of Workforce Development and Training to deliver training to support successful MiSACWIS navigation.
- The State Court Administrative Office (SCAO), the Michigan Attorney General's Office and the Prosecuting Attorneys Association of Michigan provided training on the model child abuse investigation protocol, forensic interviewing to facilitate consistent messaging to court personnel and child welfare professionals on legal matters.
- University of Michigan collaborated with MDHHS in presenting the "37th Annual Child Abuse and Neglect Conference." MDHHS training staff assisted with training preparation and classroom support during the conference.
- Staff collaborated with the MDHHS Health Disparities Reduction and Minority Health section to coordinate equity work across the department and collaborated on reducing disparities and improving health and well-being outcomes for marginalized groups.
- The Office of Workforce Engagement and Transformation collaborated with the training office to design, develop and deliver employee engagement training.
- Training staff collaborated with CPS program office and the MiSACWIS team to deliver training for the Supervisor Control Protocol Portal. The Supervisor Control Protocol Portal was developed as a required response to a CPS audit. Supervisors are to review each investigation looking for quality and quantity of documentation for compliance.

Implementation Support

- MDHHS will continue to collaborate with schools of social work in Michigan to prepare students for careers in child welfare and to provide caseworker, supervisor and caregiver training.
- MDHHS will continue to work with SCAO, the Prosecuting Attorneys' Association of Michigan and the Wayne County Attorney General's office to deliver training on legal matters.
- MDHHS will continue to collaborate with the Licensing to track staff training needs.

Program Support

- MDHHS will continue to provide training in the enhanced MiTEAM model and

- collaborate with MiTEAM staff as needed.
- MDHHS will continue to collaborate with the MiSACWIS team to provide information system training to staff.
- MDHHS will continue collaboration with the Licensing to identify training needs for residential staff and caregivers.

Technical Assistance and Capacity Building

- Technical assistance from the National Resource Center for Diligent Recruitment at AdoptUSKids continues to be provided.

SERVICE ARRAY AND RESOURCE DEVELOPMENT

Item 29: Array of Services for Children and Families

MDHHS is committed to providing services tailored to meet the individual needs of children and families throughout the state. MDHHS prioritizes evidence-based services to ensure children and families benefit from the latest research on child safety and risk and the effectiveness of the services offered. Services provided by MDHHS emphasize engaging with families effectively and working with the entire family system to increase safety and sustained change.

Service Array

Michigan offers a broad service array throughout the state. Many of the services offered reach beyond families served directly by MDHHS Children’s Services Agency and its contractors:

- Michigan provides two funding streams to local offices to purchase services matched to the needs identified in a local needs assessment: Child Protection/Community Partners and Strong Families/Safe Children. Each of those funds is a source for specific assistance for needs identified by individual families.
- The Children’s Trust Fund provides direct service grants to local communities for programs aimed at preventing child abuse and neglect, including technical assistance for small and new programs.
- Early On assesses children ages 3 and under for developmental delays; if a child has delays, Early On provides developmental services and continued assessment. Once a child is 4-years-old, Early On can refer the child to Head Start and Early Head Start.
- Michigan’s Great Start programs provide home-based and classroom learning for development and pre-school education. Head Start, Early Head Start and Michigan’s Great Start programs also accept referrals directly from the community.
- Infant mental health services are provided by community mental health agencies to families where a parent or caretaker of an infant has a mental health diagnosis. The infant mental health specialist provides home visits to families. The service includes addressing the needs of the infant and other young children in the family and the mental health needs of the parents.
- Substance abuse disorder prevention, treatment and recovery, residential, outpatient

and day treatment services are provided by community mental health authorities and many private agencies.

- Developmental services for disabled children and adults are provided through community mental health authorities as well as private providers.
- Domestic violence shelter and services are provided for residents in all of Michigan's 83 counties. The Michigan Coalition Against Domestic and Sexual Violence provides support and technical assistance to the shelters and sexual assault service providers.
- Michigan's Early Childhood Home Visiting programs provide voluntary, prevention focused family support services in the homes of pregnant women and families with children ages 0-5. The programs connect professionals with vulnerable and at-risk families to nurture, support, coach, educate, connect them with community resources and offer encouragement so their children may grow and develop in a safe and stimulating environment.

A complete listing of services and programs for children and families can be found in the Child and Family Services Continuum section.

CFSR Round 3

CFSR findings showed that service availability and accessibility is a concern in many areas of the state. To address this concern, MDHHS identified two strategies in the PIP to expand services.

Assessment and Services Strategy 4 – Identification and referral to needed prevention services.

- 3.4.1: Secure a source to complete a statewide assessment of prevention services and gaps.
- 3.4.2: Identify the state-funded and/or administered prevention services for mental health, substance use and parenting skills development.
- 3.4.3: Survey local public and private organizations to determine what services they are providing.
- 3.4.4: Summarize all services and provide an analysis through a statewide assessment of services and gaps.
- 3.4.5: Identify the needs for Michigan's child welfare population based on the statewide report.
- 3.4.6: Evaluate current funding options and identify funding opportunities to increase prevention services.
- 3.4.7: Advance a proposal for change for funding needed to expand prevention services to meet prevention service gaps identified.

Assessment and Services Strategy 6 – Pursue partnerships, grants, and/or alternative funding opportunities to expand services to prevent the need to separate children from their parents and support families at risk for maltreatment.

- 3.6.1: Partner with Western Michigan University to pilot the Safe Care program in Kalamazoo County.

- 3.6.2: 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.
- 3.6.3: Partner with the Bureau of Family Health Services to strengthen referral and access to home visitation programs for families encountering child welfare.
- 3.6.4: Partner with the University of Michigan to apply for a Regional Partnership Grant to implement the Recovery Coach model.
- 3.6.5: Partner with the Governor’s Task Force to develop a protocol for cross-systems development of Infant Plans of Safe Care.

Service Identification and Referral

Michigan has a 2-1-1 referral service that operates statewide through eight regionally located offices, as well as a website. The eight centers work together to provide easy access to information about health and human services in Michigan communities. 2-1-1 has a toll-free number that can be utilized outside the state. The website provides referral information for needs such as food, utilities, housing, disaster relief, transportation and veteran’s assistance. Individuals can also subscribe to email lists through the regional centers. 2-1-1 is available 24 hours a day, 365 days per year. Of the most recent 12 months, the most frequent service requests have been for utility assistance, housing and food.

Service Gaps Assessment

The adequacy of Michigan’s array of services systemic factor is monitored through:

1. CFSR stakeholder interviews and focus groups
2. QSR interviews and focus groups.
3. QIC Service Array sub-team.
4. Feedback from foster parents and other community groups.

Of the QSRs conducted since 2014, 100 percent of reviews and focus groups have outlined three opportunities to improve Michigan’s service array:

1. Affordable housing.
2. Transportation.
3. Mental health and substance abuse services for children and adults.

Housing

Lack of adequate affordable housing leads to delays in achieving reunification and/or permanency. Parents who have shown considerable progress in reducing barriers to reunification at times cannot be reunified with their children due to lack of adequate housing. Housing needs are present in both urban and rural areas across the state.

In 2016, Michigan received more than \$5.5 million in U.S. Department of Housing and Urban Development funding to provide affordable rental housing and supportive services to extremely low-income persons with disabilities. The Section 811 Project Rental Assistance grant application process was a collaborative effort between the Michigan State Housing

Development Authority (MSHDA) and MDHHS. A workgroup consisting of representatives from MSHDA and MDHHS collaborates to identify, refer and support target populations throughout Michigan.

MDHHS provides State Emergency Relief funds for housing for families who become homeless due to a natural disaster or crisis. Local offices can utilize Child Safety and Permanency Planning Title IV-B(2) funds to assist child welfare families with housing needs. Many families receive temporary housing through the Red Cross while family preservation service flexible funds may help with deposits and rent. Michigan continues to explore ways to increase clients' access to affordable housing through collaborative planning with community groups, charities and government grants.

Transportation

Transportation is needed by caregivers, particularly relatives, to get children to medical, mental health, and other service appointments. Lack of transportation adversely affects visitation plans, maintaining familial bonds, employment and treatment plan completion. A financial burden is placed on families who have to pay individuals to assist with transportation.

MDHHS provides bus fare and gas cards for family visits and attending services. Caseworkers commonly drive families to appointments and visits, as do family preservation service providers. However, the lack of public transportation in most cities places a burden on friends and family who have automobiles and increases the chance that visits and appointments may be missed. MDHHS is exploring ways to increase clients' access to reliable transportation through community partnerships.

Mental Health and Behavioral Health Services

Some Michigan counties have experienced an influx of older children with significant mental health needs and behaviors that the parents or caregivers report they cannot handle themselves and/or results in inappropriate discipline. Lack of mental health services for youth has been shown to affect placement stability. Lack of access to targeted mental health services can also delay permanency for children and families. Families with health insurance may not have insurance for mental health services, or services are often limited because of high demand. Due to the nature of mental health needs, individuals may not benefit from other services until their mental health needs are addressed.

Delays for mental health and substance abuse services occur at both the assessment and service provision stages for children and families across the state. An assessment may recommend a service, only to find that the service is not available or is wait-listed. Michigan uses many contracted services for mental health and substance abuse assessment and treatment throughout the state. Family preservation services provide the flexible and home-based support caregivers with mental illness require. MDHHS continues to explore ways to improve access to mental health and substance abuse services for parents and children.

Item 29; Array of Services: Michigan received an overall rating of Area Needing Improvement

for Item 29 in the CFSR based on information from the statewide assessment and stakeholder interviews.

Progress in 2018

QIC Service Array Sub-Team Activities

The Service Array sub-team collaborated with leaders within the state-level Recovery Oriented System of Care to gather information on substance abuse services around the state and accessibility for child welfare families. The sub-team developed a substance abuse resource list for all regions that includes services provided, costs/insurance and contact persons.

In 2017, the Service Array sub-team developed a strategy to educate child welfare field staff about the use of already existing tools that provide information about local health and human services and establish an action/implementation plan to inform the field. The sub-team will work with United Way, who operates the 2-1-1 system, to identify and fill gaps in that system. Communication with the field about using the 2-1-1 system to identify services included:

- How to set up and use MiBridges accounts for field staff.
- How workers can support families with their own and clients' MiBridges accounts.
- How community partners/private agencies can support families with MiBridges (navigators).
- How to provide feedback to MDHHS central office on issues with usability and content.

MDHHS recognizes the need for continued, coordinated efforts to tackle the multi-faceted challenges faced by client families and children. MDHHS continues assist local efforts to evaluate service gaps by encouraging local offices to:

- Ensure worker, supervisor, court, Community Mental Health and private agency input.
- Develop and disseminate material for local county directors/private agency partners in organizing local CQI sub-teams focusing on local service array and establish an action/implementation plan.
- Develop a template for reporting county-based service gap information.
- Convene to discuss and identify service strengths and weaknesses in the county.
- Address issues about availability, ease of access and barriers.

The Service Array sub-team will:

- Evaluate input on service gaps from counties and address with the QIC.
- Complete service gap analyses and field direction enhancement for 1) housing, 2) mental health and 3) substance abuse resources and services.
- Develop a mechanism to perform the above activities on an annual basis.
- Complete the implementation of staff supports through the effective roll out of the culture enhancing tools and strategies.
- Identify and implement processes for the capture and distribution of the data from the enhanced management and culture tools.

Item 30: Individualizing Services

Child Welfare Practice – the MiTEAM Practice Model

The MiTEAM practice model incorporates family engagement, Family Team Meetings and concurrent planning into a unified practice model for child welfare. The use of core MiTEAM skills ensures each service plan is developed for the specific needs of each family served. Caseworkers receive feedback and coaching by MiTEAM specialists and their supervisors to ensure consistency in engagement, team formation, assessment and mentoring families.

Ensuring Fidelity to the MiTEAM Model

The MiTEAM Fidelity Tool was operationalized statewide in 2018. The MiTEAM Fidelity Tool assists child welfare supervisors to track use of the critical components of the MiTEAM model and identify strengths and needs in case management activities. Caseworkers that need assistance are identified through use of the MiTEAM Fidelity Tool by supervisors.

Locally Allocated Funds for Community Needs

MDHHS' commitment to providing accessible services to families includes community-based programs. Allocation of funds to local county offices ensures that the services offered to families are appropriate to the needs of each geographical region and local needs. Funds allocated to MDHHS local offices may be consolidated to allow counties with low populations to combine funds in contracts that serve a broader population or geographic area.

Child Protection Community Partners

Funding is provided to MDHHS local offices for preventive services to children of families at low to moderate risk of child abuse or neglect. The purpose of the funding is to:

- Reduce the number of re-referrals for substantiated abuse and/or neglect.
- Improve the safety and well-being of children and family functioning.

Services contracted with these funds include:

- Parenting education.
- Parent aide services.
- Wraparound coordination.
- Counseling.
- Prevention case management.
- Flexible funds for individual needs.

Child Safety and Permanency Plan

Funding is provided to 83 MDHHS local offices to contract for services to families with children at risk of removal for abuse and/or neglect, or families with children in out-of-home placement. The purpose of the funding is to:

- Keep children safe in their homes and prevent the unnecessary separation of families.
- Return children in care to their families in a safe and timely manner.
- Provide safe, permanent alternatives for children when reunification is not possible.

Purchased services include:

- Counseling.
- Parenting education.
- Parent aide services.
- Wraparound coordination.
- Families Together Building Solutions.
- Flexible funds for individual needs.

Individualized Service Provision

Contracted family preservation activities, including Families First of Michigan, the Family Reunification Program and Families Together Building Solutions serve high-risk families and families where maltreatment has occurred (substantiated) and seek to reduce the negative consequences of the maltreatment and to prevent recurrence. These programs include:

- Individualized service plans that include families in identification of their needs, strengths and replacement behaviors.
- Intensive family preservation activities designed to strengthen families who are in crisis and protect children who are at risk of harm.
- Parent mentor programs with stable, non-abusive families acting as role models and providing support to families in crisis.
- Parent support groups that help parents transform negative practices and beliefs into positive parenting behaviors and attitudes.
- In-home mental health services for children and families affected by maltreatment to improve family communication and functioning.

Item 30; Individualizing Services: Michigan received a rating of Area Needing Improvement for Item 30 in the CFSR based on information from the statewide assessment and stakeholder interviews.

Progress in 2018

- DCQI collaborated with MiTEAM staff to assist caseworkers and supervisors to monitor model fidelity in the services they provide.
- MDHHS explored funding options for developing a contract for services to families with children ages 5 and under experiencing substance abuse. Certified addiction counselors will provide assessment and strength-based interventions to families for six months.
- Trauma-informed practice was included in the enhanced MiTEAM practice model.
- MDHHS collaborated with the Defending Childhood State Policy Initiative, in which national experts and state agencies and stakeholders developed a strategic plan to screen, assess and treat trauma using evidence-based interventions.
- MDHHS worked with the Children's Trauma Assessment Center on a statewide trauma screening and functional assessment for children in the child welfare system. Screening with this tool was added to family preservation contracts.

Services for Specific Populations

To ensure services provided to children and families are accessible to all, Michigan provides access to tools to reach out to special populations and groups statewide.

Interpreter and Translation Services

MDHHS provides interpreter or translation services free of charge for individuals and families with limited communication skills, including speaking, hearing, reading or writing the English language. MDHHS must provide services within a reasonable time during the delivery of all significant treatment, legal procedures and when obtaining informed consent. Some MDHHS staff are multi-lingual and serve a dual role as interpreter. MDHHS also collaborates with community groups that may be able to serve as interpreters or provide access to interpreters.

MDHHS has a contract with Linguistica International to provide assistance when a client who is not English speaking is in need of services. Linguistica provides a telephone interpreter and written translation services. Linguistica International provides services in Spanish, Chinese (Mandarin and Cantonese), French, Japanese, Vietnamese, Armenian, Cambodian, German, Haitian Creole, Italian, Korean, Portuguese, Farsi, Tagalog, Thai, Urdu and other languages.

Indian Outreach Workers

MDHHS offices in areas with tribal populations employ Indian Outreach Workers, who work within the tribal community to provide access to all MDHHS services to Indian families, and to assist MDHHS and private agency workers reach out to tribal communities.

Office of Migrant Affairs

MDHHS is the lead state agency responsible for the assessment, development and coordination of services for Michigan's migrant and seasonal farmworkers. The Office of Migrant Affairs' mission is to deliver public benefits, provide assistance, and coordinate statewide services that meet the economic and cultural needs of marginalized migrant and seasonal farmworkers. The Office of Migrant Affairs enhances the delivery of MDHHS services to farmworkers and their families by:

- Analyzing, recommending and advocating for improvements in the department's program policies and procedures.
- Coordinating the allocation, recruitment, testing, hiring and training of MDHHS bilingual (English/Spanish) migrant program staff.
- Advocating for farmworkers.

Refugee Assistance Program

The Refugee Assistance Program helps persons admitted into the U.S. as refugees to become self-sufficient after their arrival. Temporary refugee cash assistance is available to eligible refugees who do not qualify for cash assistance, Supplemental Security Income or Medicaid. Refugee cash assistance is available for up to eight months after entry into the U.S. Employment services, health screenings and foster care services for unaccompanied minors are available to refugees. Assistance from Refugee Services serves those with the following immigration statuses:

- Refugee or asylum seekers.
- Cuban/Haitian entrants.
- Amerasian entrants.
- Parolees.
- Victims of trafficking.
- Iraqi or Afghan Special Immigrant VISA holders.

Services to refugees include:

- Employment services.
- Education assistance.
- Services to older refugees.
- Health screening
- Foster care services for unaccompanied refugee minors

Hearing, Speech or Visual Impairments

MDHHS ensures effective communication with employees who have hearing, speech or visual impairments. MDHHS advises employees with disabilities, or their representatives that they may be provided with auxiliary aids and services to afford effective communication with other MDHHS employees. Auxiliary aids and services include qualified language or sign language interpreters, written material, translated material, materials in alternative formats, including Braille, large print, audio tape, CD, email, etc. and TTY numbers for persons who are deaf/hearing impaired.

Service Array and Resource Development Plan for Improvement

Goal Selection Rationale: The goal below is being maintained because Service Array and Resource Development was rated as an area needing improvement in the CFSR Round 3 and because it represents the fundamental functions of the Service Array and Resource Development systemic factor, which have not changed.

Goal: MDHHS' service array and resource development system will ensure an array of services is accessible and individualized to meet the needs of children and families served by the agency.

- **Objective:** MDHHS will provide a service array and resource development system to ensure that accessible services are provided to:
 - Assess the strengths and needs of children and families and determine other service needs.
 - Address the needs of individual children and families to create safe home environments.
 - Enable children to remain with their parents when it is safe to do so.
 - Help children in foster and adoptive placements achieve permanency.

Outcome: Providing an array of services that assess and address the strengths and needs of children and families will enable children to remain with their parents or achieve permanency.

Measure: CFSR Round 3; Quality Service Review.

Baseline - 2018: Area needing improvement.

Benchmarks 2020-2024: Explore expansion of existing services or addition of new services to meet the needs of children and families.

- **Objective:** MDHHS' service array and resource development system will ensure services can be individualized to meet the unique needs of children and families.

Outcome: Ensuring services can be individualized to meet the unique needs of children and families will allow accurate targeting of services.

Measure: CFSR Round 3; Quality Service Review.

Baseline - 2018: Area needing improvement.

Benchmarks 2020-2024: Demonstrate improvement each year.

Service Array and Resource Development Planned Activities for 2020-2024

Rationale for Strategies: The strategies below were selected because they will improve the quality of services by addressing trauma in children and expand substance abuse and other services to children and families.

Strategies:

- Enhancing CPS investigation and ongoing services through continued development of trauma-informed services and training.
- Implementing a new contract for in-home substance abuse services.
- Continuing to collaborate with Medicaid-funded behavioral health services to address the needs of children and families with mental and behavioral health concerns.
- Continuing to promote and support the work of the Children's Trust Fund to prevent child abuse and neglect in local communities.
- Continue offering technical assistance to contracted family preservation program staff to ensure services are provided with fidelity to evidence-based models.
- Explore expansion of the Family Reunification Program to additional counties to promote successful reunification of children with their families or placement in permanent homes.

Program Improvement Plan Strategies 2020-2024

In addition to the strategies listed above, the CFSR PIP identified the following collaborative activities to expand the quality and availability of services to children and families:

- PIP Assessment and Services Strategy 6: MDHHS will pursue partnerships, grants, and funding opportunities to expand services to prevent the need to separate children from their parents and support families at risk for child maltreatment:
 - 3.6.2: MDHHS will 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.
 - 3.6.3: MDHHS will partner with the MDHHS Bureau of Family Health Services to strengthen referral and access to home visitation programs for families

- encountering the child welfare system.
- 3.6.4: MDHHS will partner with the University of Michigan to apply for a Regional Partnership Grant to implement the Recovery Coach Model.
- 3.6.5: MDHHS will partner with the Governor’s Task Force to develop a protocol for cross-systems development of Infant Plans of Safe Care.

Implementation Support

- MDHHS will continue supporting the Children’s Trust Fund to fill the critical role of prevention leadership statewide.
- Michigan will continue to provide evidence-based family preservation services through contracts with private agencies.
- MDHHS will continue to work with Behavioral Health and Disabilities Services to ensure children who meet eligibility criteria for Serious Emotional Disturbance or Intellectual and Developmental Disability are provided services statewide.
- MDHHS will continue to provide accessible services to families through funding of community-based programs. Allocation of funds to local county offices ensures that the services offered to families are appropriate to the needs of each geographical region and local needs.

Program Support

- DCQI is creating processes for providing ongoing technical assistance in the creation of local continuous quality improvement teams to enable local offices to respond quickly and appropriately to the needs identified by local staff and managers.

Technical Assistance and Capacity Building

- MDHHS will continue to seek technical assistance as needed from the Children’s Bureau to ensure the state’s Service Array system meets federal and best practice standards.
- MDHHS will continue to assess the state’s Service Array system through interviews and focus groups to address service needs identified by the groups.

AGENCY RESPONSIVENESS TO THE COMMUNITY

Item 31: State Engagement and Consultation with Stakeholders

MDHHS is responsible for a broad range of child welfare services and initiatives in implementing the provisions of the Child and Family Services Plan (CFSP), including education and raising awareness of issues of child safety, permanency and well-being, as well as providing direct and contracted services to children and families. Actively seeking feedback from stakeholders at all levels and acting on that feedback to target resources, training and technical assistance effectively, and in turn, modifying strategies to fit changing needs in a continuous quality improvement feedback loop is essential to providing appropriate and accessible services in all areas of the state on an ongoing basis.

Agency Responsiveness to the Community Assessment of Performance

Assessment of Michigan’s performance in this systemic factor is monitored through the work of the Quality Improvement Council (QIC) and its sub-teams, Quality Service Review (QSR) interviews and focus groups, consultation with Native American tribes, the Foster Care Review Board, the Governor’s Task Force for CPS, Foster Care and Adoption and the Michigan Federation for Children and Families, the Child and Family Services Review and Child and Family Services Plan/Annual Progress and Services Report (CFSP/APSR) planning, among others. The membership and focus of each group are below.

- **Quality Improvement Council (QIC)** is the CSA organizational body responsible for ensuring that experts and stakeholders are involved in assessing need and developing responsive programs and facilitating decision-making at every level. The QIC is described in detail in the Coordination of Child Welfare Services section of this report.
- **Quality Service Review (QSR)** includes seeking feedback from all parties involved in the cases being reviewed. Feedback on current cases and at the community level is obtained through individual interviews and focus groups. Individual focus groups consist of CPS caseworkers, foster care caseworkers, supervisors, court system partners, service providers, and foster parents. Counties use the feedback to create practice improvement plans. This feedback loop provides immediate information on cases reviewed and drives timely local efforts to improve services.
- **State Court Administrative Office (SCAO)** receives monthly data from MDHHS that is incorporated into the Judicial Data Warehouse. The merged data is accessible to courts statewide and helps to inform jurists regarding county-specific and statewide trends in child welfare. MDHHS also collaborates with SCAO in the activities of the Court Improvement Program.
- **Foster Care Review Board** provides independent review of cases in the state foster care system. The board also hears appeals by foster parents who believe that children are being unnecessarily removed from their care.
- **Secondary Traumatic Stress Training** is being provided statewide by the Children’s Trauma Assessment Center for child welfare directors, supervisors and staff. This training focuses on secondary trauma in child welfare work, including how to recognize and effectively respond to its effects. Staff complete surveys regarding secondary trauma and their office culture/climate and directors create action plans focused on making improvements based on survey results.
- **Mental Health Diversion Council** was created to improve outcomes for juveniles by reducing the number of youths with mental illness or intellectual or developmental disabilities from entering the juvenile justice system, while maintaining public safety. Services focus on improving screening, assessment and treatment of youth in the juvenile justice system to improve identification, reduce risk, and provide adequate care for complex behavioral health conditions. It focuses on effective coordination of state and local resources to provide necessary improvements throughout the system in the implementation of a diversion action plan.
- **The Local Office Culture Assessment and Development (LOCAD)** work group is comprised of regional and county directors, human resources leadership and the Office

of Workforce Development and Training. The group is implementing the Leadership Development Tool, which affords a safe, constructive means for managers to elicit feedback from their staff to improve the effectiveness of their work unit. This work group aligns training resources with manager needs and utilization.

- **MDHHS employee engagement** is measured by annual department-specific employee surveys. Based on these annual surveys, employee engagement action plans are developed with specific goals.
- **Director's Roundtables** held by MDHHS director, Robert Gordon, are available to all MDHHS employees and provide a direct line of communication and opportunity for feedback. Director Gordon also travels for site visits at local offices and central office buildings to achieve the same goal.
- **Directors Steering Committee** includes the executive director of the CSA, along with the West Michigan Partnership for Children Board of Directors and executive leadership. Other stakeholders include MDHHS central office and local staff, representatives from the Michigan Federation for Children and Families and the Kent County Administrator's Office. This group works to assure that MDHHS and the West Michigan Partnership for Children meet key milestones by identifying potential roadblocks and solutions and making critical decisions to support the pilot's successful implementation.
- **Michigan Child Welfare Partnership Council** is comprised of statewide representatives from MDHHS, private child welfare agencies, court and county administrators, county commissioners, and others with an interest in developing a performance-based child welfare system throughout the state. This group meets monthly and has as a standing agenda item updates from the West Michigan Partnership Council.
- **Child Welfare Services and Support** analysts support private child-placing agencies, similar to the supports offered to MDHHS child welfare staff through their assigned BSCs. Statewide utilization of the Monthly Management Report, Infoview data reports, Caseload Count and Book of Business, along with job aids and consultation are critical to targeting outcomes on a local and regional level. The analysts review and analyze data, ongoing training requirements and caseload compliance reports continuously to identify areas that require attention.
- **The Guy Thompson Parent Advisory Council** is comprised of 15 birth parents impacted by the child welfare system who are committed to advising, assisting, and improving child welfare policy and programs. During the first year of implementation, the council completed a Parents Partnering for Change leadership training, held two membership meetings, developed council operating and financial guidelines, conducted a purpose workshop, received an overview of MDHHS trauma related work, contributed to performance improvement planning, and participated in legislative day. Future commitments include a Legal Representation Pilot Project and Family First Prevention and Services Act Steering Committee participation.
- **Michigan Coalition Against Homelessness, Michigan Network for Youth and Families, the Michigan State Housing Development Authority and Local Continuums of Care** collaborate with CSA to meet the needs of homeless youth in Michigan. The network helps to shape homeless youth programs and share information. The collaboration is a source of expertise, experience and innovation used to maximize services.

- **MDHHS Bureau of Community Services, Housing Services Section** received results from Quality Service Reviews showing the ongoing need for adequate housing and how need for housing can delay reunification. In a meeting with the Housing Services Section, it was established that most families needing housing assistance do not technically qualify for federally funded housing support or they have a criminal limitation to meeting the requirements.
- **Statewide MDHHS Community and Faith-Based Initiative on Foster Care and Adoption** seeks to build partnerships with local community leaders, business representatives and faith leaders to meet the needs of foster and adoptive children and their families by promoting awareness of the need for quality foster and adoptive parents and connecting children and youth to supportive resources and relationships.
- **Collaboration with Professional and Citizen Groups** ensures broad participation in developing and managing child welfare services. MDHHS has standing committees and task forces that meet regularly and provide ongoing oversight, advisement and, in some cases, supportive funding for initiatives and training.
- **Children’s Trust Fund** provided 31 direct service grants in 2019 that funded evidence-based and evidence-informed services to children and families targeted at preventing child abuse and neglect. The Children’s Trust Fund also serves as the Michigan Citizen Review Panel on Prevention, which advises MDHHS on challenges and opportunities for prevention services.
- **Children’s Trauma Assessment Center** at Western Michigan University has been a collaborator with MDHHS in different capacities. The center has assisted MDHHS in pilot counties, collaborating with mental health service providers to streamline access to trauma assessments for children after a need has been identified. These counties were trained on the Children’s Trauma Assessment Center’s Trauma Screening Checklist to aid in accurate need identification. The collaboration was expanded through a contract with the center to train all public and private child welfare staff on the Trauma Screening Checklist.
- **Michigan Child Death Review Team (Citizen Review Panel for Child Fatalities)** supports voluntary multidisciplinary child death review teams in all 83 counties. These teams, totaling over 1,400 professionals, meet regularly to review the circumstances surrounding the deaths of children in their communities. The MDHHS director selects members that include key MDHHS leadership, law enforcement, a county prosecuting attorney and medical examiner, the Children’s Ombudsman and the State Court Administrative Office. Quarterly meetings include review of current state-level issues affecting children’s health, safety and protection.
- **Governor’s Task Force on Child Abuse and Neglect (Citizen Review Panel for Children’s Protective Services, Foster Care and Adoption)** gives stakeholders an opportunity to voice their observations and concerns and gain information and knowledge about the functioning of the child welfare system. The Governor’s Task Force focuses attention on trauma issues and composes a number of recommendations for systemic improvement based on the information learned from community and consumer feedback.
- **Michigan Youth Opportunities Initiative** trains young people in leadership, media and communication skills, including how to strategically share their story and present on

panels. Local Michigan Youth Opportunities Initiative Youth Boards are among the focus groups that participate in providing feedback on child welfare services in their communities through a variety of venues, including conferences, panels and local Quality Service Reviews.

- **Tribal State Partnership** consists of Tribal Social Service directors, state and private agency directors and MDHHS staff that meet quarterly for consultation between the MDHHS Office of Native American Affairs and Michigan's 12 federally recognized tribes. The partnership collaborates to achieve and strengthen application of the Indian Child Welfare Act and the Michigan Indian Family Preservation Act and promote effective and culturally sensitive services to Native American children and families.
- **State-Tribal Summit** in 2018 featured conversations between tribal leaders, Governor Snyder and legislative leaders that resulted in legislation designed to ensure that Native American tribes in Michigan have access to certain state child protection records of children in tribes.
- **Medical Care Advisory Council** advises MDHHS on policy issues related to Medicaid. The Council is involved with the issues of access to care, quality of care and service delivery for managed care and fee-for-service programs. The Medical Care Advisory Council consists of members who represent consumers and consumer advocates, health care providers and the community.
- **Human Trafficking Health Advisory Board** was created to collect and analyze information concerning medical and mental health services available to survivors of human trafficking. The board identifies state, federal and local agencies involved with issues relating to human trafficking and coordinates the dissemination of medical and mental health services available to survivors of human trafficking.
- **Michigan Committee on Juvenile Justice** is a 15-member committee that advises on juvenile justice issues and guides effective implementation of juvenile justice policies and programs. Membership includes MDHHS juvenile justice personnel, judges, law enforcement and private agencies.
- **Michigan State Council for Interstate Juvenile Supervision** monitors compliance with the interstate compact and problem-solves and initiates changes accordingly. The council advocates for improved operations, resolves disputes between states and conducts training.
- **The Michigan Office of Children's Ombudsman** assures the safety and well-being of Michigan's children in need of protection, foster care and adoption services and promotes public confidence in the child welfare system. The Office of Children's Ombudsman receives complaints from the community regarding specific cases, provides reports to the legislative and executive branches of Michigan government and recommends changes to improve child welfare law, policy and practice. MDHHS cooperates with the Office of Children's Ombudsman's independent investigations of complaints and recommendations.
- **Prosecuting Attorney Advisory Council** meets quarterly to discuss issues of mutual interest to the county prosecutors who represent MDHHS and private child-placing agencies in child protective proceedings. The meetings focus on information sharing and problem resolution to enable more effective and efficient collaboration between child

welfare staff and prosecutors to improve legal representation for MDHHS.

- **Judicial Advisory Council** meets quarterly to discuss issues of mutual interest to the courts and MDHHS in child protective proceedings, foster care and adoption cases. The meetings focus on information sharing and problem resolution to enable more effective and efficient collaboration between child welfare staff and the courts.
- **Michigan Graduate Schools of Social Work** collaborate with MDHHS to offer training that meets in-service training requirements and earns continuing education credits. The partnership was expanded to include free trainings for foster parents, adoptive parents, kinship/relative parents and birth parents customized to assist resource parent understanding of the unique needs that children and their families face in the child welfare system.

The MDHHS Diversity, Equity and Inclusion Committee brings together the health and human services sides of the department. This group meets monthly and is developing a mission statement for community health, human services, human resources, community mental health and leadership. The committee has designated workgroups to develop strategies to implement the Diversity, Equity and Inclusion plan throughout the agency. The individual workgroups include:

Leadership

- Leaders at all levels completed the established Diversity, Equity and Inclusion leadership training.
- Leadership develops and implements strategies and prioritizes resources to ensure Diversity, Equity and Inclusion Plan objectives are met.
- A Diversity, Equity and Inclusion officer was appointed that is responsible for the implementation and improvement of the Diversity, Equity and Inclusion plan.
- Leaders support the efforts of the Diversity, Equity and Inclusion council.

Culture and Climate

- Employees are aware and respectful of the department's diversity, equity, and inclusion efforts.
- Organizations with experience eliminating systemic inequities will be identified to help MDHHS strengthen diversity, equity, and inclusion initiatives.
- Communication with customers occurs in the language of their choice and meets National Culturally and Linguistically Appropriate Services Standards.
- Feedback from customers, community partners, stakeholders, and employees is incorporated in decision-making and implementation processes.

Recruiting, Hiring and Retention

- The workforce, including leadership, is diverse and talented.
- Hiring managers receive education and assistance to ensure that hiring practices are consistent and transparent.
- Applicant pools are diverse and reflect the demographics of the communities MDHHS

serves.

- Positions that serve communities with limited English proficiency are filled by staff fluent in their language.
- Prospective and current employees are aware of reasonable accommodation policies, procedures, and resources.

Training and Professional Development

- Employees are engaged in equitable work practices, such as designing and delivering programs in a culturally and linguistically appropriate manner, and are committed to the department's diversity, equity, and inclusion goals.
- A core group of diversity, equity, and inclusion subject matter experts has been established to support training and professional development throughout the department.
- Employees received diversity, equity, and inclusion training and are prepared to establish these principles as core priorities for how the department carries out its mission.
- Employees are able to identify and reduce implicit bias and systemic inequities.

Service Delivery

- The purpose of service delivery is the removal of barriers to equity and inclusion of all prospective and current clients to the diverse services provided to all Michiganders.
- The group reviews current and future policy with a diversity, equity and inclusion lens to develop a department wide culturally and linguistically appropriate services policy.
- The group seeks to eliminate systemic bias in the department's policies, contracts, programs and procedures.
- Service delivery team members will receive diversity, equity, and inclusion training in preparation to review the department's policies, programs and contracts with a diversity, equity and inclusion lens.
- The team's work will ensure service delivery areas can identify and reduce implicit bias and systemic inequities in policies, programs and contracts.
- The team will collaborate with MDHHS stakeholders in revising the contracting process.
- The team will ensure underserved populations are well represented with diversified MDHHS contracts, vendors and service providers.

The Michigan Race Equity Coalition examines and implements strategies to address the root causes of minority overrepresentation in child welfare. The coalition includes Michigan's child welfare services leadership, juvenile justice leaders, the judiciary, state and local officials, educators, health professionals, philanthropic leaders and advocates for children and families.

CSA, along with the Office of Workforce Development and Training have entered into a three-year contract with Crossroads/ERACCE (Eliminating Racism and Creating/Celebrating Equity) to develop a Planning and Design Task Force for the purpose of building a child welfare antiracism team. The antiracism team will address the disproportionality of children of color in care in

Michigan’s child welfare system. ERACCE will also provide specific training to staff that addresses systemic issues that contribute to disproportionality.

Progress in 2018 and 2019

- MDHHS Diversity, Equity and Inclusion Committee meets monthly and is developing a mission statement for community health, human services, human resources, community mental health and leadership. The committee has designated workgroups to develop strategies to implement the Diversity, Equity and Inclusion Plan throughout the agency.
- Michigan Race Equity Coalition examines and implements strategies to address the root causes of minority overrepresentation in child welfare. The coalition includes Michigan’s child welfare services leadership, juvenile justice leaders, the judiciary, state and local officials, educators, health professionals, philanthropic leaders and advocates for children and families.
- MDHHS incorporated cultural awareness, competence and inclusion in the MiTEAM practice model.
- The MiTEAM Fidelity Tool assists child welfare staff to identify strengths and needs in the implementation of the model.
- Prudent Parent Standards policy was developed to ensure that children in foster care are allowed to live and socialize according to their own cultural standards and norms.
- “The Michigan Equity Practice Guide for State-level Public Health Practitioners” was developed to provide strategies, resources and examples that health and social service professionals can use to put equity into practice in their everyday work.
- MiTEAM policies were reviewed to ensure that racial equity/cultural awareness language is aligned with Quality Service Reviews and MiTEAM fidelity reviews.
- Leadership training was presented by Eliminating Racism and Creating/Celebrating Equity from Kalamazoo and Robert T. Blackwell of the Illinois Office of Racial Equity Practice. The training provided an overview of race equity issues in child welfare, steps forward and how to use specific language to raise awareness.
- MDHHS developed parenting time planning tools and resources to address family needs.
- A full day of cultural awareness training was incorporated into pre-service training for new CPS, foster care and adoption workers.

Agency Responsiveness Plan for Improvement

Rationale for Goal: This goal will remain from the last CFSP because it aims to meet CFSR standards for this item ongoing. Agency Responsiveness to the Community was rated as a strength in the CFSR Round 3.

Goal: MDHHS will be responsive to the community statewide through ongoing engagement with stakeholders.

- **Objective:** MDHHS will engage in ongoing consultation with tribal representatives, consumers, service providers, foster care providers, the juvenile court and public and private child and family service agencies to ensure collaboration addresses the implementation of the Child and Family Services Plan and annual updates.

Outcome: Engaging in ongoing consultation with a wide variety of stakeholders will ensure a comprehensive approach is used in developing and providing services to children and families.

Measure: CFSR Round 3, QIC Annual Implementation Report.

Baseline: Strength; CFSR 2018

Benchmarks 2020-2024: Utilize the QIC, the State Court Administrative Office, Tribal-State Partnership Meetings, the Consortium on Improved Placement Decision-Making and Capacity Building, foster and adoptive parents' associations and private agencies for ongoing consultation and collaboration in providing services to families and children.

- **Objective:** MDHHS will utilize the QIC and sub-teams to operationalize a continuous quality improvement plan that includes engaging internal and external stakeholders in assessment and development of effective strategies to improve child welfare services.

Outcome: Utilizing a continuous quality improvement plan that includes engaging internal and external stakeholders will ensure strategies to improve child welfare services are effective and responsive to the needs of children and families.

Measure: CFSR Round 3, QIC Annual Implementation Report.

Baseline: Strength; CFSR 2018

Benchmarks 2020-2024:

- MDHHS will utilize the QIC and sub-teams for consultation and collaboration.
- MDHHS will develop local organizational structures and resources that identify strengths and areas needing improvement and collaborate on strategies to improve local child welfare systems.

Item 31; State Engagement and Consultation with Stakeholders Pursuant to the CFSP and

APSR: Michigan received a rating of Strength for Item 31 in the CFSR based on information from the statewide assessment and stakeholder interviews.

Item 31 Planned Activities for 2020-2024

Rationale for Strategies: The strategies below define MDHHS responsiveness to the community through participation with each group. MDHHS will continue with these collaborative efforts and seek new opportunities to receive feedback from members of the community.

- MDHHS will continue to provide consultation and coordination with Native American tribes through Tribal State Partnership meetings, meetings with individual tribes and through technical assistance in Chafee-funded programs.
- MDHHS will continue participation with the Michigan Race Equity Coalition to assess progress and identify opportunities for improvement in addressing issues of racial inequality in child welfare.
- MDHHS will continue to seek feedback from the Foster Care Review Board.
- MDHHS will continue to seek feedback from the three Citizen Review Panels.
- MDHHS will continue to sponsor Michigan Youth Opportunities Initiative activities and youth participation in focus groups.
- Michigan will continue to use stakeholder feedback to address practice issues and

- increase the capacity to track outcomes. Collaboration on every level remains a priority.
- MDHHS will continue to identify and participate in opportunities for technical assistance and collaboration to enhance services to families in need of multiple forms of help.
 - MDHHS will use QSR findings to develop strategies to improve outcomes for children and families.
 - MDHHS will continue to train caseworkers in MiSACWIS to enable accurate and timely entry of data into the system.
 - MDHHS will continue to streamline feedback processes to enable prompt responses to needs identified by stakeholders.

Agency Responsiveness at the Community Level

MDHHS county offices are tasked with working closely with local human service organizations including private agencies, schools, early childhood programs, courts, law enforcement, public health, housing assistance, employment services, substance abuse services and community foundations. These local multidisciplinary teams formed for various topics allow counties to affect change in their communities, problem solve challenges particular to their region, discover mutually beneficial partnerships, and share grants. MDHHS staff are encouraged to participate in these local multidisciplinary teams.

Collaboration between the department and these agencies occurs through ongoing collaborative councils and as needed when task-specific issues arise that require collaboration. This community engagement provides feedback that can be addressed through existing channels to ensure it is afforded necessary attention.

Community feedback is also received through three-person MDHHS county administrative boards. These advisory boards work collaboratively with MDHHS county directors, typically through monthly meetings. The experience of each board member helps shape conversation and strategy planning for improvement at the state and local levels.

The Wayne County Third Circuit Court and the department are collaborating with Casey Family Programs to improve child welfare services in Michigan's most populous county. The collaboration focuses on five areas:

- Increasing timeliness to permanency.
- Developing procedures that assess the need for trauma-informed interventions.
- Exploring the need to increase parenting time beginning at the preliminary hearing.
- Developing a psychiatric questionnaire to identify and monitor children receiving psychotropic medication.
- Collecting data on compliance with the Indian Child Welfare Act to ensure proper and timely notification is occurring.

Item 32: Coordination of CFSP Services with other Federal Programs

MDHHS' child welfare goals are based on the successful functioning of a continuous quality improvement process that measures and analyzes progress systematically. The plan relies on

collaboration with public and private stakeholders, including national and state government groups, courts, universities, private agencies, children and families and the public.

Service Coordination of Federal Programs

In addition to child welfare services, MDHHS administers:

- Federal Temporary Assistance for Needy Families funding.
- Child Care and Development Block Grant programs.
- Supplemental Nutrition Assistance Program.
- Low-income Home and Energy Assistance Program.
- Title IV-D Child Support Program.
- Disability Determination Services for Title II and XVI funds.
- Mental Health Block Grant.
- Medicaid Services.

Item 32 Plan for Improvement

Rationale for Goal: This goal will remain from the last CFSP because it aims to meet CFSR standards for this item ongoing. Agency Responsiveness to the Community was rated as a strength in the CFSR Round 3.

Goal: MDHHS will demonstrate responsiveness to the community by coordinating services in the CFSP with other federal programs that serve the same population.

- **Objective:** MDHHS will collaborate with federal, state and local units of government and agencies to ensure the state’s child welfare services are coordinated with services and benefits of other federal programs.

Outcome: Ensuring child welfare services are coordinated with other federal programs streamlines processes for timely and effective service provision.

Measure: MDHHS Annual Program Description

Baseline: Strength; CFSR 2018

Benchmarks 2020-2024:

- MDHHS will utilize existing departments and processes to coordinate child welfare services with other federal and state programs that assist families in accordance with requirements and community needs.

Item 32; Coordination of CFSP Services with Other Federal Programs: Michigan received a rating of Strength in the CFSR for Item 32 based on information from the statewide assessment and stakeholder interviews.

Item 32 Planned Activities for 2020-2024

Rationale for Strategies: The strategies described below represent ongoing coordination of federal programs serving the same population. No changes in coordination of federal programs are anticipated at this time.

- MDHHS determines eligibility and provides case management for Medicaid and

- administers Disability Determination Service for Title II and XVI funds.
- MDHHS coordinates with other federal and state programs for youth, including transitional living programs funded under Part B of the Juvenile Justice and Delinquency Prevention Act of 1974, in accordance with Section 477(b)(3) of the Act. Young people meeting the criteria for Chafee-funded services are eligible, regardless of race, gender or ethnic background. A youth who has or had an open juvenile justice case and is placed in an eligible placement under the supervision of MDHHS is eligible for Chafee funded goods and services.
 - The Office of Child Welfare Policy and Programs and the Office of Child Support collaborate to enable foster care and CPS staff to obtain paternity information from the Central Paternity Registry to ascertain parental responsibility and coordination for child support payment for children in the child welfare system.
 - Michigan's Title IV-E state plan demonstrates compliance with the Fostering Connections Act. MDHHS finalized policies for Young Adult Voluntary Foster Care, Juvenile Guardianship Extension and Adoption Subsidy Extension programs to extend benefits through age 21 for young people who meet the requirements.
 - Michigan's Interstate Compact staff serves as a liaison between local MDHHS offices and other states to ensure compliance with compact regulations and effective coordination.

Service Coordination at the State Level

- MDHHS Bureau of Community Action and Economic Opportunity provides support and oversight to Michigan's 29 community action agencies, covering 100 percent of the state. Local agencies develop community partnerships, involve low-income clients in their operations and coordinate an array of services within their communities. They provide low-income individuals with services including Head Start, housing assistance, weatherization, senior services, income tax preparation, food, transportation, employment assistance and economic development.
- In addition to child welfare services funded through Title IV-B(1), MDHHS allocates funds annually to all 83 counties for community-based needs assessment, service planning, contracting and service delivery to children and families. Local funding of services ensures diversified and appropriate services are available in each community. The programs provided under the community-based services umbrella incorporate CFSR standards.
- 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 significant medical, mental health or other functional life impairments that may impede success when re-entering the community.
- The Child Care Fund is a collaborative resource between state and county governments that supports programs serving neglected, abused and delinquent youth in Michigan. Michigan's county courts design and administer the programs.

Local Coordination of Financial and Child Welfare Assistance

Pathways to Potential

Pathways to Potential is MDHHS' cash assistance service delivery model that focuses on three elements: 1) location in the community where clients live, 2) working with families to remove barriers by connecting them to a network of services, and 3) engaging stakeholders and school personnel to help students and families find their pathway to success. Pathways to Potential is focused on identifying barriers to academic success and offering solutions to students, families and school personnel. Pathways to Potential places MDHHS workers in schools to address families' barriers to self-sufficiency in key areas: safety, health, education and school attendance. Pathways objectives include:

Safety

- Increase access to prevention services.
- Engage disconnected youth.
- Connect vulnerable youth and adults to a protective network.

Health

- Remove barriers that prevent access to health care.
- Increase access to healthy foods.
- Increase access to behavioral health care.
- Support good hygiene.
- Support physical fitness.

Education

- Remove barriers to attendance.
- Remove barriers to active participation.
- Enhance and support parental involvement.

School Attendance

- Increase school attendance rates/decrease chronic absenteeism.
- Actively seek parental engagement.

Self-Sufficiency

- Remove barriers to employment.
- Assist in accessing quality childcare.
- Promote adult education.
- Support access to transportation.

Progress in 2018

In the 2017-2018 school year, Pathways to Potential focused on adding additional schools and strengthening the Pathways to Potential success coaches at current schools, which included informal conferences and direct trainings. Pathways to Potential achieved the mission of serving students, families and schools by making 185,370 interventions with 51,482 unique

individuals of which 38,806 were students, 10,253 were parents or caregivers, and 2,423 unique individuals classified broadly as community members, which could include siblings of students or other adults in the home. The program provided a total of 90,666 student interventions and 52,007 parent interventions. Issues for intervention included:

- Attendance.
- Basic needs.
- Family support.
- Program, advocacy, and events.
- Academic success.
- Home and family life issues.
- Student behavior.
- Physical and mental health.

Areas with Pathways Schools

- Pathways to Potential is currently in 304 schools in 42 counties. MDHHS will be adding additional schools and counties later in 2019.
- Counties with Pathways to Potential programs include: Allegan, Arenac, Bay, Berrien, Berrien, Calhoun, Cheboygan, Clare, Genesee, Gladwin, Gogebic, Hillsdale, Huron, Ingham, Jackson, Kalamazoo, Kalkaska, Kent, Lapeer, Leelanau, Macomb, Marquette, Mason, Mecosta, Midland, Muskegon, Newaygo, Oakland, Ogemaw, Ontonagon, Osceola, Ottawa, Presque Isle, Roscommon, Saginaw, Shiawassee, St. Clair, Tuscola, Washtenaw, Wayne and Wexford.

Planned Activities for 2020-2024

- Michigan's child welfare implementation plan provides a structure for addressing federal and state compliance with legal and policy requirements and other initiatives that fall within the scope of MDHHS. Collaborative assessment, planning and coordination central to this structure will continue.
- Removing barriers to school attendance is one of the goals of Pathways to Potential. The program will continue to focus on reducing chronic absenteeism by removing barriers for families.
- The Pathways model underwent a three-year evaluation by the Johnson Center at Grand Valley State University through a grant funded by the Kellogg Foundation. The evaluation was concluded in 2018, and several recommendations were offered. The evaluation recommendations are being operationalized in 2019 and 2020.
- Michigan's child welfare implementation plan provides a structure for incorporating federal and state compliance with legal and policy requirements and other initiatives that fall within the scope of MDHHS. Collaborative assessment, planning and coordination central to this structure will continue.

Implementation Support

- Pathways to Potential outcomes are supported by interagency partnerships with the Michigan Department of Education (Office of Great Start and Race to the Top), Michigan

Rehabilitation Services and the Michigan Economic Development Corporation.

- The Foster Care Review Board will continue to review permanent ward cases as required by Michigan law, as well as conduct foster parent appeals of children being replaced by the foster care agency. The appeal process is consistently identified as valuable for improving placement stability for children.
- CSA will continue to participate in workgroups stemming from the Michigan Race Equity Coalition to address issues of racial inequality in child welfare. The MDHHS Diversity Equity report was recently released.

Technical Assistance and Capacity Building

- MDHHS will continue participation with the Michigan Race Equity Coalition to assess progress and identify opportunities for improvement in addressing issues of racial inequality in child welfare.
- The Wayne County Third Circuit Court and the department will continue collaborating with Casey Family Programs to improve child welfare services in Wayne County, focusing on timeliness to permanency, need for trauma-informed interventions, increasing parenting time, monitoring children receiving psychotropic medication and compliance with timely ICWA notification.
- The Pathways to Potential model will operationalize recommendations from the three-year evaluation by the Johnson Center at Grand Valley State University through a grant funded by the Kellogg Foundation.

FOSTER AND ADOPTIVE PARENT RECRUITMENT, LICENSING AND RETENTION

Infants and children and youth from various ethnic and cultural backgrounds need foster and adoptive homes. Michigan's demographic and cultural diversity ranges from northern and rural, to urban southeastern Michigan, and the foster care population is similarly varied. Maintaining an adequate array of adoptive and foster home placements that reflect the ethnic and racial diversity of children in care continues to be a top priority. Placement with relatives for foster care and adoption is a strength in Michigan, and the state-administered structure ensures a smooth process for placement of children across county and regional jurisdictions.

At any given time, Michigan has over 13,000 children in foster care and relies on public and private child-placing agencies to find temporary and permanent homes for these children. Michigan has over 90 contracts with child-placing agencies for foster care case management and 60 contracts with 48 agencies for adoption services.

Foster and Adoptive Parent Recruitment Assessment of Performance

Michigan's performance in the Foster and Adoptive Parent Recruitment, Licensing and Retention systemic factor is measured by monitoring the percentage of counties that meet their annual licensing goals. Performance is also reflected in the percentages of children who are placed in permanent homes in a timely manner and the number of children who are placed

with relative caregivers.

Foster Caregivers as Co-Parents

Michigan's CFSR PIP proposes a system innovation that would utilize foster and relative caregivers as co-parents with birth parents whose children are in care, not merely as substitute caregivers. The goal is to improve engagement with parents with children at risk of removal by developing a support system that includes foster and relative caregivers as mentors and partners in the care of children with the intended outcome to prevent the need for placement in foster care. Even if placement is unavoidable, time in foster care can be shortened by supportive relationships with other parents. During the 2020-2024 CFSP, MDHHS will develop this system of foster and relative parent support. Details on this project are later in this section under Planned Activities for 2020-2024.

Diligent Recruitment that Reflects the Ethnic and Racial Diversity of Children

The Office of Child Welfare Policy and Programs provided materials and data to counties to assist them in completing their Adoptive and Foster Parent Recruitment and Retention plans in 2018. Each county received data regarding:

- Demographics of children in care by county.
- Children entering and exiting care by county.
- Total number of foster homes licensed by county.
- Foster home closures by relative and non-related foster homes.
- Data to complete the Foster Home Estimator.

In 2018, MDHHS continued using the Foster Home Estimator developed by Wildfire Associates in collaboration with Dr. Denise Goodman with support and funding from the Annie E. Casey Foundation. The Foster Home Estimator allowed each county to analyze data including:

- The number of children in care.
- Trends over the past two years of the number of children in care.
- The races of children in care.
- The number of children who are over age 13 or in a sibling group.
- The number of foster homes available.
- The average number of beds in a home.
- The percentage of beds in the county that are viable.
- The percentage of homes that were closed the previous year.

The needs identified by this tool in 2018 were homes for specific age ranges, sibling groups and homes that match the race of children in the county. This information was valuable to county offices as they developed data-driven recruitment plans to adequately serve the foster care population within their community.

Counties and agencies reviewed the data and Foster Home Estimator results to identify targeted populations. The counties and agencies collaborated to identify non-relative licensing goals and strategies to recruit homes for the targeted populations. In 2018, each county's

licensing goal was analyzed, and monthly targets were established to assist counties in monitoring their progress toward their unrelated licensing goal.

Recruitment of Foster and Adoptive Parents for Diverse Youth

Targets are shared with each county for the recruitment of foster and adoptive homes that match the racial and/or cultural diversity of children entering foster care in that county. These targets help the county gain a better understanding of which populations to focus on to achieve an array of foster homes available to match diversity within the county.

Foster and Adoptive Parent Training

Foster and adoptive families are provided pre-service training prior to approval as licensed foster families or pre-adoptive placements. This training provides expectations and tools to assist families in caring for children from varied cultural backgrounds and the LGBTQ community. Many MDHHS offices and private child-placing agencies provide ongoing training on these topics to current foster and adoptive parents.

Licensing Standards and Process

In Michigan, the MDHHS Division of Child Welfare Licensing monitors and enforces licensing standards to ensure that they are applied consistently. Child-placing agencies, child-caring institutions, foster family homes and foster family group homes must be licensed through the division. Private child-placing agencies certify foster homes for licensure and send their recommendations to Division of Child Welfare Licensing, which reviews the documentation and decides whether to issue foster home licenses. Licensing variances are only granted on rules that do not pertain to the safety of children. Follow-up visits to determine ongoing rule compliance and to complete renewals are done by child-placing agencies and sent to the division for processing.

Effective Jan. 1, 2008, an amendment to the Child Care Organizations Act, Public Act 116 of 1973, required fingerprinting of applicants for adoption and foster home licensure. Michigan must comply with FBI Criminal Justice Information Services Security Policy. The following checks are completed on foster parent applicants and results are documented on the Licensing Record Clearance Request-Foster Home/Adoptive Home (CWL-1326) and in the Division of Child Welfare Licensing Bureau Information Tracking System:

- Fingerprint based criminal records checks.
- Public Sex Offender Registry.
- Central Registry.
- Secretary of State.
- CPS history.
- Previous licenses issued/closed.

Michigan law requires that criminal history checks be completed on all persons over 18 years residing in the home in which a foster family home or foster family group home is operated. The following record checks are completed on adult household members and documented on the License Record Clearance Request form and in the Bureau Information Tracking System:

- Law Enforcement Information Network.
- Internet Criminal History Access Tool.
- Central Registry.
- Public Sex Offender Registry.
- Secretary of State.
- CPS history.
- Previous licenses issued/closed.

When the agency completes the licensing evaluation, including the assessment of any conviction(s), and if the decision is made to recommend licensure despite conviction(s) for specified crimes as indicated in the Good Moral Character licensing rules, the agency completes the Administrative Review Team Summary. Michigan's Good Moral Character Rule identifies criminal offenses that presume a lack of good moral character. Administrative review is the process by which a licensee or applicant may rebut the Good Moral Character Rule's presumption by demonstrating detailed evidence of rehabilitation. If, in addition to a conviction for a specified crime, there are convictions for other crimes not specified in the Good Moral Character rule, all convictions must be addressed in the Administrative Review Summary. Decisions made by the Administrative Review Team are not subject to appeal.

Once all record clearances are completed, the license applicants are enrolled as foster parents. Anytime a foster parent is fingerprinted by a police agency or has a new conviction in Michigan, the Michigan State Police sends an email to the Division of Child Welfare Licensing the next morning. The division also receives a list every Monday of anyone associated with a license that has been put on Central Registry. A new criminal history check is completed on all non-licensee adults in the household at each renewal.

In Michigan, the following activities ensure that every prospective foster and adoptive parent has a criminal history and Central Registry screening completed prior to licensure or home study approval:

- Every foster and adoptive parent applicant is required to undergo fingerprinting, allowing accurate state and FBI criminal history clearance.
- Every foster and adoptive parent applicant has a sexual offender registry clearance completed prior to licensure or home study approval.
- Every foster and adoptive parent has a Central Registry clearance completed prior to licensure or home study approval.
- Criminal history, sexual offender and Central Registry clearances are completed on every adult household member in foster and adoptive homes prior to licensure.

Adoption Services

Michigan has over 48 contracts for adoption services with private Michigan child-placing agencies. The adoption contracts are statewide and include expectations of conducting interstate compact adoptive home studies, requesting adoptive home studies through the interstate compact process for adoptive placements in other states and performing adoption services on assigned cases, including cross-county placements.

If a child's permanency plan is to be adopted by a family residing outside the state of Michigan, the Interstate Compact on the Placement of Children must be used. The Interstate Compact process is initiated as early in the permanency planning process as possible. A child cannot be placed out of state for relative placement, foster care placement, or adoption without prior written approval from the receiving state through the Interstate Compact process.

Child-Specific Recruitment Activities

Child-specific recruitment is the most effective strategy to find an appropriate adoptive family for a child. If an adoptive family has not been identified for the child at the time of referral:

- A written, child-specific recruitment plan must be developed within 30 calendar days of the date of acceptance of the case.
- The child must be registered for photo listing on the Michigan Adoption Resource Exchange within 30 calendar days of termination of parental rights or the date of acceptance of the case, whichever is later.
- An adoption case must be referred to an adoption resource consultant if an adoptive home has not been identified for the child within one year of the child being legally free with a goal of adoption.
 - Adoption resource consultants provide services until permanency is achieved through adoption or one of the other four federal permanency goals.
- Adoption navigators provide support and assistance to families pursuing adoption of children from Michigan's child welfare system.
- The Michigan Adoption Resource Exchange produces recruitment brochures, videos and newsletters, maintains an informational website, hosts "meet and greet" events and maintains the Michigan Heart Gallery, a traveling exhibit introducing available children.
- The Michigan Adoption Resource Exchange Match Support Program provides statewide services for families who have been matched with a child from the website and are moving forward with adoption. The Match Support Program provides up to 90 days of information and referral services to families.
- MARE Adoption Navigators host quarterly Waiting Family Forums for families who have been approved to adopt and those in the home study process. The forums are an opportunity for the families to learn what happens to their inquiries on a youth after they submit them, what they can do to make the most of the wait time, learn ways to strengthen their inquiries, tips on how to effectively advocate for their family and meet other families waiting to adopt.

Progress in 2018

Progress in 2018 on licensing non-relative foster homes and homes for special populations:

Statewide	Goal for non-relative foster homes to be licensed	Number of non-relative foster homes licensed	Goal for non-relative homes to be licensed for adolescents	Number of non-relative foster homes licensed for adolescents	Goal for non-relative homes to be licensed for siblings	Number of non-relative foster homes licensed for siblings	Goal for non-relative homes to be licensed for children with disabilities	Number of non-relative foster homes licensed for children with disabilities
Statewide Totals	1129	1186	702	303	737	697	300	804

Data Source: MDHHS Child Welfare Licensing.

From Oct. 1, 2017 to Sept. 30, 2018, MDHHS and private child-placing agencies licensed:

- Over 100 percent of the non-relative foster home goal.
- Forty-three percent of the non-relative foster home goal for adolescents.
- Ninety-five percent of the non-relative foster home goal for sibling groups.
- Over 100 percent of the non-relative foster home goal for children with disabilities.

The following recruitment and licensing activities were carried out locally in Michigan to ensure foster and adoptive homes met the needs of children and families in their area:

- Outlined strategies to recruit and retain foster, adoptive and kinship families.
- Produced specialized dashboards that monitored the number of licensed homes, the number of closed homes, average length of time to achieve licensure, number of children placed in residential settings and the number of children placed with relatives.
- Provided tools and guidelines for assessing and analyzing demographic data for recruiting, licensing and retaining foster, adoptive and kinship parents.

Each county MDHHS office was expected to:

- Assist private agency partners, local tribes, faith communities, service organizations and foster/adoptive/kinship parents in completing annual recruitment and retention plans.
- Provide specific strategies to reach out to all parts of the community.
- Assure all prospective foster/adoptive/kinship parents have access to child-placing agencies that provide foster home certification.
- Increase public awareness of the need for adoptive and foster homes through general, targeted and child-specific recruitment activities within the counties.
- Provide strategies for dealing with linguistic barriers.

Counties determined goals and action steps based on historical trends and data provided by the Office of Child Welfare Policy and Programs that include:

- Characteristics of children in care (i.e. age, gender, race and living arrangement).
- Characteristics of children entering and exiting foster care.
- Total number of homes licensed by the county at a point in time.
- Number of foster homes licensed by the county during specified periods.
- Foster home closure reasons.

- Demographic data on barriers to placements.

County Performance:

- Seventy-five percent of counties met at least 90 percent of their recruitment goal.
- Eighty-eight percent of counties met at least 70 percent of their recruitment goal.

Progress in 2019

MDHHS continued using the Foster Home Estimator developed by Wildfire Associates in collaboration with Dr. Denise Goodman with support and funding from the Annie E. Casey Foundation. The Foster Home Estimator allowed each county to analyze data including:

- The number of children in care.
- Trends over the past two years of the number of children in care.
- The races of children in care.
- The number of children who are over age 13 or in a sibling group.
- The number of foster homes available.
- The average number of beds in a home.
- The percentage of beds in that county that are viable.
- The percentage of homes that were closed the previous year.

The needs identified by this tool were homes for specific age ranges, sibling groups and homes that match the race of children in the county. This information was valuable to local counties as they developed data driven recruitment plans to adequately serve their foster care population, within their own community.

The table below outlines the goals and progress from Oct. 1, 2018 through Feb. 28, 2019, for licensing non-relative foster homes and homes for special populations.

Statewide	Goal for non-relative foster homes to be licensed	Number of non-relative foster homes licensed	Goal for non-relative homes to be licensed for adolescents	Number of non-relative foster homes licensed for adolescents	Goal for non-relative homes to be licensed for siblings	Number of non-relative foster homes licensed for siblings	Goal for non-relative homes to be licensed for children with disabilities	Number of non-relative foster homes licensed for children with disabilities
Statewide Totals	1294	400	754	99	811	234	221	278

From Oct. 1, 2018 to Feb. 28, 2019, MDHHS and private child-placing agencies licensed:

- Thirty-one percent of the non-relative foster home goal.
- Thirteen percent of the non-relative foster home goal for adolescents.
- Twenty-nine percent of the non-relative foster home goal for sibling groups.
- Over 100 percent of the non-relative foster home goal for children with disabilities.

The enhanced non-relative licensing dashboard continues to be used in 2019. The dashboard

allows users to see licensing progress at a statewide, BSC, county and agency level, and provides additional data not previously compiled and released. The following data is included:

- Four speedometers that show percentage of the licensure goal achieved (overall and for each special population).
- The number of foster homes opened compared to the number of foster homes closed. Graphs show this data by month and by fiscal year.
- Days to licensure.
- Number of enrollments.
- Number and percentage of residential placements by age group.
- Number and percentage of children placed with relatives.

MDHHS county offices and private agencies continue to collaborate on a local level to recruit, retain and train foster, adoptive and relative families, as outlined in each county Adoptive and Foster Parent Recruitment and Retention Plan. Targeted recruitment activities include:

- Back-to-school events.
- Community festivals, fairs and events.
- Flyers and presentations at local schools.
- Presentations at local hospitals and doctor offices.
- Foster care awareness and appreciation events.
- Adoption Day events.
- Presentations at congregations on the need for foster and adoptive parents.
- Collaboration with community and faith-based partners.
- Foster parent support groups.
- Flyers at sporting events.
- Local community presentations.
- Visiting library displays.
- Movie trailer ads.
- Billboards.

Regional Resource Teams

Regional Resource Teams were implemented in fiscal year 2018. The six Regional Resource Teams are located across the state and provide regional recruitment, retention and training for foster and adoptive parents. The Regional Resource Teams focus on recruiting, supporting and developing foster families to meet annual non-relative licensing goals, retain a higher percentage of existing foster families, appropriately prepare families for the challenges associated with fostering and develop existing foster family skills to enable them to foster children with challenging behaviors.

Support for Adoptive Families

Post Adoption Resource Centers

Post Adoption Resource Centers are designed to support families who have finalized adoptions of children from the Michigan child welfare system, children who were adopted in Michigan through an international or a direct consent/direct placement adoption and children who have

a Michigan subsidized guardianship agreement. Family participation is voluntary and free of charge. Post Adoption Resource Centers offer the following services:

- Case management, including short-term and emergency in-home intervention.
- Coordination of community services.
- Information dissemination.
- Education.
- Training.
- Advocacy.
- Family recreational activities and support.
- Website and newsletter on topics relevant to adoptive families.

Adoption Resource Consultant Services throughout the state:

- Provide services to young people who have a permanency goal of adoption and have been legally free for adoption for one year or more without an identified family.
- Utilize a solution-focused model.
- Develop, review and amend the Individualized Adoption Plan with specific recruitment steps to place a child in an adoptive or pre-adoptive home.
- Assist with problem solving to eliminate barriers and enhance the specificity of each Individualized Adoption Plan.

Rapid Permanency Reviews

- In partnership with the Casey Family Programs, the MDHHS Adoption program office conducted Rapid Permanency Reviews in February 2018. The Rapid Permanency Review is designed to look at systematic barriers and bottlenecks during the adoption process. During the February 2018 review, the focus was children who were available for adoption and who have been “on hold” with an identified family for greater than 12 months without achieving permanency. The review looked at 153 cases of children whose commitment was in Wayne, Oakland, Macomb, Washtenaw, Monroe and St. Clair counties.
 - Of the 153 cases reviewed, 103 have achieved permanency through adoption, 12 have had a permanency goal change to a goal other than adoption and 38 continue to be tracked monthly.

The statewide Parent-to-Parent Program:

- Contracted service with the Adoptive Family Support Network.
- Provides support, education, information and referral services to adoptive parents:
 - Adoption support groups.
 - Adoptive parent seminars/trainings/workshops.
 - Adoptive family fun events.
 - Parent-to-parent hotline.

Kinship Navigator Program Funds

Michigan received \$427,658 in Kinship Navigator Program funds in FY 2018. The funds are being expended in FY 2019 for the Michigan State University Kinship Care Resource Center to expand

their current program capacity by implementing the kinship navigator model for service delivery. The MSU Kinship Care Resource Center will:

- Help kinship families achieve or maintain safety, permanency, and well-being by supporting current and prospective kinship caregivers and the children in their care.
- Serve any relative who is raising or considering raising a child(ren) of a family member due to the child(ren)'s parents being unable to care for them. The placement arrangement can be an informal, private arrangement between the parents and the relative caregiver, or it can be as a result of involvement with Michigan's child welfare system. Families may self-refer or be referred by a child welfare or other agency.
- Develop an outreach and engagement plan to improve and expand the coordination of community services for kinship families.
- Recruit and train staff to support kinship navigation efforts including specific kinship navigator roles requiring individuals with kinship caregiving experience.
- Expand communication technology and information sharing efforts.
- Assess kinship care support group availability and utilization.
- Develop a training plan for staff, kinship caregivers, and service providers.
- Develop and utilize a systematic evaluation approach to evaluate program effectiveness.

Item 33; Standards Applied Equally: Michigan received a rating of Strength for Item 33 in the CFSR based on information from the statewide assessment and stakeholder interviews.

Item 34; Requirements for Criminal Background Checks: Michigan received a rating of Strength for Item 34 in the CFSR based on information from the statewide assessment and stakeholder interviews.

Item 35; Diligent Recruitment of Foster and Adoptive Homes: Michigan received a rating of Area Needing Improvement for Item 35 in the CFSR based on information from the statewide assessment and stakeholder interviews.

Item 36; State Use of Cross-Jurisdictional Resources for Permanent Placements: Michigan received a rating of Area Needing Improvement for Item 36 in the CFSR based on information from the statewide assessment and stakeholder interviews.

Foster and Adoptive Parent Recruitment, Licensing and Retention Plan for Improvement

Goal Selection Rationale: The goal below is maintained because it describes ongoing activities that comply with federal and state laws and policies and provides an adequate array of foster and adoptive placements that are appropriately screened and prepared for the placement of children.

Goal: MDHHS will implement an annual resource parent diligent recruitment and retention plan statewide to ensure there are resource family homes that meet the diverse needs of the children who require out-of-home placement.

- **Objective:** MDHHS will ensure that state standards are applied to all licensed or approved resource families.

Outcome: Applying state standards to all licensed or approved resource families ensures a systematic and thorough screening and licensing process.

Measures: Child welfare licensing data and other sources.

Baseline - 2017: Strength

Benchmarks 2020 – 2024: Local licensing agencies will collaborate with the Division of Child Welfare Licensing to ensure all standards are applied equally.

- **Objective:** MDHHS will ensure that the state complies with federal requirements for criminal background clearances for licensing resource homes and has provisions for ensuring the safety of foster and adoptive placements.

Outcome: Compliance with federal requirements for criminal background clearances ensures the safety of foster and adoptive placements.

Measures: Criminal history and Central Registry screening of foster or adoptive parent applicants.

Baseline - 2017: Strength

Benchmarks 2020 - 2024: Collaboration between the Division of Child Welfare Licensing and local child-placing agencies to ensure each licensed foster home and adoptive home is screened and approved before children are placed.

- **Objective:** MDHHS will recruit and license an adequate number and sufficient array of foster homes to reflect the ethnic and racial diversity of children in the state for whom resource homes are needed.

Outcome: Recruiting and licensing an adequate array of foster homes to reflect the ethnic and racial diversity of children for whom resource homes are needed ensures that a wide variety of placements are available to meet the needs of children.

Measure: Percentage of local annual recruitment, licensing and adoption plans that meet 90% or more of their licensing goals.

Baseline - 2017: Area needing improvement

Benchmarks 2020 - 2024: At least 80% of annual county recruitment plans will meet 90 percent of their licensing goals.

- **Objective:** MDHHS will support safe and timely placement across jurisdictions when such placement is in the best interest of the children.

Outcome: Safe and timely placement of children across jurisdictions ensures that the most optimum placements for children are available to them.

Measure: Interstate Compact data on percentage of out-of-state placements in Michigan with completed home studies within 60 days of the state’s request.

Baseline - 2017:

 - **CFSR 2018:** Area needing improvement.
 - **Interstate Compact 2017:** 55% of home studies were completed within 60 days.

Benchmarks 2020 – 2024: Demonstrate improvement each year.

Goal Selection Rationale: The goal below was maintained based on the rating of area needing improvement in the CFSP Round 3 and because it represents the fundamental functions of the Foster and Adoptive Parent Recruitment, Licensing and Retention systemic factor, which have not changed.

Goal: MDHHS will ensure best practices for recruitment and retention are used and barriers addressed as needed.

- **Objective:** MDHHS will ensure timely search for prospective parents for children needing adoptive placements, including the use of exchanges and other interagency efforts, if such procedures ensure that placement of a child in an appropriate household is not delayed by the search for a same race or ethnic placement.
Outcome: Timely search for prospective parents for children needing adoptive placements will ensure all children who need adoptive parents achieve timely permanency.
Measure: Number of youth available for adoption without an identified family that are registered with the Michigan Adoption Resource Exchange within required timeframes.
Baseline – 2017: Area needing improvement.
Benchmarks 2020 – 2024: Demonstrate improvement each year.
- **Objective:** MDHHS will enhance resource parent engagement, support and development to recruit, prepare and support resource families in their ability to accept placement of children transitioning from congregate care.
Outcome: Recruiting, preparing and supporting resource families to accept placement of children transitioning from congregate care will enhance resource families' ability to address the needs of those children.
Measure: Percentage of children transitioning from congregate care into a foster home or relative placement.
Baseline – 2017: Area needing improvement.
Benchmarks 2020 – 2024: Demonstrate improvement each year.
- **Objective:** MDHHS will enhance resource parent engagement strategies to impact resource parent satisfaction, retention and development.
Outcome: Enhancing resource parent engagement strategies will increase their retention and ability to care for children in foster care.
Measure: Percentage of resource parents reporting satisfaction with their role, their interactions with their agency and with the department.
Baseline – 2017: Area needing improvement.
Benchmarks 2020 – 2024: Demonstrate improvement each year.
- **Objective:** MDHHS will enhance resource parent pre-licensure and adoption training to adequately prepare resource families with a baseline of knowledge about the needs of children placed in foster care or available for adoption.
Outcome: Enhancing resource parent training will prepare them to address the needs of children placed in foster care or available for adoption.

Measure: Percentage of resource parents demonstrating increased understanding of the needs of children in foster care, the child welfare system, and processes following completion of training.

Baseline – 2017: Area needing improvement.

Benchmarks 2020 – 2024: Demonstrate improvement each year.

Foster and Adoptive Parent Recruitment, Licensing and Retention

Planned Activities for 2020-2024

Rationale for Strategies: The strategies below were selected based on needs identified in the CFSR PIP, and for the maintenance and support of the current system of recruitment, licensing and retention.

Strategies:

- The Division of Child Welfare Licensing will continue to screen prospective foster and adoptive parents through criminal history and Central Registry checks, as well as all adults living in the prospective foster or adoptive home.
- Eight regional Post Adoption Resource Centers will provide services to support families who have finalized adoptions of children from the Michigan child welfare system or children who were adopted in Michigan through an international or a direct consent/direct placement adoption or children who have a Michigan subsidized guardianship agreement.
- Adoption Resource Consultant services will continue.
- Adoption Navigator services will be offered to prospective adoptive parents.
- The Match Support Program will continue to seek permanent homes for waiting children and youth.
- The Adoption Oversight Committee will meet bi-monthly.
- Foster Care Navigator services will continue to be offered to support prospective foster parents through the licensing process.
- Six Regional Resource Teams will continue to provide all pre-licensure and pre-adoptive parent training, provide parent support throughout the licensing process, and provide recruitment and retention support to local MDHHS offices to enhance local recruitment and retention efforts.

Program Improvement Plan Strategies

- PIP Engagement Strategy Three: 1.3.4: MDHHS will expand existing foster parent training provided by Regional Resource Teams to include requirements and strategies of co-parenting among resource families and parents. Training will be developed for MDHHS and private agency licensing, foster care and adoption workers and supervisors.
- PIP Engagement Strategy Three: 1.3.5: MDHHS will develop the Professional Resource Family Role to incorporate peer mentoring using the Michigan Adoption Resource Exchange Match program model and While You Wait program training and support for a targeted group of licensed resource families.

Implementation Support

- Collaboration and planning between MDHHS county offices, private agencies, federally recognized tribes, faith communities and key foster/adoptive/kinship parents is necessary to determine the county's overall recruitment needs and goals and the actions steps required to achieve those goals.
- Local MDHHS offices and private agencies use the Foster Home Estimator to analyze the data used to assess the need for foster homes serving diverse communities.
- Eight regional Post Adoption Resource Centers provide services to support families who have finalized adoptions of children from the Michigan child welfare system.
- Foster care and adoption staff coordinate the referral process for children being placed out of state through the Interstate Compact Office.
- The Michigan Adoption Resource Exchange Match Support Program provides statewide services for families who have been matched with a child from the website and are moving forward with adoption.

Program Support

- MDHHS utilizes the Placement sub-team to provide input on the annual foster and adoptive parent recruitment and retention plans. This sub-team develops strategies for recruiting and retaining foster homes, implementing recruitment and retention plans and compliance in the licensing of foster homes.
- The Placement sub-team monitors the implementation plans for placement of children in unlicensed homes and addresses practice in foster parent and relative licensing and placement exceptions.
- Adoption Resource Consultant Services throughout the state provide services to children who have a permanency goal of adoption and who have been legally free for adoption for one year or more without an identified family.

Technical Assistance and Capacity Building

- MDHHS will continue using the Foster Home Estimator from Wildfire Associates with support and funding from the Annie E. Casey Foundation.

CONSULTATION AND COORDINATION WITH NATIVE AMERICAN TRIBES

November 2018 marked the 40th Anniversary of the enactment of the Indian Child Welfare Act (ICWA). Michigan is one of 10 states in the U.S. that has a codified Indian child welfare statute. MDHHS has a long history of collaboration with the federally recognized tribes in Michigan dating back to ICWA era work under the leadership of then-Director Patrick Babcock, who instituted Indian Outreach Services in 1975. This legacy has ebbed and flowed over the past 43 plus years of administration changes; and as tribes have codified child welfare laws for their jurisdictions, considerable work has been done to ensure good working relationships and the safety, permanency, and well-being of tribal youth. While efforts have been made during the

current five-year CFSP to improve effective tribal consultation, some Michigan tribes expressed concerns in 2018 with barriers related to sharing MDHHS CPS case record information and the tribal consultation process.

Protecting Tribal Children and Provision of Child Welfare Services

There are 12 federally recognized tribes in Michigan; all tribes have Indian child welfare code pertaining to various levels of child welfare services. Ten tribes investigate CPS on tribal land. MDHHS provides after hours CPS for five tribes.

Where tribal government agencies do not have child welfare or tribal court services, the state provides care and supervision for Indian children and collaborates with tribal Indian Child Welfare Act coordinators to provide case management. State child welfare services and case management are provided through 83 local MDHHS offices and private foster care providers.

CSA staff and local MDHHS meet at least annually with the federally recognized tribes at the regional Tribal-State Partnership meetings to obtain a description of responsible agencies or program offices within tribes for providing child welfare services. Services include the operation of a case review system for children in foster care, pre-placement prevention, reunification, adoption, guardianship or another planned permanent living arrangement services. Local MDHHS county offices with tribal administrative offices convene monthly case monitoring meetings between county directors and tribal social service staff.

State and tribal child welfare Annual Progress and Services Reports (APSR) are exchanged annually upon approval by the Children's Bureau through the coordinated efforts of Native American Affairs and tribes.

Tribal Consultation and Coordination

The Office of Native American Affairs within the CSA engages in government-to-government relations with the state's federally recognized tribes prescribed by Title XX of the Social Security Act and MDHHS Tribal Consultation Agreements.

MDHHS delivers services to Michigan's American Indian/Alaska Native population of over 230,000. The MDHHS Native American Affairs specialist, housed within CSA, serves as a liaison with Michigan's tribes for:

- Policy and program development.
- Resource coordination.
- Advocacy.
- Training and technical assistance.
- Implementation of state and federal laws pertaining to American Indians.
- Tribal consultation.

MDHHS consultation with tribes occurred in the following 2018 meetings:

- **MDHHS Tribal State Forum** - A tribal consultation meeting with the MDHHS director and

deputy staff that included departmental updates, presentations and individual tribal consultation with the MDHHS director and federally recognized tribes. This meeting occurred on Jan. 9, 2018.

- **Tribal-State Partnership meetings** - A collaborative group of Tribal Social Services directors, state and private agencies and CSA staff that focuses on Indian child welfare and the implementation of the Indian Child Welfare Act of 1978. Meetings occurred on Jan. 10, 2018; April 18-19, 2018; Aug. 1-2, 2018; and Oct. 17-18, 2018.
- **Urban Indian State Partnership meetings** - A collaborative group of urban Indian organizations, state agencies including health and human services, natural resources, civil rights, agriculture, education, licensing and regulatory affairs, and state police, that focuses on the challenges facing tribal at-large membership and point-of-entry for services. The 2018 meeting was cancelled upon request of urban centers; the 2019 meeting is tentatively scheduled for June 2019.
- **United Tribes of Michigan meetings** - A forum for tribes to join, advance, protect, preserve and enhance the mutual interests, treaty rights, sovereignty and cultural way of life of Michigan tribes through the next seven generations. Meetings occurred Feb. 7-8, 2018; and May 31, 2018.
- **Regional Indian Outreach Workers meetings** - For service enhancements and professional development. Meetings occurred March 6-7, 2018; July 10-11, 2018; and Nov. 7-8, 2018.
- **State Court Administrative Office Court Improvement Program statewide task force meetings** – Meetings occurred on March 16, 2018, June 15, 2018, Sept. 28, 2018, and Dec. 7, 2018.
- **Native American Affairs onsite tribal consultation** – Consultation sessions with two of the 12 Michigan tribes took place between May and September 2018.
- **Governor’s Tribal State Summit** – Held on Sept. 27, 2018 involving tribal leaders, state department directors, and tribal liaisons to review annual successes and challenges concerning tribal services or issues.
- **MDHHS Tribal Consultation Meeting** – Occurred on Aug. 13, 2018 with the Michigan Governor’s Office.
- **Tribal State Liaison Forum** - Occurred on Feb. 7, 2019.
- **Governor’s small group meetings** – Meetings occurred between September and December 2018 that included staff, CSA, and three tribal attorneys to discuss MDHHS implementation of MCL 722.627(2)(x).

Tribal Consultation Agreements

MDHHS has individual consultation agreements with eight federally recognized tribes or communities:

- Bay Mills Indian Community.
- Hannahville Indian Community.
- Lac Vieux Desert Band of Lake Superior Chippewa Indians.
- Little River Band of Ottawa Indians.
- Little Traverse Bay Band of Odawa Indians.

- Nottawaseppi Huron Band of Potawatomi Indians.
- Pokagon Band of Potawatomi Indians.
- Sault Ste. Marie Tribe of Chippewa Indians.

CSA also has an agreement with the Saginaw Chippewa Indian Tribe pertaining to Indian child welfare services and descendent families.

CSA is updating 26 tribal agreements addressing services including CPS after hours, Title IV-E, Adult Protective Services, Tribal Consultation, Youth in Transition, and Indian child welfare services including those to descendent families. Completion of finalized agreements is expected in 2019.

Tribal consultation to develop Title IV-E Claiming Agreements was initiated in 2018 with 12 tribes. Hannahville Indian Community submitted a formal request in 2018 for a Title IV-E Claiming Agreement in which the community will maintain care and supervision and MDHHS will make the federal IV-E claim and maintenance payments for tribal children in care. The Hannahville Indian Community Title IV-E Claiming Agreement is expected to be completed by October 2019.

The Keweenaw Bay Indian Community is the only tribe in Michigan that has a Title IV-E plan with the federal government for their tribal foster care, adoption, and guardianship services maintenance and care. Chafee services and the Education and Training Vouchers program will continue to be provided through local MDHHS offices. In addition, the Keweenaw Bay Indian Community maintains a Title IV-D program for child support services within their tribe. The following five tribes have Youth in Transition Agreements with MDHHS to access Youth in Transition funding:

- Hannahville Indian Community.
- Pokagon Band of Potawatomi Indians.
- Bay Mills Indian Community.
- Saginaw Chippewa Indian Tribe.
- Sault Ste. Marie Tribe of Chippewa Indians.

Michigan tribes may access child welfare training provided by the MDHHS Office of Workforce Development and Training. Tribes also have access to the Learning Management System to register for training sessions, access computer-based training, and track staff training.

Tribal Access to Chafee Foster Care and Education and Training Vouchers Services

Redetermination of whether tribes would like to develop, administer, supervise, or oversee Chafee, Education and Training Vouchers and other child welfare services and receive a portion of the state's allotment for administration or supervision is conducted at least annually or at the request of a tribe. In 2018, a discussion with tribes about the Youth in Transition and Education and Training Vouchers programs occurred at the April 2018 Tribal-State Partnership Meeting. The National Youth in Transition Database Survey was distributed to tribes in a 2018 CSA communication issuance.

Ensuring Culturally Appropriate Services

MDHHS ensured culturally relevant services were in place for Michigan's American Indian/Alaska Native citizens in 2018 through:

- Participation in regional and national tribal consultation at the following events:
 - Bureau of Indian Affairs Partners in Action Regional Tribal meetings and conferences.
 - United Tribes of Michigan meetings.
 - Child Welfare League of America Indian child welfare state manager calls.
 - Governor's Tribal Summit.
 - Child Welfare League of America State Indian Child Welfare manager meetings.
 - Annual Department of Homeland Security Emergency Preparedness Conference.
 - Casey Family Programs Indian Child Welfare Act Gold Standard trainings.
 - Annual U.S. Dept. of Health and Human Services and Midwest Association of Sovereign Tribes Tribal Consultation Meeting.
 - MDHHS Diversity Committee meetings.
- NAA policy, MCL 712B. 1 – 41, and 25 CFR 23 implementation. MCL712B.3(a) and (d) define active efforts and culturally appropriate services.
- Invitations to tribal representatives for participation and input on various CSA committees and workgroups, including the CFSR workgroup.
- Development of grant and contract opportunities for tribal communities.
- Strengthening the Indian Outreach Worker program through case reviews to target best practices and service barriers.
- Quarterly Tribal-State Partnership meetings with representatives from CSA, Michigan's 12 federally recognized tribes, and tribal organizations.
- Publishing culturally competent human service materials such as NAA policy and the CPS Investigation Flow Chart that reflect the unique status of tribal people and laws that protect their sovereignty.
- Reviewing and revising Indian child welfare policy to strengthen and achieve compliance with federal rules and regulations.
- Office of Workforce Development and Training Indian Child Welfare Act training, mandatory for new caseworkers and supervisors.
- Strengthening the state courts' application of the Indian Child Welfare Act through collaboration with tribal courts, attorneys and social services, CSA and state court administration, and the MDHHS Legal Division.
- Negotiating tribal-state Title IV-E and IV-D agreements. Michigan assists the tribe(s) to access Title IV-E maintenance funding, Chafee, training and data collection resources.
- Developing Indian child welfare case review tools in collaboration with Michigan tribes and urban Indian organizations.
- Conducting stakeholder surveys for quality assurance.
- Maintaining a public MDHHS Native American Affairs website.
- Conducting public awareness events such as the American Indian/Alaska Native Heritage Month Celebration to sensitize consumers and vendors to issues that impact Native Americans in Michigan and improve cultural awareness and competence.

Contracting Culturally Appropriate Services

CSA contracted with the following entities to provide culturally relevant and appropriate services in 2018:

- Grand Traverse Band of Ottawa and Chippewa Indians for juvenile justice boys' and girls' residential treatment.
- Keweenaw Bay Indian Community for direct tribal Title IV-E agreement and Title IV-D Memoranda of Understanding.
- Inter-Tribal Council of Michigan for Community Service Block Grant and Infant Safe Sleep initiatives.
- The Sault Ste. Marie Tribe of Chippewa Indians' Binogii Placement Agency for foster care and adoption services for tribal children.
- Sault Tribe Detention Center for juveniles.
- Michigan Indian Legal Services for Tribal Community Service Block Grant programming.
- Little River Band of Ottawa Indians for Tribal Community Service Block Grant programming.
- Families First of Michigan, serving seven of 10 reservation communities. Tribal representatives participate in bid ratings for new contracts.
- Annual Tribal Foster Care Recruitment and Retention Plans for Sault Ste. Marie Tribe of Chippewa Indians, Nottawaseppi Huron Band of Potawatomi Indians, Keweenaw Bay Indian Community, and Bay Mills Indian Community foster care recruitment events.

Compliance with the Indian Child Welfare Act

MDHHS Indian Child Welfare Act compliance was measured through:

- Tribal consultation on Michigan's APSR at quarterly Tribal-State Partnership meetings and the Tribal State Forum Meeting in 2018 and 2019.
- MDHHS county director and tribal social services local case monitoring meetings.
- Office of Workforce Development and Training Indian Child Welfare Act training for new workers and new supervisors.
- Individual onsite tribal consultation sessions with Michigan tribes.
- Review of Michigan Court of Appeals Indian Child Welfare Act/Michigan Indian Family Preservation Act case decisions from February 2018 through February 2019.
- MiSACWIS reporting on Indian children in foster care.
- A statewide survey of tribal social service directors, county and BSC directors, and private agency foster care agency directors.
- Indian Child Case Reviews measuring NAA policy implementation.

Between February 2018 and February 2019, eight cases involving Indian children were reviewed by the Michigan Court of Appeals. The court affirmed all but two lower case decisions.

Progress in 2018

Tribes were consulted about amendments to the Child Protection Law to add tribes as entities to whom MDHHS may release confidential records from CPS files in certain instances. The

amendment took effect June 4, 2018.

The Office of Workforce Development and Training and Native American Affairs provides Indian Child Welfare Act/Michigan Indian Family Preservation Act training in pre-service and new supervisor training institutes, as well as a refresher course, and on-demand computer-based training. In 2018 the following training was accessed:

- Indian Child Welfare Act/Michigan Indian Family Preservation Act computer-based training: 1,057 completed.
- Indian Child Welfare Act/Michigan Indian Family Preservation Act refresher training: 11 completed.
- New Supervisor training: 133 completed.
- Indian Child Welfare Act/Michigan Indian Family Preservation Act training: four completed.

MDHHS invited tribes to participate in the following committees:

- MDHHS Adoption/Foster/Kinship Care Committee.
- Michigan Human Trafficking Task Force.
- MDHHS CFSR steering committee and workgroup.
- CFSR Program Improvement Plan stakeholder committee.
- Family First Preservation Services Act Roundtable.

The Native American Affairs specialist conducted onsite consultations between May and September 2018 with two Michigan tribes, the Saginaw Chippewa Indian Tribe and Little River Band of Ottawa Indians, covering topics of tribal choosing.

Tribal Feedback on Indian Child Welfare Act Compliance

Informal feedback on Michigan's tribal collaboration and local office Indian Child Welfare Act/Michigan Indian Family Preservation Act case handling was obtained through quarterly regional Tribal State Partnership Meetings.

To measure ICWA compliance, for MDHHS uses the Quality Assurance Compliance Review (QACR), MiSACWIS data on Indian children in foster care, and the Indian Child Case Review.

County and BSC Director Survey

To gain information on local and regional efforts to improve compliance with ICWA and MIFPA and identify best practices that can be replicated in other areas of the state a survey was conducted in April 2019. Twenty-four MDHHS county directors, one BSC director and 11 private agency directors responded. The complete survey results are found in Attachment J.

2020-2024 Tribal Consultation Goal and Objectives

Goal Selection Rationale: The goal and objectives below were maintained based on the necessity to continue tracking compliance with the four requirements of the Indian Child Welfare Act.

Goal: MDHHS will ensure compliance with the Indian Child Welfare Act statewide.

- **Objective 1:** MDHHS will increase the number of children identified as American Indian/Alaska Native (AIAN) at the onset of cases statewide.
Measures: MiSACWIS data on Indian heritage and the Quality Assurance Compliance Review (QACR) Sufficient inquiry of Native American Heritage.
Benchmarks 2020-2024: Demonstrate improvement each year.
 - **2018 - baseline:**
 - QACR: 95%
 - MiSACWIS: Of the 345 AIAN youths placed in foster care in 2018, 110 records are missing tribal inquiry data and 124 are missing tribal verification data; however, a tribe has been identified and a tribal status start date is associated with the child record; ongoing monthly MDHHS quality assurance of Michigan Indian Foster Care Data Reports occurred in collaboration with tribes in 2018 (area needing improvement).

- **Objective 2:** MDHHS will ensure the notification of Indian parents and tribes of state proceedings involving Indian children and will inform them of their right to intervene in the proceeding.
Measures: MiSACWIS data on Indian heritage and QACR.
Benchmarks 2020-2024: Demonstrate improvement each year.
 - **2018 - baseline:**
 - QACR: 75%
 - MiSACWIS: 124 MiSACWIS ICWA records of the 346 ICWA cases in 2018 are missing tribal verification data pertaining to notice of a child custody proceeding and legal timeframes; however, a tribe is identified, and a tribal status start date is cited and associated with the child record. Missing data fields may include the following: previous existing child record or data entry error (area needing improvement).

- **Objective 3:** MDHHS will ensure that placement preferences for Indian children in foster care, pre-adoptive and adoptive homes are followed.
Measures: MiSACWIS data on Indian heritage and QACR.
Benchmarks 2020-2024: Demonstrate improvement each year.
 - **2018 - baseline:**
 - QACR: 75%
 - MiSACWIS: 345 case records of the 345 Indian children placed in foster care in 2018 reflect tribally approved placements and 345 Indian children are in ICWA placement preference homes; see chart below (satisfactory).

- **Objective 4:** MDHHS will ensure that active efforts are made to prevent the breakup of the Indian family when parties seek to place an Indian child in foster care or adoption.
Measures: MiSACWIS data on Indian heritage and QACR.
Benchmarks 2020-2024: Demonstrate improvement each year.
 - **2018 - baseline:**

- QACR: 75%
 - MiSACWIS: Of the 345 Indian child welfare cases, in 100 percent of cases, the court determined that active efforts were made to prevent the breakup or to reunify the Indian families (satisfactorily achieved).
- **Objective 5:** MDHHS will provide timely notification to the child’s tribe of its right to intervene in any state court proceedings seeking an involuntary placement or termination of parental rights of Indian children.

Measures: MiSACWIS data on Indian heritage and QACR.

Benchmarks 2020-2024: Demonstrate improvement each year.

 - **2018 - baseline:**
 - QACR: data not available.
 - MiSACWIS: 124 MiSACWIS ICWA records of the 345 ICWA cases in 2018 are missing tribal verification data pertaining to notice of a child custody proceeding and legal timeframes; however, a tribe is identified and associated with the child record (area needing improvement).

MiSACWIS recorded the following placement types for Indian children in 2018:

Placement Type	Number of Children
Parental Home	92
Relative Foster Home	94
Licensed unrelated foster home	81
Adoptive home	31
Child-Caring Institution	21
Juvenile guardianship	4
Rental home	4
Emergency Residential Shelter	1
Detention	4
Estates and Protected Individuals Code guardianship	2
Friend/Partner	1
Unrelated caregiver	3
MDHHS Training School	2
Absent without legal permission (AWOLP)	1
College	1
Jail	1
Adult Foster Home	1
Unknown	1
Total	345

Tribal Consultation Planned Activities for 2020-2024

Rationale for Strategies: The strategies below were selected to target tribal consultation activities and projects to increase safety, permanency, and well-being of tribal children under the care and supervision of the department. These activities include:

- MiSACWIS Indian Child Welfare Act AFCARS enhancement.
- Completion of an Indian Outreach Services Business Information System Fit Analysis.
- In collaboration with Michigan tribes, review of a random sample of statistically valid Indian child welfare cases for compliance with law and policy requirements.
- Review of the National Youth in Transition Database survey and results through the Youth in Transition program, with tribal discussion and feedback.
- Consultation on the Family First Preservation Services Act, MDHHS Redaction and Expungement Unit, and tribal agreements.
- Monthly data review of Indian child foster care cases.
- Continued access for tribes to MDHHS child welfare training and the Learning Management System.
- Continued development of Tribal Title IV-E claiming agreements with the state.

2020 Tribal CFSP and APSR Coordination

Michigan tribes will continue to be involved in the implementation of the goals, objectives, and interventions and in the monitoring and reporting of progress through:

- Quarterly Tribal-State Partnership meetings.
- Annual MDHHS Tribal State Forum meeting.
- Urban Indian State Partnership meetings.
- CFSR Program Improvement Plan workgroup participation.
- Bi-monthly data review of Indian child foster care cases.
- Indian Child Welfare Act case reviews in collaboration with Michigan tribes.
- Monthly MDHHS county director and tribal social services case monitoring meetings.
- Individual tribal consultation.

For more information on child welfare services in tribal communities, please visit www.michigan.gov/americanindians.

JOHN H. CHAFEE FOSTER CARE PROGRAM FOR SUCCESSFUL TRANSITION TO ADULTHOOD

Service Description

MDHHS administers, supervises and oversees the John H. Chafee Foster Care Program for Successful Transition to Adulthood, formerly the Chafee Foster Care Independence Program. Chafee goals are addressed through Michigan's Youth in Transition program. Youth in Transition provides support to young people in foster care and increases opportunities for those transitioning out of foster care through collaborative programming in local communities. Independent living preparation is required for all young people in foster care ages 14 and older,

regardless of their permanency goal. MDHHS maintains active collaboration with young people in planning and outreach.

MDHHS allocates funds to counties for independent living services for young people transitioning to independence from foster care. Counties can contract with private agencies or provide funds for services. Chafee eligible expenditures can include:

- First month rent and security deposit.
- Utilities.
- Vehicles, insurance and car repair.
- Preventive services.
- Mentoring.
- Securing identification cards.
- Employment services and supports.
- Educational supports pre-college.
- Participation in support groups and youth advisory boards.
- Housing startup goods.
- Startup items and supplies for new infants.

Coordination with Other Federal and State Programs

MDHHS coordinates with other federal and state programs for youth, including transitional living programs funded under Part B of the Juvenile Justice and Delinquency Prevention Act of 1974, in accordance with Section 477(b)(3). The eligibility criteria for Chafee-funded services are documented in MDHHS foster care policy. Young people that meet the criteria for Chafee-funded services are eligible, regardless of race, gender or ethnic background. A youth who has or had an open juvenile justice case and is placed in an eligible placement under the supervision of MDHHS is eligible for Chafee funded goods and services. Juvenile justice specialists are offered all training opportunities regarding services available under the Chafee Foster Care Program for Successful Transition to Adulthood.

MDHHS provides oversight to the programs and agencies providing direct services and support to children through the Education and Youth Services Unit, which is responsible for ensuring services meet federal requirements and are provided to all eligible young people. Education and Youth Services staff oversee contracting for Chafee services and ensure agencies comply with contractual obligations.

MDHHS is committed to ensuring allocated Chafee funds are made available to eligible youth by facilitating disbursements of funds to counties for goods and services. This budget line is reviewed at regular intervals to identify spending patterns and align funds with areas of need. Young people in foster care on or after their 14th birthday are eligible for higher education financial aid in the form of Education and Training Vouchers (ETV). Youth who exit foster care due to adoption or guardianship at age 16 or older are also eligible for ETV. At age 18, those young people are eligible for all Chafee-funded goods and services.

Improving Engagement with Youth

In response to concerns expressed in the CFSR Round 3 about the state's engagement of birth parents, foster parents and youth, MDHHS is undertaking the following strategies in the Program Improvement Plan.

Under the cross-cutting issue of Engagement, MDHHS is undertaking the following key activities:

- **Engagement 1.2.1:** Assess and determine the need for additional fidelity tool guides or training for MDHHS and private agency staff through Quality Improvement Activity assignment to local CQI teams. Local teams can highlight effective, innovative practices and disseminate information up to the higher CQI groups for distribution statewide.
- **Engagement 1.2.2:** Revise fidelity tool based on first and second quarter feedback, concentrate on coaching by supervisors and usability of fidelity tool.
- **Engagement 1.2.3:** Implement ongoing analysis of fidelity assessment information in local and state performance and quality improvement systems.
- **Engagement 1.2.4:** Initiate a pilot in two counties for developing a Family Team Meeting Facilitation and Coaching Program to reinvigorate the understanding and use of pre/Family Team Meetings, coach and deliver improved engagement and teaming capacity of the workforce and assess the impact and potential to bring to scale if the pilot is determined to be valuable.

Chafee Services to be Provided in 2020-2024

Family First Prevention Services Act

The Family First Prevention Services Act was enacted through Public Law 115-123 on Feb. 9, 2018, which changed the name of the John H. Chafee Foster Care Independence Program to John H. Chafee Foster Care Program for Successful Transition to Adulthood. The act changes the program purpose and population of youth eligible to receive services through the Chafee and the Education and Training Vouchers programs. MDHHS made updates to policy and procedures after approval through the counter-signed certification from the Children's Bureau.

Progress in 2018

- Michigan expanded supports and services to all youth who experienced foster care at age 14 or older and who are placed with the state child welfare agency in their transition to adulthood.
- Young people can be provided transitional services in financial, employment, education, vocational, health, mental health, housing and other needs as identified in collaboration with the youth.
- Supports and services funded through the Chafee program are available until an eligible youth's 23rd birthday.
- Education and Training Vouchers are available until an eligible youth reaches age 26.
- Services are provided to youth who have left foster care for kinship care, guardianship or adoption.
- Services ensure eligible youth have opportunities to engage in age and/or

developmentally appropriate activities.

- The limit on the amount of Chafee funds that may be used for room and board expenses for youth ages 18 and older remains unchanged, with no more than 30 percent of Chafee funds expended for room and board.

Implementation of Chafee expansion

Changes to Michigan’s Chafee Foster Care Program for Successful Transition to Adulthood were included in policy manuals and contract amendments and messaged to youth, service providers and community partners in the following ways:

- Child welfare staff received instruction through statewide communication issuances, monthly supervisory phone calls, technical assistance and training opportunities for child welfare staff working with youth, including Michigan Youth Opportunities Initiative coordinators, education planners and permanency resource managers.
- Service providers were informed through outreach to the Michigan Federation for Children and Families, contract amendments, statewide communication issuances, monthly supervisory phone calls, at Tribal-State Partnership meetings, and in meetings with education partners, Michigan Department of Education, Michigan’s Children and other stakeholders.
- Youth were informed through their assigned caseworkers at semi-annual transition planning meetings for youth 14 and older, 90-day discharge meetings, through service providers, by their Michigan Youth Opportunities Initiative coordinator at youth board meetings and through outreach with youth involved in the Michigan Youth Opportunities Initiative.
- MDHHS initiated listening sessions on provisions of the Family First Prevention Services Act to inform partners and stakeholders statewide of the commitments and opportunities provided by the act. This included sessions with youth at the Michigan Teen Conference, the State Court Administrative Office, public and private child welfare agencies, contractors and service providers.

Positive Youth Development

Key principles of Positive Youth Development are infused throughout Michigan’s Chafee programming in the following ways:

- Michigan Youth Opportunities Initiative, offered in every county, brings enrolled youth together in their geographic area and provides them opportunities to be involved in developing new opportunities for growth and social connectedness. Youth develop their leadership potential and self-advocacy skills and are provided opportunities to inform policy makers and legislators of their assessment of ways to improve the child welfare system. The Michigan Youth Opportunities Initiative establishes a youth board in each site that determines what opportunities youth would like to develop within their established youth board and in the community.
- The MiTEAM case practice model incorporates authentic youth engagement in Family Team Meetings as their service plans are developed and implemented.

- Youth are included in case planning meetings and semi-annual transition plan meetings, along with supportive adults, to include their voice in developing their potential through service referrals.
- Youth are encouraged to voice their preference in critical decisions such as school placement and activities they wish to participate in.
- As youth identify areas of need or interest, Chafee funds are made available to support activities and services that develop their potential.

Opportunities to Engage in Age- or Developmentally Appropriate Activities

- The discretionary allocation for each county provides funding for young people to participate in a range of activities that support their transition to self-sufficiency.
- Foster care licensing rules require foster parents to encourage young people to participate in recreational activities appropriate to their age and ability.
- Foster care policy includes language supporting the federal Prudent Parent Standards.
- Chafee-eligible youth participate in the annual Teen Conference, a two-day event that focuses on independent living skills and topics of importance to youth in foster care.
- Public and private agency child welfare staff identify local and statewide opportunities that foster learning and promote young people's ability to become self-sufficient, including driver's training.

Progress in 2018

- MDHHS expanded the Michigan Youth Opportunities Initiative to every county through the allocation of 43 Michigan Youth Opportunities Initiative Coordinator positions.
 - The initiative utilizes Chafee funds to develop skills in youth leadership and self-advocacy.
 - Participants are provided financial, employment and educational opportunities to support their interests and develop their ability to become self-sufficient.

Justice for Victims of Trafficking Act of 2015 and the Trafficking Victims Protection Act

The Michigan Legislature passed bills in 2015 that resulted in the Safe Harbor Act.

Progress in 2018

- Training needs continued to be addressed with an online training that was made available to child welfare staff through the Learning Management System.
- MDHHS cross trained with community agencies and other state agencies on identification of human trafficking, the role of child welfare professionals in trafficking cases and resources for treating victims.
- MDHHS is collaborating with private stakeholders to develop an assessment center for substance use and mental health assessments for trafficking victims. The goal is to reduce recidivism and assist victims to remain in treatment after thorough assessment of their needs.

Housing Resources

MDHHS developed contracts to provide an array of services to homeless youth and those at risk of homelessness through its Homeless Youth and Runaway programs. These contracts require:

- A minimum of 25 percent of the youth served are former foster youth or homeless due to a dissolved adoption or guardianship.
- Provide 24-hour crisis services.

MDHHS has committed to reducing homelessness for youth who were previously in foster care in the following ways:

- Collaborating with housing resource partners and local organizations to develop safe, stable and affordable housing for youth exiting foster care.
- Collaborating with the Detroit Housing Commission to provide housing choice vouchers to youth ages 18 to 21 in five counties.
- Participating in a Housing and Urban Development demonstration grant to extend housing for youth eligible for the Family Unification Program in multiple counties throughout the state.
- Developing partnerships with faith-based organizations and community partners to expand housing opportunities for youth.
- Collaborating with the Michigan State Housing Authority and Michigan Coalition Against Homelessness in these areas:
 - Increasing leadership, collaboration and civic engagement.
 - Increasing access to stable and affordable housing.
 - Receiving a grant for Housing Choice Vouchers in another three counties.

Serving Youth Across the State

- Independent living preparation is required for all youth in foster care ages 14 and older, regardless of their permanency goal. The purpose of independent living preparation is to assist youth transitioning to self-sufficiency. MDHHS allocates funds to all 83 counties for independent living services.
- Native American youth served by tribal child welfare services or MDHHS that meet eligibility criteria are eligible for Chafee funds and Education and Training Vouchers. Information about services is shared with tribes through quarterly Tribal-State Partnership meetings and technical assistance to individual tribes. MDHHS Indian outreach workers in counties with tribal populations provide information and assistance to tribal youth eligible for services.
- MDHHS' Native American Affairs and the Education and Youth Services Unit are collaborating with tribal welfare agencies to update the Memorandum of Understanding for securing Chafee funds for independent living skills for eligible tribal youth.
- Youth participating in the Michigan Youth Opportunities Initiative and coordinators receive training in safe and strategic sharing to reinforce their confidence and comfort in voicing their message.

Youth Participation in Improving Foster Care

Goal: Youth will be actively involved in developing practices, policies and procedures to improve services.

Progress in 2018

- Youth participating in youth boards were given opportunities to provide input on National Youth in Transition Database data.
- Young people are included in local foster parent PRIDE training for individuals becoming licensed as foster parents.
- Youth panels are included in conferences, local trainings and organizational meetings to bring the voice of youth experiencing foster care to child welfare staff, legislators, community stakeholders and policy makers.
- Youth participated in advocacy and outreach through:
 - Foster parent PRIDE training.
 - Child Welfare Training Institute panels.
 - Kids Speak events for legislators and policy makers.
 - Community partnership meetings.
 - Permanency Forum.
 - Caseworker conferences.
 - Serving as an education liaison with their local youth boards.
 - MDHHS workgroups including the Health Advisory and Resource Team, the LGBTQ workgroup and the CFSR focus group.

National Youth in Transition Database

Since 2011, Michigan has gathered demographic and outcome information on young people receiving independent living services. Michigan has remained in compliance with data collection standards every year since 2012. The state uses this data to improve understanding of the needs of young people and identify areas for improvement. The Education and Youth Services Unit engages in ongoing review of the data and meets with the data reporting team prior to each submission to ensure data are collected as accurately as possible and to identify any corrections needed.

MDHHS will continue to cooperate with the National Youth in Transition Database and in any required national evaluations of the effects of the Chafee and Education and Training Vouchers programs in achieving the purposes of Chafee.

Progress in 2018

- Local MDHHS Youth Advisory Boards met to discuss access to needed services, policy implementation and National Youth in Transition data collection.
- National Youth in Transition Database reports were reviewed with community stakeholders and agency partners to understand service strengths and gaps and outcomes of youth.
- MDHHS reviewed National Youth in Transition data with community partners, other

- state agencies and youth who experienced foster care to identify strengths and gaps.
- National Youth in Transition data was utilized in grant applications to improve housing and services for youth in care.
- A focus group was initiated; however, due to transition of youth and agency workers, it will need to be re-established.

Serving Youth of Various Ages and States of Achieving Independence

Independent living preparation is required for all young people in foster care ages 14 and older, regardless of their permanency goal. The purpose of independent living preparation is to assist youth in their transition to self-sufficiency. Independent living preparation for youth ages 12 and 13 is encouraged based on availability of services and need.

- Michigan's Young Adult Voluntary Foster Care program was implemented in 2012 and allows youth who are in foster care at age 18 either to remain voluntarily in foster care when their abuse and neglect case is dismissed, or to return later up to age 21. This program offers case management services and financial supports if the youth meets eligibility criteria.
 - In FY 2018, 628 youths were served in the Young Adult Voluntary Foster Care Program.
- In 2014, an Independent Living Plus contract was implemented. This is a time-limited service in which young people ages 16 to 19 receive case management, weekly independent living skills coaching and support in education, mental health and employment in host home or staff supported housing.
- All youth ages 14 and older are included in the development of their service plan and participate in quarterly case planning Family Team Meetings.
- The Casey Life Skills Assessment is a free, online, youth-centered tool that assesses the life skills youth need for their well-being, confidence and safety as they navigate high school, post-secondary education, employment and other milestones. The assessment must be completed annually starting at age 14.
- Youth 14 and older are referred to the local Michigan Works! Agency for employment supports.
- The Summer Youth Employment Program provides job readiness training and summer employment linked to academic and occupational learning for up to 350 young people per year.
- All Michigan Youth Opportunities Initiative sites are provided with demographic data of enrolled youth to assist development of programming specific to their needs.
- Youth participating in the Michigan Youth Opportunities Initiative are offered monthly training regarding development of age-appropriate independent living skills in employment, education, financial competency and health.
- The Michigan Youth Opportunities Initiative utilizes local experts, including Planned Parenthood, to educate participating youth regarding safe sex, pregnancy prevention and healthy relationships.
- MDHHS has five mentor contracts in four BSCs, covering ten counties.

Semi-annual transition plan meetings. Youth ages 14 and older participate in semi-annual transition plan meetings to discuss their permanency goal, identify needs, resources and adults to support them.

- The semi-annual transition plan meeting covers all areas of a youth's needs, including housing, supportive relationships, independent living skills, education, employment, health, mental health, financial needs and the opportunity to extend foster care to age 21.
- Pregnancy prevention is among the topics that may be discussed in creating plans for transitioning to independent living.
- The Quality Improvement Council Independent Living subcommittee made recommendations to update the forms utilized in the semi-annual transition plan meeting and the 90-day discharge plan meeting to improve the identification of needs and services.
- This document becomes the youth's transition plan and progress is evaluated during each meeting.

Educational Assistance

MDHHS education planners work with foster youth ages 14 and older to resolve specific education barriers to grade advancement, and with youth of any age to ensure timely school enrollment and address education transportation needs. They work with individuals and provide technical assistance to child welfare staff in a variety of areas, including:

- Education transportation and payment.
- Records transfer.
- Education placement determinations.
- Advocacy to remain in the school of origin.
- Resolving special education issues.
- Resolving disciplinary issues.
- Assisting with financial aid applications.
- Arranging college tours.
- Post-secondary preparation and attendance.

Currently, 18 education planners serve young people in 48 counties. In counties that do not have an allocated education planner, a staff person has been identified as an education point-of-contact. Per the Every Student Succeeds Act, this person serves as a liaison for the local education agency when there are questions concerning a student who is in foster care.

Progress in 2018

- A communication issuance was released in January 2018 to child welfare staff statewide with education updates, including changes to school transportation responsibilities and payment.
- The education analyst presented information on the new education requirements on monthly child welfare supervisor phone calls.
- Education policy was updated to reflect the newest changes to education transportation

process and procedure.

- In August 2018, a webinar was recorded for SCAO for court staff, attorneys, and referees.
- In January 2019, an updated webinar was recorded and made available to new education planners, education points-of-contact, and other foster care staff to give updated guidance on education policy and procedures, including education best interest determinations, and transportation plans and payment. In March 2019, a similar webinar was recorded for school district foster care liaisons.
- The education analyst and Michigan Department of Education foster care consultant completed in-person trainings to child welfare staff and education staff across the state.
- The Education and Youth Services Unit worked with the Michigan Department of Education and the Center for Education Performance and Information to meet the requirement of the Every Student Succeeds Act to report on students who are in foster care, starting with the 2017-2018 academic year.
- A new data report was developed to inform local MDHHS staff and management of education enrollment data in MiSACWIS. The education analyst discussed this new report on statewide monthly supervisory phone calls and requested that foster care supervisors review their report so updates to education data will be made as instructed.
- The education analyst added instruction in documenting education information in MiSACWIS when training child welfare staff.

Personal and Emotional Support for Youth Aging out of Foster Care

- Independent Living Plus provides youth in foster care needing services to develop skills for independent living with case management, weekly training and referrals to meet their education, employment, health and mental health needs as identified in their individualized treatment plan.
- Young people are assisted to identify supportive adults during semi-annual transition plan meetings, 90-day discharge plan meetings, quarterly Family Team Meetings, and when developing a permanency goal of Another Planned Permanent Living Arrangement. Supportive adults are included in meetings and can advocate for youth.
- MDHHS has five contracts to provide mentoring supports to older youth in four of the five BSCs.
- Independent Living Skills Coach contracts with institutions of higher education provide supportive mentors to college students who request them.

Employment Assistance

- Youth ages 14 and older are referred to the local Michigan Works! Agency for employment support.
- Michigan Youth Opportunities Initiative coordinators collaborate with businesses and organizations in their communities to refer older youth in foster care for job training and employment opportunities.

Progress in 2018

- Education planners provided resource information to public and private child welfare staff and referred youth to employment and education programs in their area.
- The Education and Youth Services Unit collaborated with Jobs for Michigan's Graduates to identify participants for the three-year grant they received from the Annie E. Casey Foundation to work with at-risk youth to improve education and employment outcomes for young people in foster care in Berrien, Wayne and Genesee counties, including those with juvenile justice cases.
- For several years, the Education and Youth Services Unit has collaborated with Michigan Works! to offer the Summer Youth Employment Program. The Summer Youth Employment Program provides job readiness training and summer employment linked to academic and occupational learning for 250 to 350 young people per year.
 - In 2018, 270 young people received services in nine Summer Youth Employment sites. Of these, 180 successfully completed the program.
 - In 2018, a summer-end survey was added to the program requirements.
 - One hundred thirty-four youths completed the survey.
 - Seventy-eight percent of the participants reported they acquired skills through the orientation and training that they will use in the future.
 - Ninety-five percent of the participants reported they acquired skills through their work experience that they will use in the future.
 - Seventy-two percent of the participants reported they were returning to high school after program completion.

Michigan Youth Opportunities Initiative

MDHHS expanded programming through the Michigan Youth Opportunities Initiative. Programming results in positive outcomes in permanency, education, employment, housing, health, fiscal management and relationships. Encouraging young people to share their insights and experiences enables MDHHS to receive critical input on current policy and practice.

Progress in 2018

- Michigan Youth Opportunities Initiative programming expanded statewide to offer programming in all 83 counties.
- There are currently more than 1,000 youths enrolled in the Michigan Youth Opportunities Initiative.
- The program provides financial training and bank accounts for enrolled youths. Each youth has a personal savings account and an Individual Development Account which the Michigan Youth Opportunities Initiative will match 1:1 for the purchase of an asset such as a car, or first month's rent and a security deposit. In calendar year 2018, there were 93 purchases made matching \$203,359.
- In the history of the Michigan Youth Opportunities Initiative program, there have been 1,249 matches made totaling \$2,393,720.
- All Michigan Youth Opportunities Initiative sites are provided with demographic data of enrolled youths to assist development of programming.

- Staff from Wayne and Genesee counties attended a Race Equity Design Lab sponsored by the Annie E. Casey Foundation to begin assessment of young people enrolled in the Michigan Youth Opportunities Initiative about disparities in race and gender.
- Technical assistance was offered to Wayne and Genesee counties from the Annie E. Casey Foundation in preparation for the training.
- Michigan Youth Opportunities Initiative staff received training on the needs of young people identifying as LGBTQ to support their understanding of diversity and inclusion.
- Technical support and training are offered to Michigan Youth Opportunities Initiative sites to increase participation and service delivery with equitable opportunities for all young people.

Pregnancy Prevention

- Young people participating in the Michigan Youth Opportunities Initiative are offered monthly training regarding development of age-appropriate independent living skills in employment, education, financial competency and health.
- The Michigan Youth Opportunities Initiative utilizes local experts, including Planned Parenthood, to educate young people about safe sex, pregnancy prevention and healthy relationships.

Progress in 2018

- Michigan receives technical assistance and guidance from state and national resources to identify best practices and program opportunities for pregnancy prevention.
- Michigan Youth Opportunities Initiative staff supported enrolled pregnant and parenting youths to offer targeted supports in partnership with the Annie E. Casey Foundation.

Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ) Youth

- Michigan’s non-discrimination policy states, “MDHHS will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, gender identity or expression, sexual orientation, political beliefs or disability.” This statement applies to all licensed and unlicensed caregivers, families and/or relatives that potentially could provide care or are currently providing care for MDHHS supervised children, including children assigned to contract agencies.
- MDHHS collaborates with universities to provide training in specific topics. Addressing the needs of LGBTQ youth is included in this curriculum.

Progress in 2018

- MDHHS is finalizing a best practice guide to assist child welfare staff to engage young people who identify with diverse sexual orientation, gender identity and expression who are experiencing foster care. MDHHS is committed to developing a child welfare workforce that is knowledgeable and competent to support all children in care.
- Child welfare workers are offered training through the Learning Management System, conferences, classes offered in partnership with universities, and trainings offered in local offices.

- Training was provided to foster care staff and supervisors in three pilot counties to increase awareness and sensitivity in working with individuals who identify with diverse sexual orientation and gender identity expression.

Young Adult Voluntary Foster Care

- Michigan passed the Young Adult Voluntary Foster Care Act in 2011, allowing young people to remain in foster care until age 21 and receive services and financial support. With the passage of the Family First Preservation Services Act in 2018, Young Adult Voluntary Foster Care is available to youth until they reach age 23.
 - Services include mental health, medical, dental, substance abuse, educational and employment supports.
- To be eligible, participants must maintain employment of at least 80 hours per month or participate in an educational program. In Michigan, most youth in Young Adult Voluntary Foster Care are in the following placement types:
 - Independent living, including attending a college or university.
 - Living with a licensed or unlicensed relative.
 - Guardianship or adoption.
- Participants living with a biological parent, regardless of the status of parental rights or incarceration, become ineligible for Young Adult Voluntary Foster Care.
- Participation in Young Adult Voluntary Foster Care is voluntary, and participants may choose to exit the program at any time.
- Michigan allows unlimited exits and re-entries into Young Adult Voluntary Foster Care.

Progress in 2018

- Information about the opportunity to voluntarily extend foster care was included in trainings to public and private child welfare agencies and community partners.
- Forms used for documenting the semi-annual transition plan meeting and the 90-day discharge meeting were revised to highlight the opportunity for extending foster care and document that youth were informed of the program.

Support for Foster Children in Higher Education

- The Michigan legislature appropriates funding for Fostering Futures Scholarships for eligible young people to attend higher education in Michigan.
 - MDHHS collaborates with the Michigan Department of Treasury, Office of Scholarships and Grants, to process applications and award scholarship funds.
 - The Education and Youth Services Unit verifies eligibility for the Office of Scholarships and Grants.
- The Education and Youth Services Unit collaborates with the contractor for Education and Training Vouchers and with Fostering Success Michigan to provide regional trainings on higher education supports for foster youth in universities statewide.
- MDHHS supports 13 post-secondary institutions with campus-based supports for young people in foster care who are attending college.

- Of these, 10 institutions have contracts with MDHHS to provide independent living skills coaches to participating youth.
- In the remaining three colleges, MDHHS provides an employee on campus to be a liaison and support person to enrolled students in foster care.

Independent Living Skills Campus Coaches

There are 10 Michigan post-secondary institutions that have a contract with MDHHS that allows them to employ a full-time independent living skills campus coach. Campus coaches assist students who are currently or were formerly in foster care acclimate to campus life and reach their education goals. In addition to the 10 campus coach contracts, Western Michigan University, Northwestern Michigan College and the University of Michigan utilize MDHHS employees as liaisons. The liaisons work with students from foster care to ensure they receive all services for which they are eligible, including:

- Young Adult Voluntary Foster Care.
- Education and Training Vouchers.
- Youth in Transition funds.
- Medicaid.
- Daycare.
- Supplemental Nutrition Assistance Program.

Progress in 2018

- In FY 2018, 223 youths were served through the 10 independent living skills contracts.
- In 2019, all ten contracts were amended to allow the programs to serve eligible students until their 23rd birthday.
- The independent living skills coach contracts require coaches to invite students to take a year-end survey.
 - At the end of the 2017-2018 academic year, 65 youths completed the survey.
 - One hundred percent of participants were either satisfied or highly satisfied with the coaching program.
 - Eighty-five percent of the participants planned to return to campus the following fall semester. Of those not returning, most had either graduated or were transferring to a different institution.
 - The average grade point average of those who completed the survey was 2.68.
 - Eighty percent of participants reported they were currently matched with a mentor through the program. Fifteen percent were offered a mentor and declined.

Plan for Improvement - Activities for 2020-2024

- Messaging will continue to inform all eligible youth in foster care of opportunities to attend higher education.
- The MDHHS education analyst will continue statewide training and technical support for child welfare workers and stakeholders on educational opportunities and resources.
- The MDHHS education analyst will provide technical assistance to the independent

living skills coach contractors to ensure they are serving all eligible youth on campus.

Collaboration with Other Private and Public Agencies

MDHHS collaborates with private and public agencies to assist youth in the following ways:

- MDHHS provides Medicaid coverage to foster youth who leave MDHHS supervision and care to age 26 under the Patient Protection and Affordable Care Act.
- The Michigan Youth Opportunities Initiative is a partnership with the Jim Casey Youth Opportunities Initiative in its 15th year of assisting older youth in foster care through training, advocacy, leadership development and financial competency.
- Each Michigan Youth Opportunities Initiative site collaborates with community partners and stakeholders to develop opportunities for employment, education and social activities for young people in foster care.
- Education and Youth Services staff collaborate with the Office of Native American Affairs to include the needs of tribal youth in program and policy updates.
- MDHHS awards contracts to private agencies to address the needs of older youth in foster care, including contracts for mentor programs, Summer Youth Employment Programs, Independent Living Skills Coaches and youths requesting Independent Living Skills Plus.
- The Education and Youth Services Unit collaborates with other state agencies, including the State Court Administrative Office, Department of Treasury, Department of Education, Michigan State Housing Development Authority and others to ensure the needs of older youth experiencing foster care are identified and met.

Program Support

- Training is provided as requested by child welfare staff in local public and private agencies, and by community organizations and community partners.
- The Education and Youth Services Unit collaborates with the Office of Workforce Development and Training to create online trainings for human trafficking and working with youth who identify with diverse sexual orientation and gender identity expression.
- MDHHS cross-trains with state and community agencies in human trafficking and education issues.
- The Education and Youth Services Unit collaborates with the Michigan Network of Youth and Families to provide technical assistance and guidance to connect providers with resources for special concerns such as trauma, human trafficking, diverse sexual orientation and gender identity and substance use.
- Training on the importance of accurate and timely collection of survey and service information was provided to analysts assigned to the BSCs and Child Welfare Supportive Services.
- Monthly supervisory phone conferences are used to provide updates and information to child welfare supervisory staff regarding the importance of accurate and timely collection of surveys and documentation of services provided to youth.
- Training is provided to public and private child welfare staff as requested regarding the availability of startup living expenses for eligible youth.

- Technical assistance is provided to public and private child welfare staff to support timely access and documentation of startup living expenses for eligible youth.
- Training is provided to Michigan Youth Opportunities Initiative and child welfare staff regarding eligible expenses, opportunities available to youth and documentation of Chafee funded expenditures.

John H. Chafee Foster Care Program Consultation with Tribes

All Chafee services including Education and Training Vouchers are available to eligible tribal youth without exception. MDHHS includes information about Chafee services and the Education and Training Vouchers program at quarterly Tribal-State Partnership meetings. Tribal leaders have an opportunity to ask questions and request presentations. Technical assistance is provided to individual tribes as requested.

Program Support

- MDHHS provides Indian Outreach Workers in each local office with a tribal population who provide individual services and assistance with applications to ensure all tribal youth are aware of the available services and how to access them.
- The Office of Workforce Development and Training provides ICWA training for new child welfare and supervisory staff through online and facilitator-led supervisor training.
- The Court Improvement Program statewide task force holds meetings quarterly to advocate on behalf of tribal families.
- Review of whether tribes would like to develop, supervise or oversee Chafee, Education and Training Vouchers and other child welfare services and receive a portion of the state's allotment for administration is conducted annually, or at the tribe's request.

MDHHS is in the process of updating prior Memoranda of Understanding for Michigan's federally recognized tribes to ensure Youth in Transition funds are available to tribal youth in foster care. The Education and Youth Unit presents updates on Chafee and Education and Training Vouchers at the quarterly Tribal-State Partnership meetings and conducts follow-up as requested. The Keweenaw Bay Indian Community has requested a Title IV-E tribal/state agreement that will be effective when their federal plan is approved.

Training in Support of the Goals and Objectives of the Chafee Program

To support Chafee policy and procedures, child welfare specialists are trained on Youth in Transition policy in the Pre-Service Institute and Program-Specific Transfer Training. Technical assistance is provided as requested. As new issues are identified, information is shared with child welfare management and staff through communication issuances and monthly supervisory phone calls. Michigan provides the following training on the needs of young people preparing for independent living:

- Education - College Scholarships and Resources, in which information is shared on educational needs of children and youth and the associated federal and state laws and policy. The training includes how to access post-secondary resources for youth.
- Training is provided to the 16 education planners on policy and program updates,

changes in law and topics of interest.

- Education Requirements for Youth in Foster Care, in which education policy and the educational needs of young people are presented.
- Monthly technical assistance phone calls are held with education planners and Michigan Youth Opportunities Initiative coordinators on policy updates.
- Regional and county office trainings are held on the policy, procedures and benefits of accessing Youth in Transition funding for older foster youth.
- Youth panels are presented, in which foster and adoptive youth share their experiences.
- MDHHS local offices and private foster care agencies offer training to foster and adoptive caregivers on topics identified in their communities. Training includes how to assist youth preparing for independent living and providing culturally sensitive services, including services to LGBTQ youth.
- The Learning Management System offers trainings in special interest areas, including working with youth who identify with diverse sexual orientation and gender identity expression, human trafficking and the education needs of youth in foster care.

EDUCATION AND TRAINING VOUCHERS PROGRAM

Education and Training Vouchers Service Description

The Education and Training Vouchers Program is a state-administered program implemented through a contract with Samaritas of Michigan since 2006. Samaritas maintains an online database and website that streamlines the application process. Samaritas tracks utilization of vouchers on each youth's award and education history through their database. This ensures a youth is never awarded more than \$5,000 in one fiscal year, per policy. Youth can receive vouchers until their 26th birthday but cannot receive more than five years of Education and Training Vouchers funding. The five years does not have to be consecutive.

Coordination with Education and Training Programs

Samaritas maintains a close and collaborative relationship with Michigan's college programs, Michigan Department of Treasury Office of Scholarships and Grants which administers the Tuition Incentive Program and Fostering Futures Scholarship program, MDHHS education planners, Michigan Youth Opportunities Initiative coordinators, and the Fostering Success Michigan organization. Samaritas ensures students receiving an Education and Training Voucher award are aware of other opportunities supporting education success. Additionally, MDHHS coordinates with Samaritas, Michigan Department of Treasury, Michigan Department of Education and the Fostering Success Michigan director to provide statewide trainings to youth, child welfare staff, education staff for K-12 programs, post-secondary programs and community organizations on education opportunities and financial aid.

In 2018, an amendment was completed for the Education and Training Vouchers contract to extend the eligibility requirement to the 26th birthday Education and Training Vouchers staff complete 50 outreach activities each year, including training, webinars and mass mailings

Education and Training Vouchers for Unaccompanied Minors

In 2013, MDHHS began including unaccompanied refugee minors in the Education and Training Vouchers Program. The Education and Training Vouchers staff works closely with the Office of Refugee Services to ensure that young people are aware of the application process.

- In 2015, 67 unaccompanied refugee minors were awarded Education and Training Vouchers.
- In 2016, 56 unaccompanied refugee minors were awarded vouchers.
- In 2017, 38 unaccompanied refugee minors were awarded vouchers.
- In 2018, 48 unaccompanied refugee minors were awarded vouchers.

Education and Training Vouchers for Tribal Youth

Youth from tribes are eligible for Education and Training Vouchers if they meet the other qualifying requirements. Tribes are informed of the Education and Training Voucher program through outreach by Education and Youth Services staff as well as child welfare workers in the field. Information regarding the Education and Training Voucher program is posted on the MDHHS public website and shared periodically in Tribal State Partnership meetings. Tribes are included in the communication issuances for Chafee and Education and Training Voucher program updates, as well as events specific to the older youth population, such as the Michigan Teen Conference, where program and funding opportunities are distributed to participants.

Program office provides statewide and regional trainings to child welfare workers on educational opportunities, which includes funding opportunities for which tribal youth are eligible. There are currently five Education and Training Voucher recipients who are documented in MiSACWIS as being affiliated with a tribe and one Native American youth who is not affiliated with a tribe.

Education and Training Vouchers Awarded

Samaritas' contract to administer ETV awards requires they provide unduplicated numbers of students receiving an ETV award. The number in the chart below includes an estimated count, since the submission is due before June 30th.

	Total ETVs Awarded	New ETVs
2015-2016 School Year (July 1, 2015 to June 30, 2016)	519	192
2016-2017 School Year (July 1, 2016 to June 30, 2017)	436	166
2017-2018 School Year (July 1, 2017 to June, 2018)	429	161
2018-2019 School Year (July 1, 2018 to March 31, 2019)	467	187

2018-2019 School Year, estimated (July 1, 2018 to June 30, 2019)	500	225
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SERVICE DESCRIPTION - TITLE IV-B(1) FUNDS

Title IV-B(1) Service Description - Stephanie Tubbs Jones Child Welfare Services

Michigan’s Title IV-B(1) funding is used for child welfare services, including:

- Children’s Protective Services, described in Michigan’s Child Abuse Prevention and Treatment Act (CAPTA) 2020 Annual Update.
- Crisis intervention – Family Preservation Services.
- Prevention and Family Support Services.
- Time-Limited Family Reunification Services.
- Foster Family and Relative Care Maintenance services.

SERVICE DESCRIPTION – TITLE IV-B(2) FUNDS

Title IV-B(2) Service Description - Strong Families/Safe Children

Strong Families/Safe Children, Michigan’s Title IV-B(2) program, requires collaborative planning among local human services and other child welfare stakeholders. Community groups, in partnership with MDHHS local offices, assess local resources and gaps in services, develop annual service plans and recommend contracts for community-based service delivery.

Title IV-B(2) Family Preservation - Placement Prevention Services

These include services to help families at-risk or in crisis, including:

- Alleviating concerns that may lead to the out-of-home placement of children.
- Maintaining the safety of children in their own homes when appropriate.
- Providing support to families to whom a child has been returned from placement.
- Supporting families preparing to reunite or adopt.
- Assisting families in obtaining culturally sensitive services and supports.

Services are targeted to parents or primary caregivers with children who have an open foster care, juvenile justice or CPS category I, II or III case.

Services in 2017 and 2018 include:

- Parenting education.
- Parent aide.
- Wraparound coordination.
- Families Together Building Solutions.
- Crisis counseling.
- Flexible funds for individual needs.

Title IV-B(2) Family Support Services

Family support services promote the safety and well-being of children and families in the following ways:

- Increase family stability.
- Increase parenting confidence, resilience and supportive connections.
- Help support and retain foster families (Public Law 115-123 of 2018, Section 50751).
- Provide a safe, stable and supportive family environment.
- Strengthen and promote healthy relationships.
- Enhance child development.

Family support services are provided to parents and primary caregivers who have:

- An open foster care, juvenile justice or CPS category I, II or III case.
- A child welfare case that has closed in the past 18 months.
- A CPS investigation in the past 18 months.
- Three or more rejected CPS complaints.

The services provided include:

- Home-based family strengthening and support services.
- Parenting education/life skills.
- Parent aide.
- Families Together Building Solutions.
- Mentoring programs for young people and their families.

Title IV-B(2) Family Reunification Services

Eligibility for Family Reunification services was amended in March 2019 to serve parents or primary caregivers who are responsible for the care and supervision of minor child(ren) and who have a MDHHS supervised case in out-of-home placement, with family reunification as the goal. Services provided under the Family Reunification services category include:

- Individual, group and family counseling.
- Substance use disorder treatment and recovery.
- Mental health services.
- Services to address domestic violence.
- Transportation to and from family reunification services.
- Wraparound coordination.
- Supportive visitation/parenting time support services.
- Parent Partners peer mentoring.
- Flexible funds for individual needs.

The elimination of the time limit for Family Reunification services while a child is placed out of their home, and the expanded time limit for services after return of a child to their home will enhance the availability of long-term assistance to families and allow realistic time frames for readjustment and transition of children back into the care of their families. The expanded time

frame for service provision after a family reunification will increase support to birth families and may help address long-term effects of trauma and foster care placement, leading to improved outcomes and child and family well-being.

Title IV-B(2) Adoption Promotion and Support Services

Services that encourage adoption from the foster care system include pre- and post-adoptive services that expedite the adoption process and support adoptive families. Services are targeted to adoptive and potential adoptive parents of minor children adopted through Michigan's foster care system. Services provided in 2017 and 2018 include:

- Adoptive family counseling and post-adoption services.
- Relative caregiver support services.
- Wraparound coordination.
- Foster and adoptive parent recruitment and support services.

Michigan has historically treated foster and adoptive family recruitment and support as an allowable activity under the Adoption Promotion and Support Services category because it is recognized that permanent or adoptive homes often come from the stability of a foster family.

Title IV-B(2) Percentages for 2017

The percentages below reflect 2017 actual expenditures for the Title IV-B(2) grant and include other allowable expenditures in addition to Strong Families/Safe Children services. Some Title IV-B(2) funds were used to augment other state resources for preventive services to families.

- Family Preservation, Placement Prevention: 29 percent.
- Family Support: 39 percent.
- Time-Limited Reunification: 26 percent.
- Adoption Promotion and Support: 5 percent, estimate 20 percent.
- Administrative costs: 1 percent.

Rationale for Percentage Variances in 2017

In Michigan, Title IV-B(2) funds are allocated to county MDHHS offices for spending in the areas of need identified by those counties. Allocation of Title IV-B(2) funds to county offices allows service expenditures in the four service categories to match the needs of each county, which maximizes available resources.

Direct adoption services in Michigan are provided by private agencies, which receive adoption incentive payments through a cost pool that does not include Title IV-B(2) funds, but instead utilizes other federal, state and local dollars. Further, there is a reduced cost for post-adoption counseling services because children receiving adoption assistance are eligible for Medicaid coverage, including counseling services.

The lesser percentage of actual expenditures in the Adoption Promotion and Support service category does not affect the accessibility of resources for adoption promotion and support because Michigan also has centrally administered initiatives and adoption support services funded through Title IV-B(1), as well as state, local and donated funds. Adoptive families may

also receive services categorized as family support or family preservation. The reduced need for Adoption Promotion and Support services and administrative costs allows Michigan to utilize additional grant funds in Family Preservation, Family Support and Family Reunification services.

Title IV-B(2) Estimated Percentages for 2020

The Title IV-B(2) estimates for fiscal year 2020 submitted with this plan indicate that Michigan expects to allocate the following percentages of Title IV-B(2) funds for the four service categories and administrative costs:

- Family Preservation: 20 percent.
- Family Support: 30 percent.
- Family Reunification: 20 percent.
- Adoption Promotion and Support: 20 percent.
- Administrative costs: 10 percent.

SERVICE DECISION-MAKING PROCESS FOR FAMILY SUPPORT SERVICES

Michigan allocates Title IV-B(2) funds annually to all 83 counties for community-based collaborative planning and delivery of family preservation, family support, family reunification and adoption promotion and support services. Michigan's Strong Families/Safe Children program required collaboration with local groups in service planning to ensure that services fit the needs of the community and can be individualized. Stakeholder groups include representatives from:

- Michigan Department of Education.
- Local and regional schools.
- Public and private service organizations.
- The medical community.
- Mental and behavioral health service providers.
- Courts.
- Parents.
- Consumers.

The program maintains community-based assessment, selection and delivery of Title IV-B(2) services. There are no changes planned to Michigan's Title IV-B(2) program design for 2020.

JUVENILE JUSTICE PROGRAMS

In 2018, MDHHS Juvenile Justice Programs continued its administration of state and federal grants. Juvenile Justice Programs continued to write policy for State of Michigan juvenile justice case managers and public and private, contracted juvenile justice residential treatment facilities. Juvenile Justice Programs also continued to 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.

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. The 23 private contracted juvenile justice residential facilities include both secure and non-secure placements, and provide services including general residential, sexually reactive, mental health and behavioral stabilization, substance abuse rehabilitation, and developmentally disabled/cognitively impaired programming.

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. Juvenile Justice Programs also provides re-entry services to adjudicated youth with disabilities through Michigan Rehabilitation Services. 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.

Juvenile Justice Programs continues to hold as a top priority improving data collection and integration that supports juvenile justice and child welfare services. Data will be used to develop a continuous quality improvement process.

Goal: MDHHS will establish a process to collect and use sexual orientation, gender identity and gender expression information to improve individual placement services to youth.

- **Status:** Juvenile Justice Programs incorporated a process within field and residential policy for interviewing youth, collecting data, and using data to inform decision making.

Goal: To ensure a universal statewide tool is utilized across the state for courts to administer and assess young people as they enter the juvenile justice system.

- **Status:** Juvenile Justice Programs continues to work with the Mental Health Diversion Council to implement a statewide risk assessment tool, the Michigan Juvenile Justice Assessment, with access to the online tool for local courts. All MDHHS juvenile justice caseworkers and public and private contracted residential workers utilize the risk assessment tools and document the results in MiSACWIS.

Plan for Improvement - Activities for 2020-2024

Planning is ongoing for the enhancement of programs and services for young adults including:

- Continuing to enhance re-entry services to disabled youth who can work and/or be rehabilitated to ensure supports are available to help them return to the community.
- Enhancing the MDHHS website to ensure easy access to tools and resources for youth and service providers including adding Prison Rape Elimination Act resources for residential providers.
- Continuing regular communication and collaboration with training staff, residential providers and juvenile justice specialists and supervisors to enhance program integrity. This includes local office expert and residential liaison conference calls and web demonstrations, Juvenile Justice Programs and Child Welfare Training Institute collaborative meetings and quarterly Juvenile Justice Field and Residential Policy Advisory Committees.
- Juvenile justice activities through work on the Mental Health Diversion Council include the implementation of a curriculum and training for juvenile competency forensic mental health examiners and restoration providers. It also includes the implementation of additional pilot counties delivering juvenile urgent response teams that respond 24/7 to divert or reduce penetration of youth into the juvenile justice system.
- Increase the use of in-home care and community-based services for young people who are delinquent as a means of reducing out-of-home placements.
- Development of Prison Rape Elimination Act investigation tools and templates to assist facilities with compliance with the act.

JUVENILE JUSTICE TRANSFERS

One-hundred-thirty-nine young people in Michigan's abuse/neglect foster care system were adjudicated as delinquent in FY 2018. This data was derived from the wardship coding in MiSACWIS that counted children and youths whose type of wardship changed from abuse/neglect to juvenile justice or who became dual abuse/neglect-juvenile justice wards in FY 2018. As of Jan. 25, 2019, there were 189 dual wards in Michigan.

The juvenile justice system in Michigan is decentralized, with each county responsible for its juvenile delinquent population. County courts may refer a youth to MDHHS for delinquency care and supervision as a temporary delinquent court ward under the Social Welfare Act, 1939 PA 280 or commit the youth as a public ward under the Youth Rehabilitation Services Act, 1974 PA 150 as dispositional options under the Probate Code, 1939 PA 288.

Juvenile Supervision in Michigan

In Michigan, most youth in the juvenile justice system remain the responsibility of the local court. Some youth with open foster care cases enter the juvenile justice system and remain under court supervision. The state does not have access to the case management systems used by court programs; therefore, determining the number of dual wards is challenging.

Goal: MDHHS will work collaboratively with the county courts to improve data collection.

- **Status:** Juvenile Justice Programs continues participation in a statewide work group formed by county family courts called Juvenile Justice Vision 20/20.

SERVICES FOR CHILDREN ADOPTED FROM OTHER COUNTRIES

In 2018, following a review of the 34 MiSACWIS case records of dissolved adoptions in the state, there were no known children who were previously adopted internationally.

In Michigan, the provision of services to facilitate inter-country adoptions falls exclusively within the purview of licensed private adoption agencies. Adoption agencies licensed in Michigan to provide inter-country adoption services have an agreement with the foreign country that specifies the responsibilities of the agency in completing adoptions.

Michigan has oversight of children adopted from other countries once they enter into Michigan's custody due to a disrupted or dissolved adoption. Michigan tracks disrupted and dissolved adoptions through MiSACWIS.

Children adopted from other countries are entitled to the full range of services as are all children in Michigan. These include family preservation, family reunification services and local services for pre- and post-adoptive families at risk for adoption disruption or dissolution.

Supporting the Families of Children Adopted from other Countries

Private agencies that provide services for international adoptions are licensed as child-placing agencies and held to Michigan's licensing rules for adoption. The Division of Child Welfare Licensing performs on-site reviews and investigations of alleged rule violations.

Adoption assistance programs provide permanency for children with special needs who are adopted from foster care. As a result, the statutory requirements for eligibility reflect the needs of children in the child welfare system and are difficult to apply to children adopted from other countries. The statute does not categorically exclude these children from participation in adoption assistance programs; however, it is highly improbable that children adopted abroad

by U.S. citizens or brought into the United States from another country for adoption will meet the eligibility criteria in federal and state law.

Planned Activities to Support Children Adopted from Other Countries

MDHHS provides post adoption services through eight regional Post-Adoption Resource Centers. Participation is voluntary and free of charge. The Post Adoption Resource Centers are designed to support families who have finalized adoptions of:

- Children from the Michigan child welfare system.
- Children adopted in Michigan through an international or a direct consent/direct placement adoption.
- Children who have a Michigan subsidized guardianship agreement.

The Post Adoption Resource Centers offer the following services:

- Case management, including short-term and emergency in-home intervention.
- Coordination of community services.
- Information dissemination.
- Education.
- Advocacy.
- Family recreational activities and support.
- A website and newsletter about topics relevant to adoptive families, community resources and a calendar of events and training.

ADOPTION AND LEGAL GUARDIANSHIP INCENTIVE PAYMENTS

Adoption and Legal Guardianship Incentive Payments

Michigan did not receive Adoption and Legal Guardianship Incentive funds in 2018.

Michigan received a total of \$5,247,806 in Adoption and Legal Guardianship Incentive funds from fiscal year 2015 - 2017. Michigan is expending Adoption and Legal Guardianship Incentive funds on the following:

- Contracting with Eastern Michigan University to develop a pre-service training curriculum for Michigan's prospective foster and adoptive parents.
- Expanding the Regional Resource Team in region 1 to build recruitment and retention coalitions in each tri-county, to develop and facilitate community events and ongoing training opportunities per tri-county and to identify, strengthen and develop foster, adoptive and kinship parent support groups.
- Statewide Foster, Adoptive and Kinship Parent conferences to further develop and support Michigan's resource parents.
- Statewide conferences for CPS, foster care, licensing and adoption workers and supervisors.
- Temporary staffing resources to compile closed adoption records in order to respond

timely to requests from adult adoptees for information from their foster care and adoption records.

- Four trainings by Michael Sanders for child welfare staff on targeted recruitment efforts for homes for older youth including child-specific recruitment for adoptive families for children available for adoption without an identified family.
- Foster Care Alumni Support Contract to reduce barriers for youth who have transitioned from the foster care system by offering them resources.
- Additional allowable costs/services under Part B and Part E of Title IV of the Social Security Act.

ADOPTION SAVINGS EXPENDITURES

Adoption Savings Expenditures

2018 - Michigan is resubmitting the FY 2018 Adoption Savings Procedure and Expense Tracking.

2019 - Michigan plans to expend future Adoption Savings Expenditures on the following:

- Services to adoptive families:
 - Post Adoption Resource Centers located throughout the state. Services through the Post Adoption Resource Centers include case management, family support and support groups, coordination of community services, and information and referral. Services are provided to youth twenty-one years of age and younger and their families, who were adopted from Michigan's foster care system, or adopted in Michigan through an international adoption, or direct consent/direct placement adoption, or placed in a guardianship through Michigan's foster care system who are eligible for guardianship assistance.
 - Contracts with the Adoptive Family Support Network for Parent to Parent services. The Adoptive Family Support Network provides statewide support to any Michigan adoptive family with a specialized focus on supporting adoptive families with children who may be impacted by the trauma from early childhood abuse and neglect. The network provides peer mentoring, support groups, education and advocacy to create a community that supports the lifelong wellbeing of adoptive families.
 - Expanded Medical Subsidy Services. Services will be expanded through Michigan's Medical Subsidy Program based on the needs of adoptive families. Michigan's Medical Subsidy Program provides
- Additional allowable costs/services under Part B and Part E of Title IV of the Social Security Act.

MDHHS attempts to utilize all of the unused savings calculated for previous years in the current year.

Michigan does not foresee challenges in accessing and spending future Adoption Savings funds.

MONTHLY CASEWORKER VISIT DATA AND FORMULA GRANT

Michigan continues to improve the rate of children in foster care visited by their caseworker every month, exceeding the federal goal. Michigan used the federally approved sampling methodology on monthly caseworker visits. The target and Michigan's performance for the percentage of children visited each month by fiscal year is:

- 2015 requirement: 95% - Michigan achieved 96.7%.
- 2016 requirement: 95% - Michigan achieved 97.1%.
- 2017 requirement: 95% - Michigan achieved 96.4%.
- 2018 requirement: 95% - Michigan achieved 97.4%.

Michigan continues to exceed the federal goal of achieving at least 50 percent of the number of monthly visits made by caseworkers to children in foster care occurring in the child's residence. The percentage of children visited in their residence in Michigan is:

- 2015: 73.4%.
- 2016: 97.9%.
- 2017: 98.0%.
- 2018: 98.3%.

Maintaining Progress on Monthly Caseworker Visits

Michigan's standard for the frequency of caseworker visits of children in foster care exceeds federal standards. Current foster care policy for caseworker contacts with children in out-of-home placement is as follows:

- The caseworker must have at least two face-to-face contacts per month with the child for the first two months following an initial placement or placement move. The first contact must take place within five business days from the date the case is assigned or within five business days of the placement move. At least one contact each month must take place at the child's placement.
- The caseworker must have at least one face-to-face contact with the child each calendar month in subsequent months. At least one contact each calendar month must take place at the child's placement.
- The caseworker must have weekly face-to-face contacts with the parent(s) and the child in the home for the first month after the child returns home. This period may be extended to 90 days if necessary.
- The caseworker must two have face-to-face contacts with the parent(s) and the child each calendar month in the home for subsequent months after the child has returned home until case closure, unless the family is receiving Family Reunification or Families First services.
- Each contact must include a private meeting between the child and the caseworker.

The topics listed below must be discussed with the child at each visit:

- The child’s feelings and observations about the placement.
- Education.
- Parenting time.
- Sibling and relative visitation plans.
- Extracurricular and cultural activities and hobbies since the last visit.
- The child’s permanency plan.
- Medical, dental and mental health.
- Any issues or concerns expressed by the child.

Improving the Quality of Monthly Visits

Item 14; Caseworker Visits with Children: Item 14 was rated as an Area Needing Improvement in the CFSR because 71 percent of the 65 applicable cases were rated as a Strength.

Item 15; Caseworker Visits with Parents: Item 14 was rated as an Area Needing Improvement in the CFSR because 43 percent of the 54 applicable cases were rated as a Strength.

Michigan will use the existing county/BSC/state level CQI and supervisory structure to support staff’s improvement in using the MiTEAM skills of teaming, engagement, assessment and mentoring in working with birth parents, foster parents and youth.

Under the cross-cutting issue of Engagement, MDHHS is undertaking the following key activities:

- Assess and determine the need for additional fidelity tool guides or training for MDHHS and private agency staff through Quality Improvement Activity assignment to local CQI teams.
- Highlight innovative, effective local practices for distribution statewide.
- Concentrate on coaching by supervisors and improving usability of the fidelity tool.
- Implement ongoing analysis of fidelity assessment information in local and state performance and quality improvement systems.
- Initiate a pilot in two counties for developing a Family Team Meeting Facilitation and Coaching Program to:
 - Reinvigorate the understanding and use of pre/Family Team Meetings.
 - Coach improved engagement and teaming capacity of the workforce.

Monthly Caseworker Visit Formula Grant

Michigan did not expend Monthly Caseworker Visit Grant fund in 2018. In 2019, Michigan is using the Monthly Caseworker Visit Formula Grant for the following activities:

Peer Improvement Team and Peer Learning

The Peer Improvement Team includes a Peer Review Project and a child welfare training component to support local office field staff. The goal of the program is to share best practices and to empower supervisors to engage with staff managing current cases to examine and improve how policy is applied in the field. The workshops enhance supervisory skill and

oversight and strengthen child welfare practice and positive outcomes for children and families.

The Peer Review Project consists of program reviews in field offices throughout the state. Two full-time second-level manager positions are responsible for the coordination of 20 intermittent first-line manager positions who complete the Peer Reviews. The second-level managers are on-site for each review, conducting quality assurance activities and compiling reports. Peer Learning, the child welfare training component, delivers a variety of child welfare management trainings and skill development workshops to field-based managers. The Peer Learning program is designed to improve policy knowledge, management techniques and quality assurance to assist caseworkers to improve case management practices. These individuals provide training, resources and support to local field office management teams.

Monthly Caseworker Visit Formula Grant 2020-2024

MDHHS will assess the outcomes of the Peer Improvement Team and Review Project in 2019 and use the results to determine how to expend the Monthly Caseworker Visit Formula Grant in 2020-2024.

PROTECT MIFAMILY - CHILD WELFARE WAIVER DEMONSTRATION PROJECT

In 2012, MDHHS was granted a waiver under Section 1130 of the Social Security Act to implement a five-year child welfare demonstration project. MDHHS implemented the project, Protect MiFamily, in August 2013 in Kalamazoo, Macomb and Muskegon counties. The target population includes families with children from birth through age 5 that reside in a participating county determined to be at high or intensive risk for maltreatment. Both Title IV-E-eligible and non-eligible children may participate.

Protect MiFamily sought to reduce out-of-home placement and repeat maltreatment, while improving parental capacity and child well-being. Contracts were awarded to engage families in an enhanced screening, assessment and in-home case management model for 15 months, coupled with access to an array of support services.

Protect MiFamily used an experimental research design in which families were referred to treatment and control groups. The treatment group received Protect MiFamily case management and assistance, while services funded through Title IV-B, such as Families Together Building Solutions, Wraparound, parent support groups and parenting skills training were provided to families selected for the control group. Title IV-B funds were used to maximize the use of flexible Title IV-E dollars in the following ways:

- Participating counties used Title IV-E flexibility to expand secondary and tertiary prevention services to improve outcomes for children and families.
- Services funded through Title IV-B were provided to families selected for the control group, such as Families Together Building Solutions, Wraparound, parent support groups and parenting skills training.

- Title IV-B funded services could also be employed as step-down services, should a family require ongoing support.

The Protect MiFamily project integrated the goals and objectives of the Child and Family Services Plan by:

- Providing evidence-based services.
- Engaging families as partners.
- Improving family functioning.
- Reducing abuse and neglect.
- Keeping children safely in their own homes.
- Improving the well-being of children.
- Implementing continuous quality improvement practices.
- Evaluating program effectiveness on established outcomes.

Project Evaluation

MDHHS contracted with an independent evaluation team to determine the effectiveness of the demonstration from Aug. 1, 2013 through Feb. 28, 2018. The final number of cases enrolled in the evaluation is 1,583 families; of these, 995 cases were in the treatment group and 588 in the control group.

Outcome study highlights:

- Overall, families completing the Protect MiFamily program showed statistically significant improvement in their protective factors across all protective factors subscale areas, including the Knowledge of Parenting/Child Development items.
- In subgroup analysis, families completing the full 15 months (6 percent rate of removal) and families completing partial programming (8 percent rate of removal) were less likely to experience a child removal as compared with families in the control group (15 percent rate of removal).
- Eighty-five percent of children who fully completed the program demonstrated statistically significant improvement in well-being from post-assessment or no change in score between pre- and post- assessment.

Process Study Highlights:

- Model Fidelity scores remained relatively stable with positive trends and maintenance of higher scores.
- Family Satisfaction Survey results across all three phases continued to suggest that satisfaction with the program services was positive:
 - Over 92 percent of respondents either agreeing or strongly agreeing that the project helped them and their families reach their goals.
 - Over 98 percent of respondents agreed or strongly agreed that their Protect MiFamily worker asked for their family's opinions.
 - Over 98 percent agreed or strongly agreed that their Protect MiFamily worker included their comments, ideas and opinions in their service plans.

- Almost 96 percent of respondents either agreed or strongly agreed that their family was getting the services they needed.
- Over 95 percent of respondents agreed or strongly agreed that they knew how to contact other agencies to get their needs met.

Project Reports

Under its Terms and Conditions, Michigan's Child Welfare Demonstration Project, Protect MiFamily, was terminated on June 30, 2018, and therefore MDHHS will not be sustaining this particular intervention.

The Interim and Final Reports can be found [here](#), on the MDHHS website.



Children's Services Agency
Division of Continuous Quality Improvement

Child and Family Services Plan
2015 - 2019

Final Report

Stephanie Tubbs Jones Title IV-B Child Welfare Services
Promoting Safe and Stable Families Program
John H. Chafee Foster Care Program for Successful Transition to Adulthood
Education and Training Voucher Program

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Michigan Child and Family Services Plan 2015 – 2019 Final Report CFSP 2020-2024 Attachment A

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The [Michigan Child and Family Services Plans and Annual Progress and Services Reports](#) can be viewed on the MDHHS website.

GENERAL INFORMATION

The Michigan Department of Health and Human Services (MDHHS) organizational structure reflects the department's vision and priorities with an emphasis on children's services, aging and adult services, service delivery/community operations, health and behavioral health services and family support, as well as population health and community services. Director Robert Gordon was appointed to lead MDHHS in 2019.

MDHHS is the state department that administers:

- Child Abuse Prevention and Treatment Act funded activities.
- Title IV-B(1) and (2) Stephanie Tubbs Jones Child Welfare Services.
- Title IV-E Foster Care and Child Welfare Training.
- Promoting Safe and Stable Families Program.
- Monthly Caseworker Visit Formula Grant.
- Chafee Foster Care Independence Program.
- Education and Training Voucher Program.

Child welfare services in Michigan are administered through the MDHHS Children's Services Agency. Reporting to the executive director of the Children's Services Agency are directors of:

- Division of Continuous Quality Improvement.
- Division of Child Welfare Licensing.
- Office of the Family Advocate.
- Children's Trust Fund.
- Michigan's Statewide Automated Child Welfare Information System (MiSACWIS).

The executive director of the Children's Services Agency, JooYeun Chang, oversees two Children's Services deputy directors. One of the deputy directors is responsible for the Office of Child Welfare Policy and Programs. The second oversees five Business Service Centers inclusive of statewide county leadership, Children's Protective Services Centralized Intake, Juvenile Justice Programs and Child Welfare Services and Support, which provides assistance to private child-placing agencies. The Division of Continuous Quality Improvement is responsible for the development and administration of the Child and Family Services Plan and leading ongoing continuous quality improvement efforts.

MDHHS Vision

MDHHS will 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.

Children's Services

A priority for Michigan's health and human services programs is ensuring that children are protected, and families are supported.

Child Welfare Vision

MDHHS will lead Michigan in supporting our children, youth and families to reach their full potential.

Child Welfare Mission

Child welfare professionals will demonstrate an unwavering commitment to engage and collaborate with the families we serve to ensure safety, permanency and well-being through a trauma-informed approach.

Guiding Principles

The vision and mission are achieved through the following guiding principles:

- Safety is the first priority of the child welfare system.
- Families, children, youth and caregivers will be treated with dignity and respect while having a voice in decisions that affect them.
- The ideal place for children is with their families; therefore, we will ensure children remain in their own homes whenever safely possible.
- When placement away from the family is necessary, children will be placed in the most family-like setting and placed with siblings whenever possible.
- The impact of traumatic stress on child and family development is recognized and used to inform intervention strategies.
- The well-being of children is recognized and promoted by building relationships, developing child competencies and strengthening formal and informal community resources.
- Permanent connections with siblings and caring and supportive adults will be preserved and encouraged.
- Children will be reunited with their families and siblings as soon as safely possible.
- Community stakeholders and tribes will be actively engaged to protect children and support families.
- Child welfare professionals will be supported through identifying and addressing secondary traumatic stress, ongoing professional development and mentoring to promote success and retention.
- Leadership will be demonstrated within all levels of the child welfare system.
- Decision-making will be outcome-based, research-driven and continuously evaluated for improvement.

Child welfare professionals will implement these guiding principles by modeling teaming, engagement, assessment and mentoring skills.

INTRODUCTION

The Child and Family Services Plan (CFSP) 2015 – 2019 Final Report represents year five of Michigan’s CFSP for 2015 – 2019 and demonstrates the state’s continued advancement in

aligning the CFSP/APSR with the federal Child and Family Services Review (CFSR) goals and outcomes. Aligning programmatic goals with CFSR goals ensures the state is focusing efforts on the most critical elements of safety, permanency and well-being of children and families. Alignment with CFSR goals also ensures the state's ongoing efforts build on the results of Michigan's Round 3 CFSR, which took place on Aug. 13 - 17 2018, and lay the foundation for the Program Improvement Plan (PIP), as well as the five-year CFSP 2020 – 2024. Results of the CFSR Round 3 statewide assessment and onsite review are described in the CFSP 2020 – 2024.

Progress in 2018

In 2018, progress continued in the development and maintenance of a responsive, effective organizational structure in the MDHHS Children's Services Agency (CSA). The CSA Quality Improvement Council (QIC) continues to oversee the collection and analysis of child welfare data and is the source for planning and design of improvement measures at the statewide level. At the local level, the development of local MDHHS and private agency continuous quality improvement (CQI) structures and staff continues, including the appointment of quality assurance analysts who work in BSCs and assist staff to operationalize the CQI cycle in frontline child welfare. State-level and local collaboration ensures efforts are focused on ongoing improvement based on sound data analytics.

In 2018, Michigan continued to make strides in collecting, validating and analyzing data, resulting in continued progress in the Implementation, Sustainability and Exit Plan (ISEP).¹ As of May 2019, of the 56 actively monitored commitments, 10 are eligible for rolling exit, 155 are eligible for moving to structures and policies and the remaining 31 will be maintained. The Information System Review was streamlined to enable an efficient, accurate review of a representative sample of demographic data to be conducted every six months. In 2018, 95 percent of MDHHS' child demographic data was found to be error-free. Technical and training staff work with field staff on an ongoing basis to collect accurate data that measures the effectiveness of the state's child welfare services and accurate information on foster children at any given time. DCQI provides assistance to BSCs, Child Welfare Supportive Services and local offices in using data to monitor performance.

In 2019, MDHHS is pursuing plans to move toward a compliant Comprehensive Child Welfare Information System to enhance MiSACWIS. In July 2018, MDHHS submitted an Advanced Planning Document describing the method Michigan will use in the transition to a system that demonstrates compliance.

Reporting on Child Welfare Outcomes

Sections for each CFSR outcome and systemic factor in the Final Report provide a summary of MDHHS progress over the five-year period 2015 – 2019. CFSR Safety, Permanency and Well-Being data results from fiscal years 2014 through 2018 and Round 3 of Michigan's CFSR are also

¹ The Implementation, Sustainability and Exit Plan (ISEP) is the result of a lawsuit initiated by Children's Rights, Inc. in 2006. The parties settled the case in 2008 and the court approved the first Modified Settlement Agreement and Consent Order in 2011 and the current ISEP on Feb. 2, 2016.

included in this report. Planned activities for improvement in each area are provided in the Child and Family Services Plan 2020 – 2024/Annual Progress and Services Report 2020.

COLLABORATION ON THE GOALS OF THE 2015 – 2019 CFSP AND FINAL REPORT

Michigan has standing committees and professional and citizen groups that inform the goals and objectives of MDHHS' five-year Child and Family Services Plan (CFSP) and Annual Progress and Services Report (APSR) and develop services responsive to the diverse needs of the state's populations and geographical regions. Ongoing feedback from these groups provides MDHHS with vital information that spurs efforts to address identified issues. These groups include:

- **Foster Care Review Board**, housed within the State Court Administrative office, is comprised of citizen volunteers that provides independent review of cases in the state foster care system.
- **Guy Thompson Parent Advisory Council** is comprised of 15 birth parents impacted by the child welfare system who are committed to advising, assisting, and improving child welfare policy and programs.
- **Citizen Review Panel on Prevention** provides a forum for citizen input on prevention issues and makes recommendations for MDHHS and the governor. The Children's Trust Fund serves as the Citizen Review Panel on Prevention.
- **Citizen Review Panel on CPS, Foster Care and Adoption/Governor's Task Force on Child Abuse and Neglect** solicits feedback from a variety of stakeholders to determine how to effectively respond to child abuse and neglect.
- **State Child Death Review Team** is a multidisciplinary group of professionals that meets to review the circumstances surrounding the death of children and makes recommendations for policies and programs to prevent child deaths.
- **Tribal-State Partnership** is a collaboration between MDHHS and Michigan's 12 federally recognized tribes that meets quarterly to address Indian child welfare issues.
- **Medical Care Advisory Council** is a group of consumer representatives, health care providers and advocates that advises MDHHS on policy issues related to Medicaid.
- **Michigan Youth Opportunities Initiative youth boards** are community-based boards of youth in foster care that promote youth preparation for independence and provide feedback to MDHHS and providers about their experiences in foster care.
- **Michigan Office of the Children's Ombudsman** is an independent state agency that receives and investigates complaints concerning children under the supervision of MDHHS and makes recommendations for practice improvements.
- **Child Welfare Partnership Council** was established to guide the design, development and implementation process of Michigan's performance-based child welfare system.
- **Prosecuting Attorney Advisory Council** is a group of Michigan prosecuting attorneys that collaborates to provide training on child welfare legal issues.
- **Judicial Advisory Council** provides technical assistance to family court judges on child welfare matters.
- **Foster Care and Adoption Outcomes Group** is a coalition of public and private service providers that assists agencies to improve outcomes for children and families through

data analytics and targeted interventions.

- **MDHHS Diversity, Equity and Inclusion Committee** is a group of public and private leaders that meets monthly and to develop strategies to implement the Diversity, Equity and Inclusion plan throughout the agency.
- **The Michigan Race Equity Coalition** is a group of child welfare leadership, the judiciary and state and local officials that examines and implements strategies to address the root causes of minority overrepresentation in child welfare.

CHILD AND FAMILY SERVICES REVIEW ROUND 3

Michigan underwent the CFSR Round 3 Aug. 13-17, 2018. The state opted to undergo a traditional CFSR using the federal Onsite Review Instrument. A total of 40 foster care, 24 CPS and one prevention services case were reviewed in Van Buren, Wexford and Wayne counties. Interviews and focus groups were held with the state Administrative Review Board, attorneys for children, parents and MDHHS, tribal representatives, courts, licensing staff, foster and adoptive parents, child welfare frontline staff and supervisors, parents, youth, and others. Results of the Onsite Review determined that Michigan did not pass any of the outcomes or associated items.

Michigan submitted the Statewide Assessment on June 18, 2018. The systemic factors found to be in substantial conformity include Statewide Information System, Quality Assurance System and Agency Responsiveness to the Community. The Case Review, Staff and Provider Training, Service Array and Resource Development, and Foster and Adoptive Parent Recruitment, Licensing and Retention systemic factors were areas needing improvement.

Further details on Michigan’s performance in the CFSR Round 3 and the development of the state’s Program Improvement Plan (PIP) are provided in the CFSP 2020 – 2024.

COLLABORATION WITH THE COURT SYSTEM

MDHHS collaborates with courts through the State Court Administrative Office (SCAO) Court Improvement Program, including their involvement in preparation for Round 3 of Michigan’s CFSR in 2018, along with development of the Program Improvement Plan (PIP). SCAO’s Child Welfare Services division director is co-leading the strategies within the PIP to improve the quality of legal representation.

Through the SCAO Court Improvement Program, MDHHS works with the court system to improve court procedures and ensure all federal and state laws, statutes and rules are followed. With support and information from SCAO, MDHHS trains public and private agency caseworkers on the child welfare legal system. Local MDHHS offices collaborate with family courts to ensure children and families are provided services compliant with federal and state laws. Collaborative efforts in 2018 include:

Data Projects

- MDHHS worked with SCAO to develop new court data reports for CFSR Round 3 outcome measures, including children’s timely medical and dental exams, the frequency of parenting time, worker-child visits and worker-parent visits using data produced by the DCQI Data Management Unit (DMU). SCAO provides the data reports to two pilot courts quarterly in an effort to determine if the court can drive performance improvement in those areas.
- Through a data-sharing agreement, the court obtains data provided by the DMU that are modified to create judicial reports on hearing timeliness and permanency. These reports are available in SCAO’s web-based Judicial Data Warehouse.
- A Data Snapshot Report provides an overview of each county’s child abuse/neglect data. This is also available to courts in SCAO’s Judicial Data Warehouse.

Examining or Improving Hearing Quality

- The Court Observation Project was created to assess the quality of child protection court hearings. SCAO Child Welfare Services conducted four Court Observation Projects in 2015 to 2018 based on requests from judges. The projects collect information about each hearing attendee’s (e.g., jurist, parent attorneys, lawyer-guardian ad litem, caseworker and agency legal counsel) participation, demeanor and advocacy.
- After observing multiple hearings of each hearing type, SCAO provides a report with recommendations based on the issues identified during the court observation. Court Improvement Program staff return to the project court 10 to 12 months after the first report to conduct follow-up court observation in a feedback loop to determine whether the recommendations had an impact on the quality of child protective proceedings.
- Seven regional Title IV-E cross-disciplinary trainings provided an overview of federal regulations and addressed each court’s needs. Invited stakeholders included court personnel, MDHHS, private agencies, attorneys and others. In 2018, the trainings were attended by 160 individuals. SCAO Child Welfare Services and the MDHHS Federal Compliance Division plan and conduct Title IV-E trainings jointly.
- SCAO participated on a state review team during the federal Title IV-E review in 2016, including preparation calls with federal staff and coordination of case files for review. SCAO will also participate in the upcoming June 2019 federal Title IV-E Review and is working closely with MDHHS to ensure a successful review.
- Meetings regularly occurred with SCAO and the Federal Compliance and Child Welfare Funding Unit to review court orders and answer Title IV-E eligibility questions.
- SCAO provides quarterly trainings, in collaboration with MDHHS, for child welfare funding specialists.
- MDHHS participated on a SCAO workgroup to develop draft court rules for the use of mediation in child protective proceedings. The final mediation court rule became effective on May 1, 2018. SCAO funded a mediation program evaluation report with Court Improvement Program funding, which was issued by Grand Valley State in April 2019 finding that the use of mediation in child protective proceedings improved time to permanency and resulted in more meaningful outcomes.

Improving Timeliness of Hearings and Permanency Outcomes

- SCAO's Court Improvement Program focused on educating parents of their rights when their children are taken into custody by developing an information brochure to be provided at the time of removal, and an in-depth information guide for use throughout proceedings. All courts received copies of the information guide and brochure and SCAO continues to provide courts with copies upon request. SCAO has distributed 2,045 copies of each resource.
- In 2018, SCAO hosted a five-part web-based training for attorneys including one for lawyer-guardians ad litem, "Special Considerations for LGALs". A total of 285 individuals attended all five sessions.
- In 2018, SCAO sponsored 50 attorneys to participate in the National Association of Counsel for Children online study course to prepare for the Child Welfare Law Specialist certification exam. SCAO sponsored 25 attorneys' examination fees.
- SCAO developed a pamphlet titled "Foster Parent Guide to Court" to assist foster caregivers to understand the court process. Approximately 1,200 copies have been distributed to courts, private agencies, and training providers.
- In 2017, SCAO provided training for jurists on the new National Council of Juvenile and Family Court Judges Enhanced Resource Guidelines for Juvenile Courts.
- SCAO periodically provides training for new child welfare jurists. Training content includes basic legal, procedural and policy requirements to preside over child protective proceedings, best practice recommendations specific to court hearings and an overview of Title IV-E requirements. From 2018 to 2019, SCAO provided a comprehensive New Jurist Training for 30 new jurists.
- SCAO developed a training for attorneys and caseworkers on the phases of child protection proceedings, including applicable statutes, court rules and agency policy, along with advocacy skills for reasonable efforts to preserve and reunify families. In 2017, four trainings were held throughout the state, attended by 231 individuals. In 2018, three trainings were held throughout the state and attended by 168 individuals. SCAO plans to provide the training curriculum six times during 2019.

Examining or Improving Compliance with the Indian Child Welfare Act (ICWA)

- All 12 Michigan tribal courts filed for reciprocity in recognition of tribal court orders. Tribal court judgment is recognized as long as the tribe or tribal court has enacted a reciprocal ordinance, court rule, or other binding measure that obligates the tribal court to enforce state court judgments, and that ordinance, court rule, or other measure has been transmitted to SCAO.
- In 2009, SCAO established the Tribal Court Relations Committee of state and tribal court judges, tribal social services directors, tribal prosecutors, Indian child welfare law professors, and other key stakeholders. The Tribal Court Relations Committee continues to function as a collaborative vetting body for court rules, court forms, training and policy development concerning ICWA application in child welfare cases. The committee meets quarterly and SCAO facilitates the meetings.
- SCAO held 15 multi-disciplinary trainings on the Michigan Indian Family Preservation Act (MIFPA) and ICWA since 2009.

- SCAO hosted two screenings of the documentary, *Tribal Justice*, in 2018. Following the film viewing, a panel of tribal and state court judges discussed the importance of tribal-state partnerships in child welfare and the benefits of restorative justice.
- The SCAO Tribal Court Relations Committee developed an American Indian Child Placement Evidentiary Standards document, a judicial bench card, and provided significant input into the development of SCAO Juvenile and Adoption Court forms to ensure compliance with the Michigan Indian Family Preservation Act (MIFPA)/ICWA.
- Judicial training was provided on the MIFPA at both the statewide judges' conference and annual referees' conference.
- SCAO collaborated with tribes for their inclusion in Michigan Supreme Court Adoption Day and Reunification Day celebrations to raise awareness of the importance of ICWA/MIFPA compliance to ensure successful outcomes for Indian children and families.
- SCAO participates on the national Children's Bureau ICWA Constituency Group to share best practices and innovative solutions to improve state compliance.
- SCAO collaborated with MDHHS Native American Affairs to initiate an ICWA Case Review Compliance Project in 2017.
- SCAO incorporated Native American Inquiry and Notice into the Court Observation Project Tool to evaluate consistency and compliance with requirement in state courts where the project has been completed.
- SCAO collaborated with the Prosecuting Attorneys Advisory Council and the Prosecuting Attorneys Association of Michigan to create a training webinar in summer 2018 on Qualified Expert Witness Testimony for Prosecutors statewide.
- SCAO created and produced Quick Reference Charts for Jurists and Court Staff on ICWA and MIFPA in 2019.

Foster Care Review Board

The State Court Administrative Office, Child Welfare Services division, administers the Foster Care Review Board program, which is comprised of citizen volunteers statewide dedicated to helping ensure that children in foster care are safe, well cared for and that they achieve timely permanency. The Foster Care Review Board provides independent review of cases in the state foster care system. The board also hears appeals by foster parents who believe that children are being unnecessarily removed from their care.

The Foster Care Review Board reports quantitative data on the boards' activities and the data in the annual report. The Court Improvement Program, in which MDHHS participates in an advisory capacity, uses the data to plan training programs for judges, court personnel, child welfare staff and lawyers offered by SCAO. Data reported in the annual report includes:

- Data on Foster Care Review Board performance on reviews of individual cases.
- Aggregate Foster Care Review Board case-specific recommendations for safety, permanency and well-being.
- Barriers to permanency by state and county.
- Permanency outcome trends.
- State and county data on foster parent appeals of case decisions.

Michigan law requires the Foster Care Review Board to identify system-wide problems that impede the timely achievement of permanency for children and make related recommendations to address these problems. The 2018 Foster Care Review Board annual report presented the following issues and recommendations to MDHHS:

- 1. Frequent placement changes:** There has been a 44 percent increase in the number of foster parent appeals conducted since 2016. Sometimes, it appeared that proposed moves were due to a conflict between the caseworker and the foster parent.
Recommendation: When a caseworker determines the foster parent is not meeting the child's needs and the child should be moved, the board recommends that the required family team meeting be facilitated by a neutral facilitator to discuss the caseworker's concerns with leaving the child in the foster home.
- 2. Lawyer-guardian ad litem compliance with statutory duties:** Juvenile courts should ensure that the lawyer-guardian ad litem complies with all statutory duties and articulates the child's wishes and best interests at court hearings.
Recommendation: The board suggests that juvenile courts pay specific attention to the following statutory duties: a) the lawyer-guardian ad litem must determine the facts of the case by conducting an independent investigation including interviewing the child, social workers, family members and others as necessary and reviewing relevant reports and other information, and b) the lawyer-guardian ad litem must meet with or observe the child and assess the child's needs and wishes with regard to representation and the issues in the case before most court hearings.
- 3. Service referrals not occurring timely.** When service referrals do not happen timely, the entire case is delayed.
Recommendation: Either the court or the caseworker should establish a time frame for service referrals at the dispositional hearing. If the time frame is not met, the agency should be required to inform the court, the lawyer-guardian ad litem, the parents and their attorneys of the reason for the delay and the expected referral date.
- 4. Caseworkers' caseloads exceed MDHHS policy.** Caseworkers need to be able to spend time with the children and families on their caseloads in order to accurately assess risk, identify needs, develop an appropriate case plan and work with families to achieve it.
Recommendation: The agency should adhere to the caseload cap for foster care workers in the Implementation, Sustainability and Exit Plan, which includes a maximum caseload of no more than 15 children.
- 5. Foster parents not receiving notice of court hearings or not being allowed to participate in court hearings that they do attend.**
Recommendation: Juvenile courts should encourage and welcome foster parent participation in court hearings, either through verbal testimony or written communication.

In 2017, SCAO assessed which data is collected by the Foster Care Review Board and how it is used. The board is updating data reports so that the data can more directly assist with identifying program priorities and efforts. Once the new data reports are developed later in 2019, Foster Care Review Board program representatives who serve on state-level child welfare workgroups and committees, including the Court Improvement Program, will analyze the data and promote discussion in the workgroups about trends or issues and possible strategies.

The Foster Care Review Board made significant program changes in 2017 that affect decisions and permanency outcomes in the cases reviewed. The principal change was a focus on review of cases identified by the courts, child-placing agencies, and other parties that believe the progress of the case and/or well-being of the child would benefit from third party review. The program continues to review cases listed with the Michigan Adoption Resource Exchange in which there were identified barriers in the recruitment of an adoptive family or in finalization of a planned adoption. In 2018, the Foster Care Review Board conducted 375 reviews involving 486 children. Recommendations made in cases reviewed include the following:

- Recommendations related to child safety: 102
- Recommendations related to permanency: 372
- Recommendations related to well-being: 898

The program received 146 intake calls in 2018 from foster parents inquiring about appealing removal decisions, with results as follows:

- Local review boards conducted 125 foster parent appeals.
- The board supported the foster parent's appeal of the move of the child from their home in 53 cases.
- The board supported the agency's decision to move the child in 72 cases.

MICHIGAN'S HUMAN TRAFFICKING LEGISLATION

Michigan's Safe Harbor law of 2014 was one of the key reforms in Michigan's human trafficking legislation affirming the intent of the federal Justice for Victims of Trafficking Act and the Trafficking Victims Protection Act.

Safe Harbor

Safe Harbor established protection for victims of human trafficking, through legislation that:

- Presumes that a minor found engaging in prostitution is a victim of human trafficking and mandates law enforcement to refer the minor victim to MDHHS for appropriate treatment.
- Established probate court jurisdiction for minor human trafficking victims who are dependent and in danger of substantial harm.
- Allows victims of human trafficking to clear their criminal record of crimes they were forced to commit by traffickers.
- Provides adult human trafficking victims safe harbor through a diversion process to avoid prostitution convictions.

Michigan continues to focus on children and youth that may have been victims of human trafficking and has policies and training that ensure that child welfare services provide safe, supportive responses to the needs of this group. Michigan began reporting on the number of identified victims of trafficking in its National Child Abuse and Neglect Data System (NCANDS) submission on Jan. 30, 2019, reporting 2018 data.

A component of child welfare reform in Michigan, in addition to the MiTEAM practice model and a continuous quality improvement approach, is the development of performance-based child welfare services and a supportive funding model.

The Department utilizes performance-based contracting for adoption services. Contractors receive differential rates of reimbursement for adoption services based on the length of time between accepting the adoption case to when the adoption petition is filed with the court or if the child was photo-listed on the Michigan Adoption Resource Exchange or placed with an adoptive family after being in a residential setting.

Defining Consistent Performance Measures for Child Welfare Agencies

- In partnership with the University of Michigan Child and Adolescent Data Lab, MDHHS continued reporting on federally established permanency outcomes and indicators on a monthly basis, enabling early identification of practice areas that require targeted attention to support improvement.
- County performance on outcomes related to key performance indicators, measurable case management activities prioritized by MDHHS, are shared monthly with public and private agencies via the Monthly Management Report.

A performance-based funding model for foster care is being piloted in Kent County. Progress in the development of the model is described below.

Progress in 2015

- Implementation began with an intensive planning year in Kent County from Oct. 1, 2014 to Sept. 30, 2015, which includes an assessment of the cost of services to children currently in the child welfare system to understand the needs and distribution of cases from the perspective of case complexity.

Progress in 2016

- The Child Welfare Partnership Council, consisting of key MDHHS staff and community stakeholders, continued to guide the design, development and implementation process of Michigan's performance-based child welfare system.
- Implementation continued with intensive planning and development including:
 - Executed contracts for a project manager, actuary and evaluator.
 - A position was established within the Children's Services Agency for planning and oversight.
 - Finalization of a data-driven case rate and payment methodology in Kent County.
 - Development of policy and procedures to implement the case rate model.
 - Development of a draft contract.
 - Agreement on established outcomes and key performance indicators.
 - Development of data sharing agreements for a data analytics system.

Progress in 2017

The Child Welfare Partnership Council, consisting of key MDHHS staff and community stakeholders, continues to guide the design, development and implementation of Kent County's performance-based child welfare contracting pilot.

Defining Consistent Performance Measures for Public and Private Child Welfare Agencies

- In partnership with the University of Michigan Child and Adolescent Data Lab, MDHHS is replicating the federal data reporting processes. By developing reporting capacity independently, the state will be able to report on federally established outcomes and indicators monthly, enabling early identification of practice areas that require targeted attention to support improvement.
- County performance on key performance indicators, measurable case management activities prioritized by MDHHS due to their impact on outcomes for children, are shared monthly with public and private agencies via the Monthly Management Report.
- Private agency contracts were amended to include key performance indicators.
- Private agency technical assistance and support ensures accountability for achievement of performance standards.

Kent County

The Kent County Performance-Based Funding pilot combines multiple approaches whose goal is to achieve better outcomes for children and families. Steps in the implementation of the funding pilot are listed below.

- Pilot development activities concluded on June 30, 2016.
- Implementation phase one, infrastructure building, began on July 1, 2016.
- Implementation phase two, operationalization, began on Jan. 1, 2017.
- Key accomplishments during phase one and phase two included:
 - Issuing a child placing agency license to the consortium.
 - Finalizing child welfare policies that support the pilot.
 - Finalizing the oversight and technical support processes.
 - Finalizing language in the master contract.
 - Onboarding of the consortium's chief operating officer.
 - Executing a data-sharing agreement with the consortium and the third-party analytics system to support the pilot.
 - Updating the case rate for implementation.
 - Completing MiSACWIS joint application design sessions.
- MDHHS established a contract with an independent evaluator in March 2016 to conduct an evaluation of the performance-based funding pilot.
 - Key accomplishments include identifying comparison counties, hosting informational meetings with identified sites to provide an overview of the evaluation, conducting site visits in March 2017 to gather baseline information for the evaluation and finalizing the evaluation plan.

Performance-Based Funding Pilot Progress

- Implementation of phase three that began on May 1, 2017, in Kent County includes testing MiSACWIS changes, sharing data with the identified third-party analytics system, securing contracts for ancillary services and hiring and training staff of the consortium.
- Implementation of service delivery in phase four began on Oct. 1, 2017.
- The independent evaluator will continue to gather and assess baseline data.
- An actuary and independent evaluator will continue to monitor the implementation of the funding model.

Progress in 2018

Performance-Based Funding Pilot Progress

MDHHS activities include:

- Providing technical assistance and support to the West Michigan Partnership for Children as initial implementation questions arose.
- Working with multiple stakeholders from within the department to identify how federal claims will be operationalized under the Kent County pilot model.
- Refining Kent County pilot cost reports and other fiscal monitoring tools and processes.
- Supporting data sharing with the West Michigan Partnership for Children through their data analytics contractor, Mindshare, including continued data-sharing agreements.
- Releasing performance reports on key performance indicators for the West Michigan Partnership for Children.
- With the West Michigan Partnership for Children, finalizing program and financial policies.

West Michigan Partnership for Children activities:

- Hired 14 staff to fulfill contract requirements.
- Implemented a new Enhanced Foster Care Model, a family-based service that provides individualized treatment for children in general foster care who present with intensive behavioral or emotional needs.
- Participated in several media events.
- Contracted with a consulting firm to lead the development of the West Michigan Partnership for Children's strategic plan.
- Initiated a contract to obtain assistance in establishing performance-based subcontracts for service providers in fiscal year 2019.
- The partnership's performance and quality improvement team finalized a policy handbook, which outlines protocols for continuous quality improvement and auditing.
- The partnership's care coordination team established a tiered system of meetings to increase collaboration and attention to complex case issues. Specific teamwork allows for an increased focus on the best interest of children in foster care.
- The independent evaluator conducted site visits to gather baseline process data and completed the first annual report.

Key Performance Indicators

Key Performance Indicators	Standard	*Statewide FY18 Performance	**WMPC FY18 Performance	***FY19 Performance by Month		
				October 2018	November 2018	December 2018
Caseworker-Child Visits	95%	81%	88%	94%	94%	95%
Caseworker-Parent Visits	85%	60%	63%	65%	65%	61%
Parent-Child Visits	85%	45%	52%	53%	49%	45%
Worker-Supervisor Conferences	95%	92%	96%	98%	96%	97%
Initial Service Plan Timeliness	95%	75%	70%	71%	71%	90%
Updated Service Plan Timeliness	95%	86%	89%	90%	90%	86%
Supervisor Approval Timeliness	95%	88%	87%	92%	92%	85%
Initial Medical Exam Timeliness	85%	85%	84%	82%	69%	100%
Annual Medical Exam Timeliness	95%	86%	84%	88%	67%	86%
Initial Dental Exam Timeliness	90%	85%	77%	66%	67%	64%
Yearly Dental Exam Timeliness	95%	80%	86%	78%	75%	79%

*Data Retrieved: Monthly Management Report, September 2018, 12-month data

**Data Retrieved: MDHHS Kent County Reports- 10-1-17 to 9-30-18, Run Date: 2/26/19

***Data Retrieved: MDHHS Kent County Reports by Month, Run Date: 2/26/19

Planned activities are described in the CFSP 2020-2024/APSR 2020.

PROGRAM SUPPORT

MDHHS provides multiple types of program support to counties and local groups that operate state programs. In addition to training, conferences and workshops described throughout this report, MDHHS offers the following ongoing program support to field staff and service providers.

- MDHHS provides a policy mailbox for clarification and technical assistance on child welfare policy.
- The BSC quality assurance analysts provide training and technical assistance on the enhanced MiTEAM practice model to local child welfare staff. Statewide use of the MiTEAM Fidelity Tool will continue assisting local child welfare managers to monitor their staffs' skill using the MiTEAM practice model.
- DCQI provides feedback and technical assistance on child welfare cases through the Quality Service Review, intensive reviews of current cases in local offices and agencies through interviews with case members, local courts and service providers.
- DCQI staff work with BSC quality assurance analysts and local offices to develop continuous quality improvement teams and provide technical assistance on using the team structure combined with state and local data to target activities which will improve services. Technical assistance methods are specific to the needs of each community.
- MDHHS Indian Outreach Workers in counties with a Native American population assist in targeting a variety of services to Indian children and families, including financial and emergency assistance and child welfare services.
- The University of Michigan Child and Adolescent Data Lab provides county- and state-

level CFSR safety and permanency data, updated monthly.

- Trauma-informed caregiver training is provided in 12 counties, with plans for expansion. This training assists foster parents' understanding of the underlying issues related to children's behaviors and may increase empathy toward foster children based on improved awareness of the effects of trauma.
- The Foster Care Psychotropic Medication Oversight Unit addresses persistent challenges in achieving the engagement of children and consenting adults in psychotropic medication decisions and consent.
- Training for mandated child abuse and neglect reporters is provided by local MDHHS staff in their communities. Mandated reporter training was enhanced to include training for specific professional roles in child welfare.
- DCQI provided training for CFSR reviewers in 2018, many of whom may remain reviewers through the program improvement plan (PIP).
- MiSACWIS project support staff are continuing the MiSACWIS Academy training. The academy includes end-user classroom workshops, webinars, web-based trainings and new worker training. MiSACWIS project staff also conducts new worker juvenile justice residential training.
- The Office of Child Welfare Policy and Programs provides materials and data to counties to assist them in completing their Adoptive and Foster Parent Recruitment and Retention plans and to track whether county goals were met.
- The housing specialist in the Education and Youth Services unit provides technical assistance to Homeless Youth and Runaway providers in serving young people who identify as lesbian, gay, bisexual, transgender and questioning (LGBTQ), and those identified as victims of human trafficking.
- Education planners provide resource information to public and private child welfare staff in their geographic areas and refer young people to employment and educational programs.
- MDHHS includes information about Youth in Transition and Education and Training Vouchers Program services at each quarterly Tribal-State Partnership meeting as a standing agenda item. Services are described, as well as how tribal youth can access them. Tribal leaders have an opportunity to ask questions and request presentations. Technical assistance is provided to individual tribes as requested.
- To support Chafee policy and procedures, child welfare specialists are trained on Youth in Transition policy in the Office of Workforce Development and Training Pre-Service Institute and Program-Specific Transfer Training with technical assistance provided as requested. As issues are identified, information is shared with management and staff through communication issuances and monthly supervisory telephone calls.
- The MDHHS Workforce Engagement and Transformation Unit through Lean Process Improvement, responds to requests to review and improve work processes to simplify, reduce waste and promote consistency in department operations.

Program Support/Technical Assistance and Capacity Building/Research, Evaluation, Quality Assurance Systems Five-Year Summary

Progress in 2015

Program Support

- The rollout of the expanded MiTEAM case practice model to additional counties in 2014 and 2015 strengthened the role of community stakeholders and families in case planning. In 2015, implementation of the enhanced MiTEAM model began. **Impact on achieving CFSP goals and objectives:** The MiTEAM enhancement provided advanced training in utilization of the case practice model in case management, improving staff teaming, engagement, assessment and mentoring skills.

Technical Assistance and Capacity Building

- In 2015, eight MDHHS counties participated in the Secondary Traumatic Stress pilot led by the Western Michigan University Children's Trauma Assessment Center. The pilot included training for managers, program managers and directors, development of Secondary Traumatic Stress teams to address trauma on a peer-to-peer level, follow-up discussions to address challenges and barriers, and collaboration with the Michigan Employee Services Program. **How capacity building assisted in achieving goals and objectives:** To improve workforce morale and retention, support was provided for frontline staff experiencing secondary traumatic stress.
- The National Resource Center for Diligent Recruitment at AdoptUSKids provided technical assistance to increase Michigan's pool of foster, adoptive and relative families and improve satisfaction with the caregiver role. **How capacity building assisted in achieving goals and objectives:** The customer service approach supported the Diligent Recruitment Project, I-Care 365, in Oakland, Wayne and Macomb counties.
- Participating in the Consortium on Improved Placement Decision-Making and Capacity Building sponsored by the Annie E. Casey Foundation. **How capacity building assisted in achieving goals and objectives:** The consortium assisted in increasing caregiver satisfaction and reducing placement moves of children.

Research, Evaluation, Management Information Systems and Quality Assurance Systems

- The U.S. Department of Justice National Task Force on Children Exposed to Violence selected Michigan to participate in the Defending Childhood State Policy Initiative. This allowed Michigan to receive technical assistance to develop and implement a strategic plan addressing cross-systems responses to children who have experienced trauma resulting from violence in their homes, schools or communities. **How systems informed service delivery and contributed to achieving the goals of the CFSP:** Developing and implementing a cross-systems strategic plan to address the needs of children exposed to violence provided a road map and established collaboration in addressing trauma in children in multiple settings.

Progress in 2016

Program Support

- MDHHS engaged in the development of a robust CQI structure through integration with the MiTEAM model and utilizing the existing case review and data analysis methods previously used solely by DCQI. **Impact on achieving CFSP goals and objectives:** Michigan's CQI system is the basis for ongoing service improvement.
- MDHHS expanded the Foster Care Psychotropic Medication Oversight Unit, which analyzes data on adherence to MDHHS policy and provides technical assistance to key stakeholders involved in mental health care. **Impact on achieving CFSP goals and objectives:** The Psychotropic Medication Oversight Unit assists in ensuring psychotropic medications are prescribed according to federal requirements and MDHHS policy.
- MDHHS developed data summits for training and technical assistance to the BSCs, local offices and private agencies which focused on utilization of data to target outcomes specific to each community. **Impact on achieving CFSP goals and objectives:** Providing training on the use of data to target specific outcomes enabled the initiation of CQI processes at the local and agency level.
- The Education and Youth Services analyst collaborated with the Federal Compliance Division to provide training to local child welfare staff on policy and payment for the Young Adult Voluntary Foster Care program. **Impact on achieving CFSP goals and objectives:** Training local staff on policy and payment was essential in implementing this new program.
- Technical assistance was offered to local child welfare offices to resolve barriers to timely enrollment and processing payments to youth in the Young Adult Voluntary Foster Care program. **Impact on achieving CFSP goals and objectives:** Assisting local staff on resolving barriers to timely enrollment and payment was essential in implementing this new program.
- The MDHHS Behavioral Health and Developmental Disabilities Administration developed a cross-systems website on trauma that launched in the fall of 2016. **Impact on achieving CFSP goals and objectives:** The trauma website serves as a source for information on trauma's effects on children and families. The website can be viewed here: https://www.michigan.gov/mdhhs/0,5885,7-339-73971_4911_69588_80202---,00.html

Technical Assistance and Capacity Building

- Twelve MDHHS county offices participated in the Breakthrough Series Collaborative led by the Western Michigan University Children's Trauma Assessment Center. The initiative focused on cross-systems collaboration between local MDHHS and Community Mental Health offices to build a trauma-informed, resiliency-based service paradigm that screens for all children in child welfare, conducts functional trauma informed assessments, trauma treatment and builds client and workforce resiliency. **How capacity building assisted in achieving goals and objectives:** Developing a more focused and trauma-informed, resiliency-based service paradigm assisted in providing effective services to children and families in the child welfare system.

- The state received technical assistance from the Children’s Bureau in 2016 and 2017 on assessment of the functioning of the seven CFSR systemic factors in preparation for the submission of the CFSR Statewide Assessment. **How capacity building assisted in achieving goals and objectives:** Receiving assistance and feedback on Michigan’s CFSR systemic factors provided baseline information for creating an effective and accurate statewide assessment.
- Staff from Wayne and Genesee counties attended a Race Equity Design Lab sponsored by the Annie E. Casey Foundation to address disparities in race and gender of youth enrolled in Michigan Youth Opportunities Initiative. **How capacity building assisted in achieving CFSP goals and objectives:** Participating in the Race Equity Design Lab assisted staff in providing more targeted services to youth impacted by racial or gender inequities.
- In 2015, Michigan continued to contract with the Center for the Support of Families to provide technical assistance with the expanded MiTEAM rollout and training in the MiTEAM case practice model. **How capacity building assisted in achieving CFSP goals and objectives:** The technical assistance enhanced DCQI, BSC and local staff’s efforts to support caseworker’s assessment, teaming and case planning skills. This effort also guided decision-making to enhance safety, permanency planning, well-being and caseworker retention in four pilot counties.

Research, Evaluation, Management Information Systems and Quality Assurance Systems

- To address the needs of dual wards, or “crossover youth,” MDHHS collaborated with Casey Family Programs to support a Crossover Youth Practice Model of the Georgetown University Center for Juvenile Justice Reform. MDHHS contracted with Georgetown to provide technical assistance to the Crossover Youth Project in Wayne County and established a protocol for identifying crossover youth and development of a system for delivering services. **How systems informed service delivery and contributed to achieving the goals of the CFSP:** The pilot program assisted in identifying crossover youth and developed a system for serving this population effectively.

Progress in 2017

Program Support

- DCQI staff began collaborating with county offices to develop continuous quality improvement teams and provided ongoing technical assistance on utilization of state and local data to inform the team and guide decision-making for improved service delivery. **Impact on achieving CFSP goals and objectives:** Technical assistance initiated development of the CQI structure and process in each county served.
- MiSACWIS project support staff continued the MiSACWIS Academy training, including end-user classroom workshops, webinars, web-based trainings and new worker training. **Impact on achieving CFSP goals and objectives:** Continued training using various methods improved MiSACWIS user skills and knowledge.
- DCQI provided training and technical assistance to local offices on the use of the MiTEAM Fidelity Tool. **Impact on achieving CFSP goals and objectives:** Training on the use of the tool ensured accurate tracking of caseworker skill in application of the

practice model.

- The university partnership training was expanded to include courses pertinent to caring for children, including training on the effects of traumatic events on children. **Impact on achieving CFSP goals and objectives:** Attendees of these trainings benefitted from an improved understanding of caregiving for traumatized children.

Technical Assistance and Capacity Building

- Michigan was one of 10 states selected to participate in the “2017 Policy Academy: Improving Outcomes for Pregnant and Postpartum Women with Opioid Use Disorders and their Infants, Families and Caregivers.” With the support of the Policy Academy, Michigan developed a cross-system plan to address the needs of infants affected by opioids and their caregivers, as well as ensure the development of Plans of Safe Care for substance-affected newborns. **How capacity building assisted in achieving CFSP goals and objectives:** Development of a planning process to address the needs of children affected by opioids and their caregivers is essential to serving this population.
- The Education and Youth Services unit collaborated with the Michigan Department of Education to ensure all aspects of the foster care provisions in the Every Student Succeeds Act are implemented. **How capacity building assisted in achieving CFSP goals and objectives:** This effort ensured inclusion of impacted youth in implementation planning related to the provisions of the Every Student Succeeds Act.
- Jobs for Michigan’s Graduates received a grant from the Annie E. Casey Foundation to work with young people over the next three years. **How capacity building assisted in achieving CFSP goals and objectives:** Collaboration with the Education and Youth Services unit, the Michigan Youth Opportunities Initiative and Jobs for Michigan’s Graduates improved education and employment opportunities for young people in foster care in Berrien, Wayne and Genesee counties, including juvenile justice cases.

Research, Evaluation, Management Information Systems and Quality Assurance Systems

- The Pathways to Potential model underwent a three-year evaluation by the Johnson Center at Grand Valley State University through a grant funded by the Kellogg Foundation. **How systems informed service delivery and contributed to achieving the goals of the CFSP:** Evaluation of the model measured the degree of fidelity to which Pathways to Potential was being implemented.

Progress in 2018

Program Support

- The adoption program office collaborated with Casey Family Programs on a pilot to provide Rapid Permanency Reviews in select counties for children on the Michigan Adoption Resource Exchange without an identified adoptive family for greater than twelve months. **Impact on achieving CFSP goals and objectives:** The reviews simultaneously identify and mitigate case-level and system-level bottlenecks and barriers to achieve timely permanency for children in out-of-home care.
- Trauma-informed caregiver training was provided in 12 counties, with plans for expansion. **Impact on achieving CFSP goals and objectives:** This training enhances

foster parents' understanding of the underlying issues related to children's behaviors and may increase empathy toward foster children based on awareness of the effects of trauma.

- DCQI provided training for CFSR reviewers in 2018, many of whom may remain reviewers through the program improvement plan (PIP). **Impact on achieving CFSP goals and objectives:** Maintaining a team of trained CFSR reviewers is essential to performing case reviews during the PIP period.
- MDHHS utilized the QIC Placement and Safety sub-teams to strategize improved placement assessment and decision-making.
 - Information on decision-making strategies utilized by the field were provided to all county offices to improve outcomes by sharing successful strategies.
 - The group analyzed data for areas of the state where recurrence rates remain high to identify potential remediation activities.

Impact on achieving CFSP goals and objectives: Collaborative data analysis and evaluation of effective strategies allows CQI practices to be targeted, and therefore result in better outcomes, particularly related to reduction in repeat maltreatment.

- MDHHS participated in Permanency Roundtable training sponsored by the Annie E. Casey Foundation. **Impact on achieving CFSP goals and objectives:** Conducting effective Permanency Roundtables enables effective collaboration in achieving desired permanency outcomes.
- The Foster Care Psychotropic Medication Oversight Unit updated psychotropic medication policy and documentation requirements. **Impact on achieving CFSP goals and objectives:** This update streamlined the consent process and assisted the field with engaging parties in the informed consent process.
- MDHHS continued cross-training with community agencies for improved identification of human trafficking, the role of child welfare professionals in trafficking cases and resources for treating victims. **Impact on achieving CFSP goals and objectives:** Human trafficking cross-training increased the ability to identify victims and provide effective services.

2019

Technical Assistance and Capacity Building

- In 2019, Michigan participated in piloting an innovative method of PIP planning and development, led by the Child Welfare Capacity Building Collaborative with the support of the Children's Bureau. Seventy-one individuals, including a range of child welfare stakeholders, conducted an in-depth evaluation of the root causes for areas needing improvement identified in the CFSR and developed a theory of change and logic model. **How capacity building assisted in achieving CFSP goals and objectives:** Identifying and addressing the root causes of lagging progress provided a basis for the PIP that will improve the targeting of interventions to where they are needed most.

Research, Evaluation, Management Information Systems and Quality Assurance Systems

- MDHHS contracted with the national Building Bridges Initiative, Casey Family Programs and, Chapin Hall at the University of Chicago for a needs assistance and technical

assistance to assist with understanding the needs of children in foster care and the current service array of prevention and congregate care in Michigan.

- Culture/Climate Assessment and Development began in January 2018 as part of a contract with the Children’s Trauma Assessment Center. Assessments include a survey for local office staff, individual county/agency plan development based on survey results, and a reassessment to gauge progress. Strategies are being developed and tracked in local offices to create physically and psychologically safe working environments that are necessary to achieve performance outcomes.
- MDHHS will continue to collaborate with the National Council on Crime and Delinquency on the revalidation of the safety and risk assessment tools to improve caseworker response, service delivery and child and family outcomes. The validation of the structured decision-making tools will be implemented in 2020. Prior to implementation, training will be provided on use of the tools.

SAFETY

Michigan remains focused on improving child safety, reducing the likelihood of children being abused or neglected in out-of-home care and reducing the recurrence of maltreatment. Strategies are evaluated ongoing and linked to measurable deliverables to demonstrate effectiveness. Michigan strives to ensure that placements are safe and in the best interests of the children served. Consideration of a home for placement includes assessment of child safety and risk factors and the needs of the child, as well as the capacity of the prospective caregiver.

Safety Outcome 1: Children are, first and foremost, protected from abuse and neglect.

Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate.

Safety 1 and 2 Five-Year Summary

Progress in 2014

- Michigan reviewed practices in other states and available research to identify effective strategies that improve child safety and reduce recurrence of abuse and neglect.
- MDHHS implemented statewide safety training for all child welfare staff to improve assessment of child safety and well-being and ensure that children are protected from abuse and neglect and safely maintained in their homes whenever possible.
- MDHHS participated in the Consortium on Improved Placement Decision-Making and Capacity Building sponsored by the Annie E. Casey Foundation.
- MDHHS utilized the SOFAC placement and safety sub-teams to lead efforts to improve placement assessment and decision-making. Strategies aimed to improve relative safety screening by frontline staff prior to out-of-home placement.
- MDHHS continued collaboration with Casey Family Programs and the National Council on Crime and Delinquency to determine strategies to improve the safety of children in foster and relative placements

- Safety by Design training was developed to provide staff with the ability to gauge immediate safety concerns and enhance joint treatment planning and ongoing safety planning.

Progress in 2015

- A grant from the Substance Abuse and Mental Health Services Administration funded suicide prevention training for 800 child welfare workers each year. The training modules include suicide awareness training and Applied Suicide Intervention Skills.
- MDHHS implemented Safety by Design training for all child welfare staff and supervisors to help staff gauge immediate safety concerns and enhance joint treatment and ongoing safety planning.
- The number of children who die while under the jurisdiction of the state declined in recent years. From 2008 to 2013, the number of ward deaths was between 16 to 19 children. In 2014, after Michigan increased its focus on safety at all levels of child welfare, the number dropped to 10. In 2015, the number of fatalities fell to eight. Two of those children were medically fragile and their deaths were due to natural causes.
- The statewide implementation of the MiTEAM enhancements continued. The MiTEAM manual was revised to include detailed guidance for licensing workers on how to apply the principles of the case practice model when assessing families for licensure.
- The revision included MiTEAM skills for working with families when domestic violence is identified as a risk to child safety, assisting caseworkers to assess potential caregivers and identify effective strategies for keeping children safe, while supporting both parents' participation in their children's lives.
- The SOFAC Placement sub-team collaborated with the Office of Workforce Development and Training to develop training to assist in improving placement outcomes, "A Guide to Critical Thinking in Child Welfare."

Progress in 2016

- MDHHS began statewide implementation of the enhanced MiTEAM practice model. MiTEAM reestablished focus on fundamental social work practice skills.
- The MiTEAM manual was revised to include detailed guidance for licensing workers on how to apply the principles of the practice model when assessing families for licensure.
- The MiTEAM manual revision described MiTEAM principles for working with families when domestic violence is identified as a risk to child safety.
- In the resource section of the MiTEAM virtual learning site, a link was added to the National Alliance of Children's Trust and Prevention Funds. The link includes an online training course on the Strengthening Families Protective Factors Framework.
- The MiTEAM Fidelity Tool was piloted in three counties in 2016 and 2017 and rolled out for use in all 83 counties in 2018.
- Safety by Design continued to be offered as an in-service training across the state.
- Trauma-informed screening of children in care was integrated into general child welfare practice in 20 of the 83 counties.
- Trauma-informed caregiver training was provided in 12 counties.

- Trauma-informed training sessions for caregivers were added to the University Partnership training contracts in 2016.

Progress in 2017

- Development of the MiTEAM Assessment Module began with an emphasis on safety.
- The MiTEAM Fidelity Tool was piloted in three counties in 2016 and 2017 and rolled out for use in all 83 counties in 2018. Results from the fidelity tool show local leadership where additional training and support may be needed.

Progress in 2018

- MDHHS continued efforts toward focusing on child and family safety through the training and appropriate utilization of effective safety plans. Those efforts included:
 - Continued training of Safety by Design for all new child welfare staff.
 - Ongoing Safety by Design training staff for seasoned child welfare staff.
 - Providing continuous safety planning policy and practice guidance to the field.
 - The third annual MDHHS Child Safety Conference was presented, providing the field with training focusing on improving practices in the assessment of and responses to child welfare investigations and case management.
- MDHHS funded the 21st annual Child Abuse and Neglect conference, providing child welfare training to hundreds of child welfare practitioners.
- MDHHS completed statewide implementation of the enhanced MiTEAM practice model.
- The MiTEAM Fidelity Tool was rolled out for use in all 83 counties in 2018.
- MDHHS reduced the standard for foster care caseloads from 15:1 to 13:1 in 2017. The state is continuing work to reduce caseloads to meet that goal.
- MDHHS developed a Safety by Design 2.0 training for foster care caseworkers to assess and improve the safety of children in foster care.
- A workgroup was created to consider modifications to the MDHHS threatened harm policy to assist assessment of how past and current factors contribute to child safety and child abuse/neglect.
- Threatened harm training was offered to CPS workers on an as-needed basis, or as policy modifications occurred.
- MDHHS continued use of the Safe and Together model for assessment and planning case response. This model was aimed at improving workers' understanding of complaints when domestic violence is a factor.
- CPS took the following steps to enhance mandated reporter training:
 - Maintaining and distributing an updated list of staff in each county that provide mandated reporter training.
 - Creation of an online training video to describe the responsibilities of mandated reporters, guidance for reporting abuse and neglect and resources available.
 - Revision of mandated reporter training and training materials.

Safety 1 and 2 Assessment of Performance

Safety achievements are tracked through the Michigan data profile provided by the Children's Bureau. Progress is also noted through QSR results, where available.

Goal: MDHHS will reduce maltreatment of children in foster care.

- **Objective 1:** MDHHS will decrease maltreatment of children in foster care.

Measure: Children’s Bureau Data Profile.

Baseline: 13.56 rate of maltreatment in care; FY 2013.

Benchmarks:

2015 – 2019: Demonstrate improvement each year.

- **2015:** 20.42 rate of maltreatment in care; FY 2013.
- **2016:** 16.64 rate of maltreatment in care; FY 2014.
- **2017:** 14.68 rate of maltreatment in care: FY 2015.
- **2018:** 14.24 rate of maltreatment in care: FY 2016.

- **Objective 2:** MDHHS will reduce the number of children having recurrence of maltreatment.

Measure: Children’s Bureau Data Profile.

Baseline: 16 percent of children experienced recurrence of maltreatment; FY 2013.

Benchmarks:

2015 – 2019: Demonstrate improvement each year.

- **2014:** 16% experienced recurrence of maltreatment.
- **2015:** 14.9% experienced recurrence of maltreatment.
- **2016:** 13.3% experienced recurrence of maltreatment.
- **2017:** 13.6% experienced recurrence of maltreatment.
- **2018:** 14.3% of children experienced recurrence of maltreatment.

Final Assessment: Although the state’s performance for both objectives trended positively over the five-year period, improvement is still needed.

Planned Activities for 2020 are described in the CFSP 2020-2024/APSR 2020.

POPULATION AT THE GREATEST RISK OF MALTREATMENT

Population at the Greatest Risk Five-Year Summary

Progress in 2014

- In 2014, the population identified at greatest risk of maltreatment was children ages 3 or younger living with their biological parents, constituting 38 percent of total child victims (11,774 of 30,953 total victims). This data was captured through the Services Worker Support System and the Michigan Statewide Automated Child Welfare Information System (MiSACWIS). Other factors included in identifying this group of children include vulnerability due to their age and stressors on parents because of the children’s dependent status. Five areas of policy and practice specifically focus on this population in Michigan:
 1. Multiple Complaint policy.
 2. Safe Sleep policy.
 3. Birth Match policy.

4. Early On policy and service provision.
 5. Title IV-E Waiver Project.
- **Multiple Complaint Policy.** The multiple complaint policy requires that whenever CPS centralized intake receives a third complaint on a home with a child under 3 years of age, a preliminary investigation must be completed to assess the likelihood of maltreatment. This ensures that repeat abuse and neglect complaints on the youngest children are not screened out, but at a minimum, undergo investigation to determine risk to the children and service needs. This leads to provision of the services necessary to improve safety.
 - **Safe Sleep Policy.** The Safe Sleep policy requires that workers include in their assessments of children under 1 year the factors that place a child at risk of suffocation in his or her sleep environment. Policy and practice require the following:
 - Assisting families to obtain a crib to prevent the need for co-sleeping with caregivers or others.
 - A media campaign and video instruction featuring parents who have lost a child due to an unsafe sleep environment.
 - Ongoing collaboration with local and statewide community providers to publicize the importance of safe sleep and what can be done to decrease the number of child deaths.
 - **Birth Match System.** This screening system identifies when a parent who previously lost rights to a child or committed an egregious act of abuse or neglect has given birth to a new baby in Michigan. This service includes automatic case assignment that requires workers to make immediate contact to assess the safety and well-being of the infant and evaluate the risk of maltreatment. Each year this system identifies nearly 1,000 matches, leading to investigation and services for many children at elevated risk of maltreatment.
 - **Early On.** All child victims ages birth to 36 months in substantiated cases of CPS categories I or II are referred to Michigan's Part C-funded early intervention service, Early On. Early On assists families with infants and toddlers that display developmental delays or have a diagnosed disability. MDHHS continues to focus on enhancing developmental information provided by CPS workers to ensure appropriate services are obtained for the child.
 - **Protect MiFamily.** Protect MiFamily, Michigan's Title IV-E waiver project, focuses on reducing the likelihood of maltreatment or repeat maltreatment. Protect MiFamily continues operation in Macomb, Muskegon and Kalamazoo counties. Results from the family satisfaction surveys continue to suggest that the families are highly satisfied with program services. Outcomes from the Protect MiFamily project are reported later in this report.

Progress in 2015

In 2015, the population identified at greatest risk of maltreatment was children ages 3 and younger living with their biological parents, constituting 39 percent of total child victims; this data was captured through MiSACWIS. The percentage of identified victims ages 3 and younger has increased in the past three reporting years (2013: 36.5 percent, 2014: 38 percent, 2015: 39

percent). CPS program office evaluated this increase to determine what steps to consider including targeting services to families with children 3 and younger.

Factors included in identifying this group of children include vulnerability due to their age and stressors on parents because of the children's dependent status. Five areas of policy and practice focus on this population in Michigan:

1. Multiple Complaint policy.
2. Safe Sleep policy.
3. Birth Match policy.
4. Early On policy and service provision.
5. Protect MiFamily, Michigan's Title IV-E waiver project.

Progress in 2016

In 2016, the population identified at greatest risk of maltreatment was children ages 3 and younger living with their biological parents, constituting 39 percent of total child victims; this data was captured through MiSACWIS. The percentage of identified victims ages 3 and younger has been between 38 and 39 percent during the last three reporting years (2014: 38 percent, 2015: 39 percent, 2016: 39 percent). CPS program office will do further analysis and determine the steps needed to target services to families with young children. Seven areas of policy and practice focus on this population in Michigan:

1. Multiple complaint policy.
2. Safe sleep policy.
3. Birth match policy.
4. Early On policy and service provision.
5. Protect MiFamily, Michigan's Title IV-E waiver project.
6. Infant Mental Health Home Visitation, described below.
7. Infant Plans of Safe Care, described below.

Progress in 2017

In 2017, the population identified at greatest risk of maltreatment were children ages 3 and younger living with their biological parents, constituting 40 percent of total child victims; this data was captured through MiSACWIS. The percentage of identified victims ages 3 and younger has been between 38 and 39 percent during the previous three reporting years. MDHHS continues to track this for consideration of services to families with young children. Factors included in identifying the population of children at the greatest risk of maltreatment include vulnerability due to their age and stressors on parents because of the children's dependent status. Seven areas of policy and practice focus on this population in Michigan:

1. Multiple Complaint policy.
2. Safe Sleep policy.
3. Birth Match System.
4. Early On policy and service provision.
5. Protect MiFamily, Michigan's Title IV-E waiver project.
6. Infant Mental Health Home Visitation.
7. Infant Plans of Safe Care.

- **Infant Mental Health Home Visitation.** Infant mental health services provide home-based parent-infant support and intervention services to families where the parent's condition and life circumstances or the characteristics of the infant threaten the parent-infant and the consequent development of the infant. The infant mental health specialist provides home visits during pregnancy, around the time of birth and during the infant's first year. Home visits occur weekly or more frequently if needed.
- **Infant Plans of Safe Care.** In accordance with the 2016 federal Comprehensive Addiction Recovery Act, Michigan modified policies to require caseworkers to create Plans of Safe Care for infants affected by substances and their mothers.

Progress in 2018

In 2018, the population identified at greatest risk of maltreatment was children ages 3 and younger living with their biological parents, constituting 38 percent of total child victims. The percentage of identified victims ages 3 and younger has been between 38 and 40 percent during the previous three reporting years (2014: 38 percent, 2015: 39 percent, 2016: 39 percent, 2017: 40 percent). MDHHS will try to determine if this indicates a trend and if so, what steps to consider when determining services to families with young children. Eight areas of policy and practice focus on this population in Michigan:

1. Multiple Complaint policy.
2. Safe Sleep policy.
3. Birth Match System.
4. Early On policy and service provision.
5. Protect MiFamily, Michigan's Title IV-E waiver project.
6. Infant Mental Health Home Visitation.
7. Infant Plans of Safe Care.
8. Safety Planning.

Safety Planning

In February 2019, PSM 713-01, CPS Investigation – General Instructions and Checklist was updated to include guidance regarding safety planning. The policy provides guidance regarding the requirements of a safety plan as well as how to document safety plans. The following requirements of safety planning were added into policy:

- Address immediate concerns.
- Developed with input of parents.
- Include formal and information supports.
- Are realistic, achievable and understood, as well as specific, modifiable, and based on parent strengths.

PERMANENCY

In Michigan, local courts authorize removal of children from the care of their parents and refer them to the MDHHS children's foster care program for placement, care and supervision. Foster care intervention is directed toward assisting families to rectify the conditions that brought the

children into care through assessment and service provision. Foster care maintenance in Michigan is funded through a combination of Title IV-B(1), Title IV-E and state, local and donated funds.

Permanency Five-Year Summary

Progress in 2014

- In 2014, 766 relatives were licensed.
- Continuous quality improvement implementation occurred in Lenawee, Mecosta/Osceola and Kalamazoo counties.
- Coaching labs were completed in trauma, engagement, teaming, assessment and case planning in Lenawee, Mecosta/Osceola and Kalamazoo counties.
- Training was provided to peer coaches in the areas of teaming and modeling skills.
- A Practice Spotlight video on trauma-informed removal was produced.
- Permanency resource monitors conducted trainings and consultation in permanency goals, diligent relative search and the guardianship approval process.
- Permanency resource managers conducted special reviews on each foster child awaiting reunification for over a year.
- Permanency forums were held on April 3, 2014 and October 16, 2014.
- Parent education program standards were revised to require evidence-based, evidence-informed or promising practice parenting skills education.
- MDHHS expanded the Foster Care Supportive Visitation program by seven counties.
- The three “champion” counties initiating the MiTEAM/Continuous Quality Improvement implementation undertook the following:
 - Piloted the Supervised Visit Parenting Rating Checklist.
 - Developed mentoring training to increase resources for supervised parenting.
 - Developed a supervised parenting time tool.
 - Worked with the Children’s Trauma Assessment Center to Implement the Trauma Screening Tool.

Progress in 2015

- A MiTEAM case practice fidelity instrument was piloted in Lenawee, Mecosta/Osceola and Kalamazoo counties.
- Coaching labs on case plan implementation, placement and mentoring took place in Lenawee, Mecosta/Osceola and Kalamazoo counties.
- Enhanced MiTEAM implementation occurred in Kent County. Supervisory small group sessions and coaching labs occurred addressing engagement, teaming, assessment, case planning, case plan implementation and placement planning.
- Child welfare staff and supervisors reported the following practice improvements because of participation in coaching labs:
 - Engaging the family team and child more effectively.
 - Understanding the family’s history and frame of reference.
 - Recognizing the impact of trauma on families.
 - Utilizing active listening skills to engage families.
 - Utilizing genograms and eco-maps during family team meetings.

- Helping families identify supports.
- Having in-depth conversations with children and parents.
- Residential staff were trained on facilitating family team meetings.
- The MiTEAM specialist position description and title were updated. MiTEAM specialists are recognized field resources for the implementation of the MiTEAM model and continuous quality improvement activities.

Progress in 2016

- Kent County completed its enhanced MiTEAM implementation with the conclusion of supervisory small group sessions and mentoring coaching labs.
- Initial data indicates that overall practice indicator scores improved approximately 40 to 60 percent resulting from implementation of enhanced MiTEAM training.
- Utilizing feedback and evaluations from implementation in Mecosta/Osceola, Lenawee and Kent counties, MDHHS developed a statewide implementation plan for the MiTEAM enhancement that includes virtual learning, practice and application exercises and observation and feedback.
- The MiTEAM Fidelity Tool was automated in June 2016. To aid in tracking fidelity to the model, supervisors complete MiTEAM fidelity worksheets for each of their staff quarterly and a fidelity tally worksheet for their unit.
- MiTEAM Summits were held regionally with leadership to initiate statewide implementation of the enhanced MiTEAM model.
- All public and private child welfare staff completed the engagement and teaming MiTEAM training and support activities.
- The MiTEAM Manual was updated with information on developing, implementing and evaluating parent-child visits, how and when to develop the parent-child visitation plan, who should be included and factors to consider when expanding parenting time.
- MDHHS convened the Residential Transformation Workgroup to analyze Michigan's continuum of mental health and behavioral health services for children.
- The definition of relative in CPS and foster care policy was expanded to include stepparents, ex-stepparents and parents who share custody of a child's half-sibling.
- A volunteer training was created that provides guidance on how to work with caseworkers and families when supervising parenting time visits.
- Permanency Forums were held in Wayne County.

Progress in 2017

- All child welfare staff completed enhanced MiTEAM training on assessment, case plan development and implementation in April 2017.
- Parenting time training was developed for relative caregivers/foster parents that includes the benefits of increased parenting time and ways caregivers may assist.
- Supportive visitation services were expanded to 70 counties.
- Family Incentive Grants were provided to assist relatives with home repairs and other financial barriers to licensure and relative placement.

- Local CQI teams began development to review metrics and practice indicators and form local quality assurance plans.

Progress in 2018

- Eleven train-the-trainer MiTEAM Fidelity local office expert sessions were held across the state from January through March.
- MiTEAM Fidelity local office experts trained their supervisors within one month of their train-the-trainer sessions from February through April.
- The MiTEAM Fidelity Tool was implemented statewide in 2018.
- To date in 2018, Trauma Screening Training and follow up meetings to review barriers have been held in Wayne County and in BSCs 3 and 4.
- Implementation of the Regional Placement Unit in Wayne, Oakland, Macomb and Genesee counties streamlined initial placement of youth in these counties with a goal of keeping children in their communities and improving placement stability.
- The Absent Parent Protocol was updated to provide guidance to courts and child welfare staff on the identification and location of parents who are not present at the onset or at any time that children are under the jurisdiction of the court.
- Development of statewide training focused on early identification and engagement of relatives for placement and support.
- Relative Licensing Incentive Grant payments were increased to encourage the timely licensing of relatives by private child-placing agencies.

Permanency 1 – Assessment of Performance

Permanency 1 achievements are tracked through the Michigan data profile provided by the Children’s Bureau.

Goal: MDHHS will increase permanency and stability for children in foster care.

- **Objective 1:** MDHHS will increase the percentage of children discharged to permanency within 12 months of entering care.

Measure: AFCARS data profile, University of Michigan Child and Adolescent Data Lab

Baseline: 34.6%; FY 2012

Benchmarks:

2015-2019: Demonstrate improvement each year.

- **2015:** 34.5%
- **2016:** 31.1%
- **2017:** 32.3%
- **2018:** 30.1%; U-M Data Lab

- **Objective 2:** MDHHS will increase the percentage of children in care for 12 to 23 months discharged from foster care to permanency within 12 months.

Measure: AFCARS data profile; University of Michigan Child and Adolescent Data Lab

Baseline: 50.6%, risk standardized performance

Benchmarks:

2015-2019: Achieve the national standard of 43.7 percent or more.

- **2015:** 49.3%
 - **2016:** 50.3%
 - **2017:** 48.1%
 - **2018:** 42.3%; U-M Data Lab
- **Objective 3:** MDHHS will increase the percentage of children in care for 24 months or more discharged to permanency within 12 months.
Measure: AFCARS data profile; University of Michigan Child and Adolescent Data Lab
Baseline: 32.8%, FY 2014
Benchmarks:
2015-2019: Achieve the national standard of 30.3 percent or more.
 - **2015:** 35.8%
 - **2016:** 41.3%
 - **2017:** 36.6%
 - **2018:** 40.4%; U-M Data Lab
 - **Objective 4:** MDHHS will decrease the percentage of children who re-enter foster care within 12 months of discharge to relative care or guardianship.
Measure: AFCARS data profile; University of Michigan Child and Adolescent Data Lab
Baseline: 3.4%, risk standardized performance
Benchmarks:
2015-2019: Achieve the national standard of 8.3% or less.
 - **2015:** 3.7%, FY 2012
 - **2016:** 4.3%
 - **2017:** 3.9%
 - **2018:** 4.6%; U-M Data Lab
 - **Objective 5:** MDHHS will decrease the rate of placement moves per 1000 days of care.
Measure: AFCARS data profile; University of Michigan Child and Adolescent Data Lab
Baseline: 3.45 moves; FY 2014
Benchmarks:
2015-2019: Achieve the national standard of 4.12 moves or less.
 - **2015:** 3.58 moves; FY 15b/16a
 - **2016:** 3.51 moves
 - **2017:** 3.64 moves
 - **2018:** 3.45 moves (U-M Data Lab)

Final Assessment: For permanency in 12 months, Michigan’s performance declined over the period; more work is needed. In the other Permanency 1 outcomes, Michigan consistently exceeded the national performance.

Permanency 2 – Assessment of Performance

Permanency 2 achievements are tracked through the Quality Assurance Compliance Review (QACR) and the Quality Service Review (QSR).

Goal: MDHHS will maintain and preserve family relationships and the child’s connections.

- **Objective 1:** Children will have visits of sufficient frequency with their mother and father to promote their relationships.

Measure: Quality Assurance Compliance Review (QACR); Monthly Management Report

Baseline: 77%, 2014.

Benchmarks:

2015-2019: Demonstrate improvement each year.

- **2015:** 65.5%
- **2016:** 76%
- **2017:** 97%
- **2018:** 44%; Monthly Management Report.

- **Objective 2:** MDHHS will track and report the number of children in foster care who are placed with relatives.

Measure: Data Warehouse Monthly Fact Sheet.

Benchmarks:

2015-2019: Demonstrate improvement each year.

- **2015:** 34%
- **2016:** 36%
- **2017:** 56%
- **2018:** 54%

- **Objective 3:** Children in foster care will have visits of sufficient frequency with siblings to maintain and promote sibling relationships.

Measure: QACR; Monthly Management Report

Baseline: 88%; calendar year 2014.

Benchmarks:

2016-2019: Demonstrate improvement each year.

- **2015:** 57%
- **2016:** 63%
- **2017:** 83%
- **2018:** 60%; Monthly Management Report

Final Assessment: With the exception of placement with relatives, Michigan’s performance in Permanency 2 has fluctuated and generally shows a continuing need for improvement.

Planned activities for 2020 are described in the CFSP 2020-2024/APSR 2020.

SERVICES FOR CHILDREN UNDER THE AGE OF 5

Progress in 2014

- In 2014, there were 9,561 children ages 5 and under in foster care. This is a 5 percent decrease from 2013.

- At the conclusion of fiscal year 2014, 40 children under 5 did not have an identified permanent family upon termination of parental rights. Of those children, 14 have since been adopted, 25 have an identified family and one child remains unmatched with a family.

Progress in 2015

- In 2015, there were 9,618 children ages 5 and under in foster care. This is a 1.7 percent increase from 2014. There were 7,590 children ages 5 and under in foster care as of March 31, 2016.
- At the conclusion of fiscal year 2015 (Sept. 30, 2015), 21 children under age 5 did not have an identified permanent family upon termination of parental rights. Of those children, six have since been adopted, 13 have an identified family and two children remained unmatched.

Progress in 2016

- In 2016, 8,647 children ages 5 and under were in foster care. This is a 0.89 percent decrease from 2015.
- At the conclusion of FY 2016, 28 children under age 5 did not have an identified permanent family on termination of parental rights. Of those children, five have since been adopted, 17 have an identified family and six remain unmatched with a family.

Progress in 2017

- In 2017, 8,914 children ages 5 and under were in foster care. This is a 3.1 percent increase from 2016.
- At the conclusion of FY 2017, 20 children under age 5 did not have an identified permanent family upon termination of parental rights. Of those children, 10 have been adopted, nine have an identified family and one remains unmatched with a family.

Progress in 2018

- In 2018, 5,690 children ages 5 and under were in foster care. This is 42.7 percent of the total population in foster care.
- At the conclusion of FY 2018, 12 children under age 5 did not have an identified permanent family upon termination of parental rights. Of those children, two have been adopted, and 10 had an identified family.
- As of February 2019, eight children under 5 did not have an identified permanent family but by April 2019, six of those children had an identified family, none had a placement pending and the remaining two children were listed as available on April 1, 2019.

Activities to Reduce the Time Young Children are Without an Identified Family

Child-specific recruitment is the most effective strategy to find an appropriate adoptive family for a child. If an adoptive family has not been identified at the time of adoption referral, a written, child-specific recruitment plan must be developed within 30 calendar days. The plan is based on the child's specific needs and efforts focus on finding an adoptive family that will

provide a stable home for the child. The plan may include locating relatives or friends who have an established relationship with the child and photo listing the child on state and national websites, as well as distribution of information about a specific child. The child also is registered for photo listing on the Michigan Adoption Resource Exchange. Quarterly reviews of the plan continue until the child is placed with a family that plans to permanently care for the child.

Addressing Developmental Needs of Children

The enhanced MiTEAM model ensures each child receives services that meet his or her emotional and developmental needs and has a permanent family identified as early as possible. Concurrent permanency planning and diligent relative search and engagement are used to ensure prompt service delivery, increased parental contact that supports bonding and to facilitate placement with a permanent family. In addition, CPS and foster care policy has the following requirements for children under age 5:

- Referral to Early On for children under age 3 for assessment and services.
- Limitation of the number of children under 3 in a foster home.

MDHHS Approach to Working with Infants, Toddlers and Young Children

In CPS investigations, the priority response is determined by assessments that use structured decision-making tools, the Child Assessment of Needs and Strengths and the Family Assessment of Needs and Strengths. Age and developmental status are among the factors considered when selecting services to address each child's needs. The MiTEAM model, in its adherence to family involvement and concurrent planning, ensures the developmental needs of each child are considered when determining how to ensure safety, well-being and permanency. In foster care policy, Michigan established parenting time requirements for infants and young children, which include at a minimum:

- Children ages birth to 5 years: two visits per week.
- Children ages 6 and older: one visit per week.

Early Periodic Screening, Diagnosis and Treatment Services

Michigan collaborated with Medicaid health plan providers to ensure each young child receives early periodic screening, diagnosis and treatment services. In addition, MDHHS developed the Trauma Initiative to ensure a trauma-informed approach in behavioral health services is utilized for children and families. MDHHS is providing training in evidence-based trauma-focused cognitive-behavioral therapy to Community Mental Health clinicians.

Supportive Visitation

Michigan implemented Foster Care Supportive Visitation/In-Home Parent Education contracts. This program provides parents with support before and after visits. The Bavolek Nurturing Parent Program is an evidence-based model that teaches skills to prevent and treat abuse and neglect. Currently, 51 counties have Supportive Visitation services.

Infant Foster Care Services

Western Michigan University and Kalamazoo County MDHHS continue to pilot foster care

services with a focus on younger children. Incredible Years, an evidence-based parent education program, is delivered to parents and foster parents.

- Collaborative meetings between caseworkers and supervisors of public and private foster care agencies were held to discuss infant/toddler foster care issues.
- The Kalamazoo Regional Educational Service Agency, Infant Mental Health and MDHHS made presentations to the court and other stakeholders on infant/toddler needs.
- Implementation of the Ages and Stages Questionnaire occurred in infant/toddler visits to assess children and train workers on child development.
- Enhanced collaboration occurred with agencies, particularly Infant Mental Health.
- Collaboration occurred with a literacy program that served all ages.
- Foster care staff presented at the Systems of Care Conference in March 2015.
- The Incredible Years program continued to operate, and nine new referrals were made to the toddler group.

Protect MiFamily

Michigan's Title IV-E waiver demonstration project, Protect MiFamily, provided prevention, preservation and support services to families with at least one child under the age of 6 years at high or intensive risk for maltreatment. The demonstration project concluded in June 2018. A summary of the service and outcomes is described in the CFSP 2020-2024/APSR 2020.

Training and Supervision of Caseworkers and Caregivers of Young Children

During pre-service training, all newly hired or transferred caseworkers receive information on MiTEAM, concurrent permanency planning, parent-child visits and the impact of out-of-home placement on children at different developmental stages. Training is provided on:

- Attachment and separation.
- Grief and the expected symptoms and behaviors.
- Trauma and its impact on brain development and experiences of children and families.
- Child and family assessment, including the importance of parenting time.

Licensing staff train foster parents in the MiTEAM philosophy, which includes mentoring families. MDHHS policy requires that all cases are discussed a minimum of once each month in caseworker supervision. In practice, most cases are discussed several times each month. The state is training child welfare staff on the evidence-based conceptual framework of Strengthening Families through Protective Factors, which has been shown to improve outcomes for children from birth to age 5.

Family First Prevention Services Act

The Family First Prevention Services Act requires states, in addition to taking steps to reduce the time young children are without an identified family, to address the developmental needs of children under 5-years-old that are in foster care or in-home care. Michigan addresses the developmental needs of children under 5 in the following ways:

- Public and private agency caseworkers and contracted family preservation workers make referrals to Early On for children 3 and under.

- Early Head Start services are provided to children in home and in out-of-home care across the state.
- Family Reunification Program staff are conducting trauma screenings and referrals to target services based on findings.
- Michigan offers the Early Childhood Home Visiting program, which provides voluntary, prevention-focused family support services in the homes of pregnant women and families with children ages 0-5.

Planned activities for 2020 are described in the CFSP 2020-2024/APSR 2020.

WELL-BEING

Well-being includes the factors that ensure children’s needs are assessed and services targeted to meet their needs in the areas of family connections, education and physical and mental health.

Well-Being 1 Five-Year Summary

Progress in 2014

- Trauma screening for children was implemented in Kent County.
- MDHHS collaborated with Western Michigan University’s Children’s Trauma Assessment Center and local mental health agencies to participate in the Breakthrough Series Collaborative.
- MDHHS initiated a foster care workload study. A manageable workload is instrumental in retaining staff and supporting use of evidence-based practices, delivering quality services, engaging families and building relationships.
- The placement sub-team collaborated with the Office of Workforce Development and Training to develop assessment training to assure safety and well-being of children in relative placements.

Progress in 2015

- The SOFAC Placement sub-team collaborated with the Office of Workforce Development and Training to develop assessment training to assure safety and well-being of children in relative placements.
- Foster care policy was implemented on Oct. 1, 2015 establishing the Reasonable and Prudent Parent Standard for foster youth participation in age-appropriate activities.
- The Rights and Responsibilities for Children and Youth in Foster Care brochure was developed as a tool to facilitate discussions with foster youth, caregivers and biological parents about the rights of children in foster care.
- The National Council on Crime and Delinquency completed the “Improving Child Safety and Well-Being in Foster and Relative Placements report.” Findings were shared with community stakeholders at caseworker conferences, a regional private provider

meeting and the Foster Care Review Board Advisory Committee. In addition, training on the report was presented to all BSC managers.

Progress in 2016

- The Reasonable and Prudent Parent Standard was implemented, which included training for staff, child-caring institution providers and foster parents.
- The DHS-5333 form, Conversation Guide on Return from AWOLP (Absent without Legal Permission) was developed to discuss the factors that contributed to youth being absent from foster care and to discuss the youth's experiences while absent, including trauma and potential victimization by human trafficking. Policy was updated to mandate this discussion with a youth after return and includes instructions if it was suspected that the youth was a victim of trafficking.
- Policy was updated to include the requirement that youth in foster care ages 14 and older assist in the development of their case plan and select two individuals to participate on the case planning team to advocate on their behalf.

Progress in 2017

- Foster care policy was updated to require that young people 18 years and older or those leaving foster care, are provided with a driver's license or state-issued identification card and educational documents.
- Foster care policy was updated to limit the age to 16 years or older that a permanency goal of Another Planned Permanency Arrangement can be assigned. This requires caseworkers to continue efforts to find permanent placement options for 14- and 15-year-olds.
- Caregiver training classes were added to university partnerships on topics pertinent to caring for children, including training on the effects of traumatic events on children.

Progress in 2018

- Policy amendments were made requiring family team meetings at regular and frequent intervals and at critical points to ensure that all family members and supporters are involved in case planning and support of the family.
- The statewide rollout of the MiTEAM Fidelity Tool for use by supervisors when observing and monitoring case management activities emphasized the importance of the use of MiTEAM skills and practices in working with families.
- The QIC Service Array sub-team and the Office of Child Welfare Policy and Programs identified statewide and regional service needs, resulting in expansion of services to additional areas, including Supportive Visitation, the Family Reunification Program and Families Together Building Solutions.
- A statewide focus on trauma-informed services has led to an awareness of the results of Adverse Childhood Experiences and the need to build resiliency in children and families. The state continued to explore how this knowledge can be used to create a more effective and responsive service array.
- An increasingly mobile child welfare workforce with access to MiSACWIS in the field enhanced staffs' ability to document contacts quickly and accurately, ensuring all

contacts are documented in the case record.

- Caregiver training classes were added to university partnerships on topics pertinent to caring for children, including training on the effects of traumatic events on children.
- The Reasonable and Prudent Parent Standard in policy and case management provided guidance to foster parents when determining whether to allow a child in foster care to participate in extracurricular, enrichment, cultural and social activities while maintaining a child's health, safety and best interests. Training was provided to staff, child-caring institution providers and foster parents.

Well-being 1 - Assessment of Performance

Well-Being 1 achievements are tracked through Quality Assurance Compliance Reviews (QACR) and Quality Service Review (QSR).

Goal: Families will have enhanced capacity to provide for their children's needs.

- **Objective 1:** Caseworkers will visit with parents at a frequency sufficient to address issues pertaining to the safety, permanency and well-being of the child and promote achievement of case goals.

Measure: QACR

Baseline: 69%; 2014

Benchmarks:

2015 - 2019: Demonstrate improvement each year.

- **2015:** 57%
 - **2016:**
 - Mothers: 89%
 - Fathers: 69%
 - **2017:**
 - Mothers: 96.4%
 - Fathers: 89%
 - **2018:**
 - Mothers: 87%
 - Fathers: 71%
- **Objective 2:** Caseworkers will assess the needs of parents, children and foster parents initially and on an ongoing basis to identify the services necessary to achieve case goals.

Measure: QACR

Baseline – 2014:

- 80% of parents' needs were assessed ongoing.
- 89% of children's needs were assessed ongoing.
- 74% of foster parents' needs were assessed ongoing.

Benchmarks:

2016 - 2019: Demonstrate improvement each year.

2015:

- 85% of parents' needs were assessed initially and ongoing.
- Data on assessment of children's needs was not available.
- Data on assessment of foster parents was not available.

2016:

- Parents: 86%
- Children: 95%
- Caregivers: 89%

2017:

- Mothers: 96%
- Fathers: 95%
- Children: 100%
- Caregivers: 98%

2018:

- Mothers: 89%
- Fathers: 74%
- Children: 95%
- Caregivers: 93%

- **Objective 3:** Caseworkers will involve the child and family in case planning.

Measures:

- QACR; QSR
- QSR score on the Voice and Choice factor. Voice and Choice measures the degree to which the focus child and family have an active and significant role in decisions made in case planning.

Baseline – 2014:

- 25% of parents signed the treatment plan.
- 18% of children signed the treatment plan.
- In the QSR, 62.5% of cases scored within the acceptable range for Voice and Choice.

Benchmarks:

2015 - 2019: Demonstrate improvement each year.

2015 (signed the treatment plan):

- Parents: 26%
- Children: 35%
- In the QSR, 44.2% of cases scored in the acceptable range for Voice and Choice.

2016 (documentation of parent and child involvement):

- Mothers: 87%
- Fathers: 76%
- Children: 91%
- In the 2016 QSR, 64.7% scored acceptable for Voice and Choice.

2017 (documentation of parent and child involvement):

- Mothers: 100%
- Fathers: 90%
- Children: 95%

2018 (documentation of parent and child involvement):

- Mothers: 88%
- Fathers: 73%

- Children: 81%
- **Objective 4:** Caseworkers will visit with children in foster care a minimum of once each calendar month.
Measure: MiSACWIS.
Baseline: 96% of children in the sample had visits with their caseworker at least once each month, 2014.
Benchmarks:
2015: Achieve 90 percent or more visits by the caseworker each calendar month.
2016 – 2019: Achieve 95 percent or more visits by the caseworker each calendar month.
 - **2015:** 96%
 - **2016:** 97%
 - **2017:** 96.4%
 - **2018:** 97.4%

Final Assessment: Michigan’s performance has fluctuated over the period for objectives 1, 2 and 3 and consistent improvement is needed. For objective 4, the performance has trended generally upward, remaining in the acceptable range.

Planned activities for 2020 are described in the CFSP 2020-2024/APSR 2020.

Well-Being 2

Well-Being Outcome 2: Children will receive appropriate services to meet their educational needs.

Well-Being 2 Five-Year Summary

Progress in 2014

- A focus group to address educational well-being for youth in foster care was initiated. The group included members from private and public child welfare agencies and other state departments. The group identified data to establish a baseline and goals.

Progress in 2015

- A data-sharing agreement between the Center for Educational Performance and Information and MDHHS was drafted. Information provided to MDHHS on an aggregate level includes:
 - The school district and grades in which students in foster care are enrolled.
 - Whether students are on track to graduate or achieve a diploma or General Education Development certificate.
 - The number of absences students experienced in a year.
 - Whether students changed school districts during the school year.

Progress in 2016

- The Data Management Unit assisted the Well-Being Education subcommittee to interpret the data provided by the Center for Educational Performance and Information.

- The Every Student Succeeds Act of 2015 removed “awaiting foster care placement” from the definition of eligibility for McKinney-Vento Homeless Assistance Act. This transferred the responsibility for transportation costs from the local school district to MDHHS to maintain foster children in their schools of origin. Foster care policy was updated, and training was provided statewide.
- An education point-of-contact was identified in each local MDHHS office. This person serves as the county’s liaison with the school district’s foster care liaison as well as a resource for child welfare staff on education issues.
- The MDHHS education analyst co-presented six webinars with the Michigan Department of Education on the provisions of the Every Student Succeeds Act. The webinars were offered to all MDHHS education planners, education points-of-contact and all school foster care liaisons.
- MDHHS local offices participated in the Great Start Collaborative, a coalition of human service agencies, families and other partners working to ensure every child from birth to age 8 has access to a universal, comprehensive and collaborative system of community-based early childhood programs, services and supports.

Progress in 2017

- In the summer 2017, the Michigan Department of Education hired a state foster care consultant, as required by the federal Every Student Succeeds Act of 2015. The MDHHS education analyst collaborated with the consultant to train child welfare and education staff across the state and attend multiple intermediate school district meetings, where school district foster care liaisons are present.
- Training sessions in the provisions of the Every Student Succeeds Act for foster care staff were held at five locations in spring 2018.
- An Every Student Succeeds Act training is scheduled for the statewide foster parent conference in June 2018 and the statewide caseworker conference in July 2018.
- MDHHS local offices continued participating in the Great Start Collaborative.

Progress in 2018

- The MDHHS education analyst collaborated with the state foster care consultant to train child welfare and education staff across the state and attend intermediate school district meetings.
- Training sessions in the Every Student Succeeds Act for foster care staff were held.
- An Every Student Succeeds Act training was included in the statewide foster parent conference in June 2018 and the statewide caseworker conference in July 2018.
- MDHHS local offices continued participating in the Great Start Collaborative.
- A webinar was recorded for SCAO for court staff, attorneys, and referees to give updated guidance on education policy and procedure, including education best interest determinations and transportation plans.
- An updated webinar was recorded and placed on the MDHHS learning management system. The webinar was targeted to new education planners, education points-of-contact, and other foster care staff to give updated guidance on education policy and procedure, including education best interest determinations and transportation plans

and payment.

- As a requirement of the Every Student Succeeds Act, state education agencies must report graduation and dropout rates for students who are in foster care, starting with the 2017-2018 academic year. The Education and Youth Services Unit collaborated with the Michigan Department of Education and the Center for Education Performance and Information to ensure this requirement was met.

Well-Being 2 – Assessment of Performance

Well-Being 2 Achievements are tracked through the QACR and the QSR.

Goal: Children will receive appropriate services to meet their educational needs.

- **Objective 1:** School-aged children will be registered and attending school within five days of initial placement or any placement change regardless of placement type.
Measure: QACR; QSR
Baseline: 89%; 2014
Benchmarks:
2015 - 2019: Demonstrate improvement each year.
2015: 88%
2016: 86%
2017:
 - 83%
 - Learning and Development was a strength in 86.41 percent of QSR cases.**2018:** 92%
- **Objective 2:** Children entering foster care or experiencing a placement change will remain in their school of origin whenever possible and if it is in the child's best interest.
Measure: QACR
Baseline: 77.3%; 2014
Benchmarks:
2015 - 2019: Demonstrate improvement each year.
2015:
 - 79% of children remained in their school of origin when entering care.
 - 72% of children remained in their school of origin when changing placements.**2016:**
 - 72% of children remained in their school of origin when entering care.
 - 63% of children remained in their school of origin when changing placements.**2017:** In 93% of cases, caseworkers made efforts to keep child in same school: 93%
2018: In 93% of cases, caseworkers made efforts to keep child in same school: 93%
- **Objective 3:** MDHHS will ensure children's educational needs are assessed and appropriate services provided.
Measure: QACR; QSR
Baseline: 93.94%; calendar year 2014
Benchmarks:
2015: Establish a baseline.
2016 - 2019: Demonstrate improvement each year.

- **2015:** 89%
- **2016:** 88%
- **2017:**
 - In 97% of cases, efforts were made to assess the child’s education needs.
 - In 100% of cases with an identified need, the child’s educational need was met through appropriate services.
 - In the QSR, Learning and Development was a strength in 86.41% of cases.
- **2018:**
 - In 88% of cases, efforts were made to assess the child’s education needs.
 - In 79% of cases with an identified need, the child’s educational need was met through appropriate services.

Final Assessment: Michigan’s performance in Well-Being 2 has fluctuated, ending in a strong performance in objectives 1 and 2. Work is needed to explore reasons for this inconsistency.

Planned activities for 2020 are described in the CFSP 2020-2024/APSR 2020.

Well-Being 3

Well-being Outcome 3: Children entering foster care will receive adequate services to meet their physical and mental health needs.

Well-Being 3 Five-Year Summary

Progress in 2014

- Clarification of initial medical exam due dates was provided during regular conference calls to public and private agency supervisors.
- Policy was updated to clarify medical and dental exam requirements for children and youth in different placement settings.
- A list of approved ways of documenting initial, periodic and yearly medical exams was released to the field.
- A family team meeting job aid was developed to ensure that pertinent information for medical, dental and mental health needs is addressed with essential family members.
- Regular conference calls with health liaison officers were held to provide policy and practice updates.
- Training and technical assistance was provided to local office staff to ensure timely Medicaid opening.

Progress in 2015

- Nine additional health liaison officers were allocated to provide support statewide.
- MDHHS met with public health officials to discuss the integration of Medicaid claims data into MiSACWIS.
- The Monthly Management Report was provided to agencies and counties to track timely medical and dental examinations.

- A survey of foster care workers, supervisors and health liaison officers was conducted to identify barriers to timely medical and dental examinations.
- The Workforce Engagement Team and Office of Good Government led MDHHS through a planning exercise to achieve improvement in timely medical examinations. The workgroup conducted a workshop to develop recommendations for top leadership.
- The Michigan Chapter of the American Academy of Pediatrics used funds from a Health Innovation Grant to establish a Learning Collaborative in Kalamazoo County that identified local barriers and innovative solutions to improve assessment, planning and care for children and youth entering foster care.

Progress in 2016

- The Michigan chapter of the American Academy of Pediatrics held a three-session learning collaborative in Macomb County, “Improving Health Outcomes for Foster Children and Youth,” to build relationships/systems to support children in foster care.
- Six teams worked on tasks in response to the Workforce Engagement Team recommendations from a 2015 workshop on timely medical exams.
- Genesee and Wayne counties developed protocols for CPS, foster care and health liaison officers to improve compliance with timely medical requirements.
- The MDHHS Business Integration Center began facilitating a systems project to provide Medicaid claims data in MiSACWIS.
- The Office of Communications launched the Child Well-Being page on the public website.
- The Foster Care Psychotropic Medication Oversight Unit completed strategic planning to address persistent challenges in achieving the engagement of children and consenting adults in psychotropic medication decisions and consent.
- The Foster Care Psychotropic Medication Oversight Unit updated psychotropic medication policy and documentation requirements to streamline the consent process and assist the field with engaging parties.
- The child welfare medical consultant convened a physician leadership team to consult on initiatives to improve mental health services for children in foster care and improve child and family engagement in care decisions.
- The MDHHS Behavioral Health and Developmental Disabilities Administration developed a cross-systems website on trauma that launched in the fall of 2016.

Progress in 2017

- The Child Well-Being website was updated.
- Contracts for comprehensive trans-disciplinary and comprehensive team trauma assessment services were implemented.
- Fair market rate counseling contractors serving child welfare clients completed mandated training.
- Witnessed verbal consent for psychotropic medication became available to legal consenters.

- The Psychotropic Medication Oversight Unit refined protocols to review claims regularly and expedite the documentation process.
- The physician leadership team identified target areas for quality improvement.

Progress in 2018

- Statewide training to implement the trauma screening checklist for CPS, foster care and juvenile justice workers, supervisors and managers commenced.
- A Trauma Protocol for child welfare was disseminated to the field in April 2018. A workgroup was developed to focus on revisions based on feedback and utilization of the protocol over the last year. The protocol includes guidance on trauma screening and follow-up, resiliency-based case planning and addressing secondary trauma.
- A CSA trauma protocol was developed and implemented.
- Fostering Health Partnerships Learning Collaborative events were held at the local and regional level in more than 30 counties to engage child welfare, medical, dental and mental health providers to discuss the needs of children in foster care. The stakeholders identify and address gaps or barriers that prevent them from meeting children’s needs.
- All foster care staff, public and private, were given access to CareConnect360. This application provides workers with Medicaid claims information for children under MDHHS supervision.
- Mandatory supervisor training on psychotropic medication and informed consent was provided in 17 sites.
- Mandatory foster care worker training on CareConnect360, health screen completion and psychotropic medication and informed consent was provided in nine sites.
- Webinars for MISACWIS health screen completion for CPS and foster care staff.
- MDHHS staffed an exhibit table at three physician group annual conferences with information about psychotropic medication informed consent when children are in foster care.
- The joint application design team process continued for the integration of Medicaid claims information in the medical passport.
- Tasks from the timely medical exams project were completed.
- Health Liaison Officers received specific health-related training on:
 - Serious emotional disturbance and waivers.
 - Early Hearing Detection and Intervention Program.
 - Accessing services for children with intellectual or developmental disabilities.
 - Opioid use disorder-child welfare response.
 - Supplemental Security Income.
 - Community mental health services.
 - Suicide prevention.
 - Children’s special health care services.

Well-Being 3 - Assessment of Performance

Goal: Children will receive timely and comprehensive health care services that are documented in the case record.

- Objective 1:** Children entering foster care will receive an initial comprehensive physical examination within 30 days of entry.
Measure: Monthly Management Report
Baseline: 70%; 2015.
Benchmarks:
2016 – 2019: 95% or higher.

 - **2016:** 75%
 - **2017:** 80%
 - **2018:** 88%
- Objective 2:** Children entering foster care will receive a mental health screening within 30 days of entry.
Measure: Monthly Management Report²
Baseline: 51%; 2015.
Benchmarks:
2016 – 2019: 95% or higher.

 - **2016:** 73%
 - **2017:** 80%
 - **2018:** 88%

Health Care Oversight and Coordination Plan

- Objective:** Parents, caseworkers and children will engage in an informed consent process with physicians prescribing psychotropic medication.
Measures: Medicaid claims and Foster Care Psychotropic Medication Oversight Unit access database.
Baseline: In 55% of cases reviewed, an informed consent process was completed with parents and physicians prescribing psychotropic medication, 2014.
Benchmarks:
2015 – 2019: Increase by 5% each year.

 - **2015:** 18%
 - **2016:** 84%
 - **2017:** 68%
 - **2018:** 87%

Final Assessment: For objectives 1 and 2, Michigan’s performance improved over the period. For the Health Care Plan objective, the state’s performance has trended generally upward, though more improvement is needed.

Planned Activities for 2020 are described in the CFSP 2020-2024/APSR 2020.

² Psychosocial/behavioral assessment (accomplished through surveillance or formal screening) is a required activity for all comprehensive examinations under Early and Periodic Screening, Diagnosis and Treatment guidelines. Therefore, documentation of a comprehensive examination by definition includes mental health screening.

SYSTEMIC FACTORS

In addition to engaging with families, assessment, service provision and evaluation, the quality of child welfare services is affected by the ability of the system to provide resources, information and communication among divisions, agencies and stakeholders. MDHHS set goals and objectives with yearly benchmarks for the seven CFSR systemic factors:

1. Information System.
2. Case Review System.
3. Quality Assurance System.
4. Staff and Provider Training.
5. Service Array and Resource Development.
6. Agency Responsiveness to the Community.
7. Foster and Adoptive Parent Recruitment, Licensing and Retention.

INFORMATION SYSTEM

Item 19: Statewide Information System

Michigan is committed to maintaining compliance with federal requirements for a statewide-automated child welfare information system. Michigan submits the data files for the Automated Foster Care and Adoption Reporting System (AFCARS) to the Children's Bureau semi-annually and the National Child Abuse and Neglect Data System (NCANDS) annually. Weekly meetings are held to discuss data improvement, trends and gaps. Participants include the Dept. of Technology, Management and Budget, MiSACWIS, CSA, DMU and the CPS, foster care and adoption offices.

Information System Five-Year Summary

Progress in 2014

- Leading up to MiSACWIS implementation, statewide instructor-led training was delivered to 5,041 public and private child welfare staff in 276 sessions.
- Michigan implemented MiSACWIS statewide on April 30, 2014 to over 6,400 end users.
- After implementation, the BSC directors, child welfare field operations, MiSACWIS project staff and training staff developed a training plan for MiSACWIS users.

Progress in 2015

- A total of 660 MiSACWIS users participated in classroom and webinar trainings.
- MiSACWIS project staff began MiSACWIS Academy training in response to feedback from MDHHS and private agency executives, field managers and staff.
- Ten web-based trainings were added since statewide implementation. Webinar training for MiSACWIS users includes:
 - MiSACWIS knowledge training.
 - Coaching/facilitation skills of MiSACWIS local office experts.

- MDHHS completed the AFCARS Assessment Review the week of July 13, 2015. The AFCARS Assessment Review evaluates the accuracy and reliability of foster care and adoption data.
- MDHHS received the final report on the AFCARS Assessment Review in March 2016, which requires an AFCARS Improvement Plan. Key areas requiring improvement include:
 - Adoption: reporting the primary factor or condition that is a barrier to adoption when the child is identified as having a special need.
 - Adoption and foster care: including the diagnosed conditions of children.
 - Foster care: in reporting on foster care removal episodes, excluding children in care for less than 24 hours.
 - Foster care: clarifying the population for youth 18 years of age and older and in juvenile justice placements.

Progress in 2016

- Child-caring institutions used MiSACWIS to report incidents involving children and youth.
- MiSACWIS change controls were implemented to improve reporting AFCARS data elements identified in Michigan's AFCARS Assessment Review in July 2015.
- The National Child Abuse and Neglect Data System (NCANDS) FY 2016 file was submitted to the Children's Bureau timely. According to their review, there was only one area recommended for improvement: reporting on child and caregiver risk factors.
- Michigan's NCANDS team reviewed the child and caregiver risk factors to determine appropriate definitions and mapping for federal reporting, as well as how to improve reporting by the field. The NCANDS team worked with the CPS program office to ensure the information was captured and outlined within policy.
- MDHHS received the final report on the AFCARS review in March 2016, which requires an AFCARS Improvement Plan. Michigan met AFCARS standards in many areas of the general requirements and data elements. Key areas requiring improvement include two adoption and three foster care data elements.
- Michigan implemented its AFCARS Improvement Plan in April 2016, prioritizing system and reporting improvements. Michigan reduced the number of elements denoted as areas needing improvement in the general requirements from three to one. Likewise, significant work was done in the foster care and adoption elements, reducing the number of improvements required from 28 to 11 elements.

Progress in 2017

- To improve compliance with federal AFCARS reporting, MDHHS created a new report for caseload carrying staff and supervisors to use in monthly supervision, at completion of case service plans and prior to case closure. The Missing/Outlier Value (MOV) report displays missing values to assist caseworkers to identify missing information and for supervisors to track completion of required data entry in open and closed cases.
- Michigan initiated the Information System Review in 2017 to track the accuracy of child placement and demographic data in MiSACWIS. The review is conducted twice each

year, with data extracted from the most recent AFCARS submission. The Information System review is described in the CFSP 2020-2024/APSR 2020.

- Michigan's AFCARS submissions in 2017 met all compliance thresholds with one exception, timeliness for the data entry of the discharge transaction date. In response, Michigan implemented improvements to MiSACWIS allowing a caseworker to enter discharge dates for case closure without negatively interfering with outstanding payments to service providers. In addition, training was completed with caseworkers and funding specialists responsible for entering data. Michigan's current AFCARS file, 2017A, passed all elements with no dropped cases.
- Michigan's NCANDS file was approved with a recommendation to improve reporting of risk factors for both children and caregivers. The CPS program office finalized policy updates and instructions for front line staff to improve reporting on risk factors.
- Michigan made improvements in its ability to report the number of children and families served through Strong Families/Safe Children Title IV-B(2) funding, which is distributed to counties to be used for service needs specific to each county.
- Michigan's NCANDS team reviewed the child and caregiver risk factors to determine appropriate definitions and mapping for federal reporting, as well as how to improve reporting by the field.
- The CPS program office is finalizing policy updates and instructions for the front-line staff that will provide improved reporting on risk factors for Michigan children and caregivers.
- The MiSACWIS application was enhanced to include reporting functionality for the Comprehensive Assessment and Recovery Act requirements. Michigan collaborated with the NCANDS technical liaison to ensure that proper mapping and coding meet the requirements.

Progress in 2018

- All states are required to report on the Comprehensive Addiction Recovery Act in the NCANDS file for FY 2018. The MiSACWIS application was enhanced to include this reporting functionality.
- The MOV report was updated in conjunction with MiCSACWIS releases and reviewed in routine case management activities.
- The MiSACWIS enhancement included reporting functionality for the Comprehensive Assessment and Recovery Act requirements. Michigan collaborated with the NCANDS liaison to ensure that proper mapping and coding meet the requirements.
- The MiSACWIS training request process was implemented in June 2018.
- MiSACWIS field support began supporting Office of Workforce Development and Training by providing requested MiSACWIS training through BSC in-service site visits.

Information System – Assessment of Performance

Goal: MiSACWIS will be compliant with federal requirements for statewide automated child welfare information systems.

- **Objective 1:** MDHHS will submit the AFCARS file to the Children's Bureau semi-annually and ensure the file contains less than 10 percent errors for each data element.

Measure: MiSACWIS federal reporting data.

Benchmarks:

2015 – 2019: Submission of file with less than a 10 percent error rate.

- **2015:** The AFCARS FY 2015A and FY 2015B files were submitted timely. Michigan was compliant in all foster care and adoption data elements except for a timeliness error for the foster care discharge transaction date.
 - **2016:** The AFCARS FY 2016A and FY 2016B files were submitted timely. Michigan was compliant in all foster care and adoption data elements except for a timeliness error for foster care discharge date.
 - **2017:** The AFCARS FY 2016A and FY 2016B files were submitted timely with updates to meet the AFCARS compliance thresholds previously not met. At the time of resubmission, MDHHS was non-compliant only with timeliness of discharge date transaction, which was expected.
 - **2018:** The AFCARS FY 2017A and FY 2017B files were submitted timely. One area remained out of compliance in both files as expected, timeliness to discharge. The rate of error was 11 percent, nearing the compliance threshold.
 - **2019:** The AFCARS FY 2018 A and FY 2018 B files were submitted timely. The state achieved compliance in all reporting areas with the 2018B file submission. Four outstanding elements require MiSACWIS changes to become fully compliant with the AFCARS Improvement Plan. The state continues to receive technical assistance from the Children’s Bureau AFCARS team.
- **Objective 2:** MDHHS will submit the NCANDS file to the federal Children’s Bureau annually and ensure the file is within the allowable threshold for each area in the Enhanced Validation Analysis Application tool, under the Supplemental Validation Tests.

Measure: MiSACWIS federal reporting data.

Benchmarks:

2015 – 2019: Submission of file within the threshold as reported in the Supplemental Validation report.

- **2015:** The NCANDS FY 2014 file was submitted timely. A data quality issue was identified for perpetrator relationship to victim, which was reported in 91.2 percent of cases, below the 95 percent data quality threshold.
- **2016:** The NCANDS file was submitted timely and accepted. Data improvements were recommended for child and caregiver risk factors.
- **2017:** The NCANDS file was submitted timely and accepted with a recommendation to improve reporting of risk factors.
- **2018:** The NCANDS file was submitted timely and was accepted with a continued recommendation to improve reporting of risk factors.
- **2019:** The NCANDS file was submitted timely and included first year of data reporting on the Comprehensive Addiction Recovery Act. Infant Plans of Safe Care reports fell slightly lower than the 95 percent expected rate but did not require state commentary and both the child and agency file were accepted.

Final Assessment: AFCARS and NCANDS submissions were completed timely with an overall acceptable performance in accuracy.

Planned activities are described in the CFSP 2020-2024/APSR 2020.

MiSACWIS Training

The MiSACWIS project has a field support and training team comprised of MDHHS and vendor staff. MiSACWIS training materials are developed based on end users' needs and enhancements in MiSACWIS functionality. The academy includes end-user classroom workshops, webinars, computer-based trainings, training environment maintenance and development, job aids, online help, presentations, site support and new worker training. The Office of Workforce Development and Training provides technical support through the learning management system to allow end users a means to register for training and complete webinars.

CASE REVIEW SYSTEM

Michigan's case review system functions statewide to ensure that case plans are developed and that periodic, permanency and termination of parental rights hearings occur in accordance with federal, state and court requirements. To ensure compliance and improve the functioning of the case review system, MDHHS engages in ongoing collaboration with SCAO, which represents circuit court family divisions on child welfare issues.

Case Review System Five-Year Summary

Progress in 2014

- The new MiSACWIS system was released in July 2014, initiating an extensive staff training program on navigating the information system.
- MDHHS committed resources to developing a statewide quality assurance system and enhanced case practice that emphasizes teamwork with families in case planning.
- MDHHS updated policy requiring service plans to be developed jointly with families.
- MDHHS modified permanency goals eliminating Another Planned Permanency Living Arrangement as a permanency planning goal for youth under 16.
- MDHHS introduced a new initiative to address sex trafficking.
- To ensure hearings meet federal requirements, court orders were reviewed by child welfare specialists to determine whether Title IV-E eligibility was met.

Progress in 2015

- MiSACWIS improvements and training resulted in greater accuracy of data entry in 2015 and reflected increased scores in several areas. These include increases in involving parents in the development of service plans as well as timeliness of hearings.
- MDHHS introduced new legislation to address sex trafficking.
- MDHHS collaborated with the Foster Care Review Board and SCAO to ensure case-specific data is used to identify areas needing improvement.

Progress in 2016

- In collaboration with the Children’s Bureau, Michigan conducted a review of the Title IV-E foster care requirements in FY 2016. Results of the review are below.
 - The judicial determinations were timely and included rulings that facilitated timely permanency plans.
 - Judicial determinations were child-specific and those pertaining to the child’s removal clearly outlined the circumstances under which the child was removed from the home, except for one case.
 - All cases were found to be in compliance in the areas of licensing and safety. All foster care homes and child-caring institutions had the appropriate licenses and the renewals were timely.

Progress in 2017

- MDHHS worked with SCAO to develop new court data reports for CFSR Round 3 outcome measures.
- Through a data-sharing agreement between MDHHS and SCAO, the court created reports for local judges on hearing timeliness and permanency.
- The Foster Care Review Board provided third party external review of foster care cases to ensure the system is working to achieve timely permanency for each child.

Progress in 2018

- The adoption program office collaborated with Casey Family Programs on a pilot to provide Rapid Permanency Reviews in select counties for children on the Michigan Adoption Resource Exchange without an identified adoptive family for greater than twelve months. The reviews are designed to simultaneously identify and mitigate case-level and system-level bottlenecks and barriers to achieve timely permanency for children in out-of-home care.
- The DHS 715, Notice of Hearing, was included in the Central Print Center to be mailed to caregivers from central office, lifting the onus from the caseworker and supervisor and automating the process to improve compliance.
- MDHHS continued working with SCAO to develop new court data reports for CFSR Round 3 outcome measures.
- MDHHS continued to collaborate with SCAO to improve foster care case review data collection and analysis and implementation of court improvement efforts.
- DCQI provided technical assistance to local counties and agencies on how to use management reports and other data to track case management activities.

Case Review System Assessment of Performance

Item 20: Written Case Plan

- **Objective 1:** Michigan’s case review system will ensure that each child has a written case plan that is developed jointly with the child’s parents and includes the required provisions.
Measure: QACR, QSR, CFSR Round 3

Baseline - 2014:

- Parent and child involvement in case plan, indicated by signature on plan – Mothers: 51%; fathers: 33%; children: 65%.

Benchmarks:

2015 - 2019: Demonstrate improvement each year.

- **2015:** measured by documentation in case file - Mothers: 84%; fathers: 66%; children: 70%.
 - **2016:** Mothers: 87%; fathers: 76%; children: 91%.
 - **2017:** Mothers: 100%; fathers: 90%; children: 95%.
 - **2018:** Mothers: 88%; fathers: 73%; children: 81%.
 - In 2018, one or more of the required provisions were found in 85% of case plans; QACR
- **Objective 2:** Michigan’s case review system will ensure that the required provisions are included in each child’s case plan.
 - **Michigan’s Title IV-E Review** showed 96% (77/80) of cases were in compliance, compared with the Title IV-E Review in 2010, which showed 92.5% (74/80) of cases reviewed were in compliance.

Item 21: Periodic Reviews

- **Objective 3:** For children in foster care, periodic court review hearings will occur timely (a minimum of every six months).

Measure: QACR, CFSR Round 3

Baseline – 2014: In 91.7% of cases, review hearings occurred timely.

Benchmarks:

2015 - 2019: Demonstrate improvement each year.

- **2015:** 95%; QACR
- **2016:** 82%; QACR
- **2017:** 86%; QACR
- **2018:** 77%; QACR
 - Michigan received an overall rating of Strength for Item 21 based on information from the statewide assessment; CFSR

CFSR: Data and information in the statewide assessment demonstrated that periodic reviews are held at least monthly, but often more frequently. Michigan provided data showing that almost all periodic reviews or hearings occurred timely.

Item 22: Permanency Hearings

- **Objective 4:** For children in foster care, a permanency hearing will occur no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter.

Measure: QACR; CFSR Round 3

Baseline: 46%; 2014.

Benchmarks:

2015 - 2019: Demonstrate improvement each year.

- **2015:** 92%; QACR
- **2016:** 97%; QACR
- **2017:** 97%; QACR
- **2018:** 86%; QACR
- Michigan received an overall rating of Strength for Item 22 based on information from the statewide assessment; CFSR

CFSR: Information and data in the statewide assessment showed that Michigan conducts permanency hearings at a frequency of every 12 months for almost all children in foster care.

Item 23: Termination of Parental Rights

- **Objective 5:** For each child that has been in foster care for 15 of the last 22 months, termination of parental rights (TPR) petitions will be filed or compelling reasons will be documented.

Measure: QACR, CFSR Round 3

Baseline: 38%; 2014

Benchmarks:

2015 - 2019: Demonstrate improvement each year.

- **2015:** 67%; QACR
- **2016:** Not available
- **2017:** 100%; QACR
- **2018:** 88%; QACR
- Michigan received an overall rating of Area Needing Improvement for Item 23; CFSR

CFSR Round 3: Information in the statewide assessment and from interviews with stakeholders showed that the filing of termination of parental rights proceedings are not occurring in accordance with required provisions. Stakeholders confirmed that timely filing of termination petitions varies by county. Stakeholders said timeliness is not a priority in some courts, and some stakeholders reported delays in filing because the court determined that parents should be given more time.

Item 24: Notice of Hearings and Reviews to Caregivers

- **Objective 6:** Caregivers will be notified of court hearings and the notification will include how they may exercise their right to be heard.

Measure: QACR, SCAO parent survey, CFSR Round 3.

Baseline - 2014: 43% of caregivers received notification of court hearings and their right to be heard.

Benchmarks:

2015 - 2019: Demonstrate improvement each year.

- **2015:** 18%; QACR
- **2016:** 58%; QACR
- **2017:** 61%; QACR

- SCAO foster parent survey: 67% received notice of court hearings (300 foster parents responded to the survey).
- **2018:** Michigan received an overall rating of Area Needing Improvement for Item 24; CFSR

CFSR Round 3: Information in the Statewide Assessment and collected during interviews with stakeholders showed that Michigan does not have a consistent practice across the state for notifying foster parents, pre-adoptive parents and relative caregivers of reviews or hearings held for children in foster care. Stakeholders reported that notices are automated in some counties and depend on the worker in other counties. It appears that structural and procedural barriers present challenges to notification being provided for every court hearing. The Indian Child Welfare Act and the Michigan Indian Family Preservation Act require Michigan courts and child welfare agencies to send notices to Indian parents, caregivers, tribe(s), and the Secretary of the Interior, including informing tribes of their right to intervene in Indian child custody proceedings. MDHHS sends these notices utilizing the DHS-120 form.

Final Assessment: For Items 20-22, Michigan’s performance declined, although Items 21 and 22 received strength ratings in the CFSR Round 3. Item 23 improved from 2015-2017, then fell in 2018. Item 24 performance improved; however, further improvement is needed.

Planned activities for 2020 are described in the CFSP 2020-2024/APSR 2020.

QUALITY ASSURANCE SYSTEM

Item 25: Quality Assurance System

Michigan’s quality assurance system functions statewide to ensure that the child welfare system fulfills all five of the federal requirements of a Quality Assurance System:

1. Operates in the jurisdictions where the services in the CFSP are provided.
2. Has standards to evaluate the quality of services (including standards to ensure that children in foster care are provided quality services that protect their health and safety).
3. Identifies strengths and needs of the service delivery system.
4. Provides relevant reports.
5. Evaluates implemented program improvement measures.

Quality Assurance System Five-Year Summary

Progress in 2014

- MDHHS developed the DCQI. DCQI consists of a director and four managers with two core teams of reviewers. The Data Management Unit provides verifiable data to measure and track performance. The review team staff develops and tests protocols, trains reviewers and provides feedback to local directors and staff to assist in evaluating local practices and defining possible remedial actions.
- MDHHS created the Strengthening Our Focus Advisory Council (SOFAC) to provide a structure for planning and communication. The SOFAC includes state-level sub-teams

that oversee continuous quality improvement in all service areas. The SOFAC was renamed the Quality Improvement Council (QIC) in 2016.

- MDHHS' child welfare information system, MiSACWIS, was implemented and continues to be refined, providing data for many case management functions.
- MDHHS undertook the Quality Service Review in 2014 as the state's primary method of gathering data on quality of services in a specified county. Case evaluation was conducted through interviews with pertinent people including children, parents, foster parents, teachers, therapists and other providers. Reviews were conducted in eight counties. For each review, 12 cases were randomly selected, totaling 96 cases. Upon conclusion of each case review, the review team met with each caseworker and supervisor to debrief and provide a summary of findings.
- The Quality Assurance Compliance Review was developed to measure compliance with multiple requirements including new and modified policies and laws. Reviews are conducted twice each year. The instrument is modified as needed to ensure practice in the field matches best practices as identified by QIC sub-teams and other stakeholders.

Progress in 2015

- Michigan implemented validated review protocols that provide in-depth evaluation for Quality Service Reviews and Quality Assurance Compliance Reviews. Targeted reviews to gather data on specific services in 2014 and 2015 included:
 - Disrupted Adoptions Review.
 - Health Services Review.
 - Foster and Adoptive Parent Licensing Review.
- Through regional Navigating the Data summits, MDHHS provided training to MDHHS county and private agency directors and managers on the available reports that include county data and how they can be used to target local improvement efforts.
- The division collaborated with the MiTEAM/CQI sub-team to develop a plan for continuous quality improvement efforts by:
 - Identifying areas of inquiry, concerns or effectiveness of improvement efforts.
 - Using CFSR data indicators to define measures.
 - Identifying potential resources for the specified data.
 - Determining procedures for collecting information.
 - When necessary, assisting stakeholders to discover reasons the system was not achieving its objectives and developing plans to address them.
 - Conducting ongoing monitoring and testing of program improvement efforts.

Progress in 2016

- The Quality Improvement Council sub-teams included representatives from private agency foster care and adoption agencies, in addition to experts from inside and outside the department that respond to emerging issues and initiatives. The sub-teams refined membership throughout the year to expand collaboration.
- The Quality Service Review was enhanced by integration with intensive training of caseworkers in the enhanced MiTEAM practice model. The resulting comparative data

provided information on the effectiveness of the casework model and training. Counties that have had a second review demonstrated improvement in some case practices and outcomes.

Progress in 2017

- MDHHS strengthened county-level teams through the implementation of the enhanced MiTEAM model. Caseworkers statewide underwent training in the enhanced MiTEAM model, which included shadowing and coaching for specific skills.
- Michigan began implementation of the MiTEAM Fidelity Tool, to be used by local supervisors to track caseworkers' use of the core case practice skills of teaming, engagement, assessment and mentoring. The tool was rolled out to all counties in 2018.
- MDHHS conducted a survey of staff in each county that was the subject of a Quality Service Review. Sixty-seven responses to the survey were received, representing all five BSCs. Thirty-eight responses came from MDHHS offices, while 29 were received from private agencies. Results included the following:
 - The majority of Quality Service Review participants found the process helpful.
 - Most participants were satisfied with the way the QSR was conducted and were able to get the information they needed about the QSR process.
 - Most participants felt the review was fair.
 - Most of the negative feedback concerned the process or communication regarding the focus groups.
 - Participants felt the feedback on their cases was helpful.

Progress in 2018

- Michigan underwent the CFSR Round 3 in August 2018. CFSR case reviews were held in Van Buren, Wexford and Wayne counties. Michigan did not demonstrate strength in any of the CFSR outcomes but achieved substantial conformity in three systemic factors: Information System, Quality Assurance System and Agency Responsiveness to the Community.
- MDHHS modified the Quality Service Review protocol to update performance and status indicators that would improve the ability to capture relevant casework data.

Item 25: Quality Assurance System Assessment of Performance

Goal: MDHHS will maintain an identifiable quality assurance system.

- **Objective 1:** The MDHHS quality assurance system will operate in jurisdictions where services in the Child and Family Services Plan are provided.

Measure: Implementation of Quality Service Reviews (QSRs).

Baseline: Completion of eight QSRs; 2014.

Benchmarks:

- **2015:** Completion of seven QSRs, including Michigan's largest county, Wayne (in three districts, counting as three QSRs).
- **2016:** Review of the original pilot counties of Mecosta/Osceola, Lenawee and Kent for a second time. QSRs were conducted in nine counties total, reviewing 64 cases. In addition, in 2016, two test CFSR reviews were conducted.

- **2017:** The QSR was completed in 18 counties, reviewing 90 cases.
 - **2018:** The QSR was completed in 11 counties, reviewing 60 foster care and 17 CPS cases.
- **Objective 2:** The MDHHS quality assurance system will have standards to evaluate the quality of services, including standards to ensure that children in foster care are provided quality services that protect their health and safety.
Measure: Completed revision of the QSR protocol.
Baseline: Completed the QSR protocol; 2014.
Benchmarks:
2015: The new QSR protocol was used to review 47 foster care and 18 CPS cases.
2016 – 2019: Evaluate QSR and revise as necessary.
 - **2015:** The new QSR protocol was released in November 2014 and utilized in 47 foster care and 18 CPS case reviews in five counties.
 - **2016:** The QSR protocol was used to review 41 foster care cases and 13 CPS cases in 13 counties.
 - **2017:** The QSR protocol was used to review 90 foster care cases.
 - **2018:** The QSR protocol was updated and used to review 60 foster care and 17 CPS cases in 11 counties.
- **Objective 3:** The MDHHS quality assurance system will identify strengths and needs of the service delivery system.
Measures: Completion of county QSR reports and annual QSRs.
Baseline: Completion of county and annual report of the QSRs; 2015.
Benchmarks:
 - **2015:** County and annual QSR reports were released.
 - **2016:** County and annual QSR reports were released.
 - **2017:** County and annual QSR reports were released.
 - **2018:** The CFSR Statewide Assessment was completed, in addition the release of county and annual QSR reports.
- **Objective 4:** The MDHHS quality assurance system will provide relevant reports.
Measures: Annual QSR Report, county QSR reports, Monthly Management Reports, CFSR data provided by the University of Michigan Child and Adolescent Data Lab.
Baseline: Completion of 2015 Annual QSR Report and county QSR reports.
Benchmarks:
 - **2015:** The 2015 Annual QSR Report and county QSR reports were completed.
 - **2016:** The 2016 Annual QSR Report and county QSR reports were completed.
 - **2017:** The 2017 Annual QSR Report and county QSR reports were completed.
 - **2018:** The 2018 Annual QSR Report and county QSR reports were completed.
- **Objective 5:** The quality assurance system will evaluate program improvement measures.
Measure: A process for providing feedback to the field that facilitates self-evaluation and program improvement on an ongoing basis.

Baseline – 2015: Development and utilization of a comprehensive feedback process.

Benchmarks:

- **2015:** QSR county reports and verbal feedback were provided.
- **2016:** A comprehensive feedback process was developed.
- **2017:** A program improvement plan protocol was developed for counties after undergoing QSR. A QSR survey of reviewed counties was completed.
- **2018:** The QSR feedback process was used to provide technical assistance to counties.

Final Assessment: During the 2015-2019 period, Michigan’s Quality Assurance System became fully operational and all objectives were met.

Planned activities for 2020 are described in the CFSP 2020 – 2024/APSR 2020.

STAFF AND PROVIDER TRAINING

To prepare child welfare professionals in Michigan to carry out their responsibilities, the Office of Workforce Development and Training collaborates with the CSA through the QIC Training sub-team. This sub-team:

- Provides input to the training plan for child welfare and assists in monitoring progress.
- Reviews curricula, learning objectives, training outlines, job aids and other training materials developed by MDHHS, contractors or partners for delivery.
- Reviews evaluation summaries and identifies workforce performance gaps and recommends, reviews and prioritizes training solutions.

Staff and Provider Training Five-Year Summary

Progress in 2014

- In 2014, the Training Council collaborated with other sub-teams to:
 - Implement statewide “Safety by Design” training.
 - Add supervisor shadowing activities to the Pre-Service Institute.
 - Implement ongoing training requirements for supervisors.
 - Revise training for licensing caseworkers and supervisors.
- In March 2014, a redesigned pre-service institute curriculum was implemented. The intent of the redesign was to:
 - Assign cases strategically to support caseworkers in applying new skills under the guidance of a mentor, oversight of the supervisor and with the support of peers.
 - Allow new caseworkers with a child welfare certificate to complete a condensed five weeks of training.
- The redesign of the new supervisor curriculum was initiated. Many stakeholders provided input on the training design, and the Training Council provided feedback on the curriculum.

- A new requirement was implemented requiring supervisors to complete 16 hours of ongoing training each year.
- Crucial Accountability training was delivered to over 1,000 child welfare professionals. Ninety-one percent of those that completed the evaluation agreed or strongly agreed that the training would help them in their professional life.
- More than 800 staff participated in webinars aimed at increasing knowledge of:
 - Adoption assistance negotiation.
 - MiSACWIS.
 - Coaching/facilitation skills of local office MiSACWIS experts.
 - Safe sleep practices.
 - How supervisors and mentors can best support new caseworkers.
- In response to the 2013 DHS employee engagement survey, the leadership development team collaborated with BSC directors in the development and delivery of the “Employee Engagement through Excellence in Leadership” training.
- The National Resource Center for Diligent Recruitment at AdoptUSKids provided technical assistance to increase Michigan’s pool of foster, adoptive and relative families and improve satisfaction with the caregiver role.

Progress in 2015

- MDHHS created collaborative relationships with 12 Michigan undergraduate and two graduate schools of social work on a certificate program to educate a pool of qualified applicants to fill child welfare positions statewide.
- A revised Pre-Service Institute training was piloted. To receive timely feedback on the revised training, level one evaluations were administered to students weekly. To address this feedback, program specific webinars were introduced in the early weeks of training and an additional four days of MISACWIS training was offered.
- Legislative boilerplate required a report on a feasibility study to reduce pre-service institute training classroom time by 50 percent. The Office of Workforce Development and Training collaborated with Michigan State University, private agencies and MDHHS staff to conduct this study.
- A redesign of the new supervisor curriculum continued that encompassed management and program-specific skill development.
- MiTEAM coaching labs and supervisory support was provided for 722 MDHHS, private agency and residential foster care staff. Topics included trauma-informed:
 - Assessment.
 - Case planning and implementation.
 - Engagement.
 - Mentoring.
 - Placement.
 - Teaming.
- MDHHS initiated training to MDHHS and private agency staff on providing appropriate and culturally sensitive services to LGBTQ youth including a one-day instructor-led training, computer-based training during initial training and in ongoing university-led skills development training.

- Child welfare training migrated to a new learning management system. The department merged historical training data from the former system into the current management system. The training office worked through logistical issues with the field to adjust to the registration and reporting functions of the new system.

Progress in 2016

- A new Pre-Service Institute format was piloted in response to ongoing feedback asking for program-specific training to occur earlier in the training schedule, include more MiSACWIS training and replace classroom time with program-specific content.
- A legislative report was submitted to address the requirement to study the feasibility of reducing pre-service training classroom time by 50 percent. The workgroup determined that although it is feasible to reduce classroom training, it is not advisable.
- An additional university was approved to offer the child welfare certificate program.
- A redesign of initial supervisor training was drafted with the assistance of stakeholder input. The revised training includes general management skills and specific skill development critical to supervising in child welfare.
- MiTEAM summits were held regionally to initiate statewide implementation of the enhanced MiTEAM practice model.
- The Post Adoption Resource Centers began offering resource family training. Each region offers one two-day conference or two one-day conferences annually.

Progress in 2017

- The reformatted Pre-Service Institute was implemented to reflect changes piloted in 2016.
- Level three evaluations were implemented in 2017 for the Pre-Service Institute.
- A redesign of initial supervisor training was finalized. The training is five weeks long and must be completed within 112 days.
- The statewide implementation of the enhanced MiTEAM practice model was completed. The training approach utilized adult learning principles in the form of virtual training modules, leadership practice calls, application exercises and practice with the fidelity process within four training cycles.
- MiTEAM specialists and liaisons continue to provide support and technical assistance in the application of the MiTEAM practice model.

Progress in 2018

- The Office of Workforce Development and Training created a training request process for agencies and offices to request delivery of existing training topics or the development of new training subjects.
- The training office began providing five-day targeted child welfare in-service training sessions to each of the five BSCs. The BSCs choose which topics are most beneficial.
- The Office of Workforce Development and Training conducted phone calls with field supervisors. The phone calls assisted supervisors with knowing what to expect from new hires, as well as communicating exercises and activities that new hires participate in.

- The Office of Workforce Development and Training offered continuing education units for the following child welfare classes:
 - Forensic Interviewing.
 - Indian Child Welfare Act.
 - Indian Child Welfare Act Refresher.
 - Continuum of Care Pre-Service
- All child welfare supervisors were trained in the use of the MiTEAM Fidelity Tool from February to April 2018. CPS, foster care and adoption supervisors implemented the tool starting in the second and third quarter of 2018.
- MiTEAM Fidelity tool training was implemented in New Supervisor Institute. Fidelity data is captured in a web application to allow supervisors to document completion of the tool and reports are available to assess practice areas of strength and opportunities for improvement.
- A MiTEAM CQI conference was held focusing on building skills for continuous growth in practice and quality improvement.
- Training was provided to private and public child welfare workers in special topics such as Domestic Violence, Working with Substance-Affected Families, Assisting Families with Mental Illness, Personal Safety and program specific supportive services.
- The training office collaborated with regional resource teams by providing support during the review of potential contracts and meeting to ensure training content was consistent among the training teams.
- The training office initiated leading multiple efforts and training opportunities to support child welfare management, staff and trainers on providing appropriate and culturally sensitive services. In 2018, the following key areas were highlighted:
 - Computer based training Supporting and Affirming Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ) Youth.
 - Instructor-led Implicit Bias Training.
 - Instructor-led Cultural Competence Training.
 - Anti-Racist, Multi-Cultural Training and Development.
 - Mandated Reporter Training.

MiSACWIS Training Summary 2015-2019

Progress in 2014/2015

- Leading up to MiSACWIS implementation in April 2014, statewide instructor-led trainings were delivered to public and private child welfare staff.
 - In 276 sessions, 5,041 participants were trained.
- After implementation, BSC directors, child welfare field operations, and MiSACWIS project staff developed a training plan to support MiSACWIS users.
 - BSCs deployed “MiSACWIS strike teams” in local offices to provide hands-on training and support.
 - MiSACWIS payment triage teams, which included Federal Compliance Division and field operations staff, provided 442 onsite training and support sessions.
 - MiSACWIS project and central office staff provided 11 payment trainings to private agency directors and fiscal staff.

- MiSACWIS project staff initiated the MiSACWIS Training Academy in 2015 in response to feedback from MDHHS and private agency executives, field managers and staff.
- MiSACWIS and Office of Workforce Development and Training staff piloted a week of Pre-Service Institute training beginning in May 2015 to new CPS, foster care and adoption workers.
- Ten computer-based trainings and six webinars were created.
- Fifteen training workshops with multiple sessions were provided to 1,640 participants. Juvenile justice and Child Care Fund training prior to implementation in October 2015 trained 622 participants in 63 sessions.

Progress in 2016

- New worker training for CPS, foster care, and adoption was incorporated into three days of Pre-Service Institute.
 - Training staff implemented MiSACWIS case management activities into their training curriculum in the fall.
 - MiSACWIS field support staff provided back of room support to training staff.
 - MiSACWIS staff provided monthly MiSACWIS overview webinars for new caseworkers to prepare them for MiSACWIS case management training.
- New juvenile justice residential worker training began. Training was provided quarterly to new workers with a two-day MiSACWIS case management training.
- New juvenile justice worker support was provided quarterly to the Office of Workforce Development and Training. A Training Guide was developed and implemented.
- New licensing worker training started. Licensing staff also received MiSACWIS training to assist them in understanding MiSACWIS functionality and collaborated on incorporating MiSACWIS training into new licensing worker training.
- Ninety-six training sessions were provided with 1,906 participants.

Progress in 2017

- Ongoing support was provided to the training office for new CPS, foster care, adoption and juvenile justice workers via the Pre-Service Institute. Support was initiated for new supervisors via the New Supervisor Institute.
- Support to the Licensing division for new licensing worker training. Licensing started training new licensing workers in April 2017 with MiSACWIS staff providing support.
- Eighteen computer-based trainings and 227 job aids were maintained. The computer-based training modernization project kicked off to better engage end users.
- Ongoing workshop development started to address training needs based on field feedback and help desk trends.
- One hundred thirteen training sessions were held with 3,315 participants.

Progress in 2018

- The computer-based training modernization project continued throughout the year. Fifteen trainings and 94 job aids were maintained.
- Workshop training topics throughout the year:

- Placement and Payment for Foster Care.
- Payment for Child Protective Services.
- Provider 101 for Children’s Services Staff.
- Managing Providers for Licensing Workers.
- CPS Intake, Investigation, and Case Management.
- CPS Service Plans and Assessments.
- Foster Care Service Plans and Assessments.
- Adoption Case Management.
- Training data and guide was created to support child welfare funding specialist trainings.
- Two hundred fifty-nine training sessions were held, with 2,786 participants.

Planned activities for 2020 are described in the CFSP 2020-2024/APSR 2020.

Item 26: Initial Training – Assessment of Performance

Goal: MDHHS will ensure that initial training is provided to all staff that delivers services.

- **Objective:** MDHHS will ensure that initial training teaches the basic skills and knowledge required for child welfare positions and that the training is completed timely.

Measure: MDHHS learning management system.

2014:

- 98% of new caseworkers completed initial training within 112 days.
- 99% of new supervisors completed initial training within 90 days.

2015:

- 98% of new caseworkers completed initial training within 112 days.
- 98% of new supervisors completed initial training within 90 days.

2016:

- 98% of new caseworkers completed initial training within 112 days.
- 85% of new supervisors completed initial training within 90 days.

2017:

- 98% of caseworkers completed initial training within 112 days
- 96% of supervisors completed initial training within 90 days.

2018:

- 100% of caseworkers completed initial training within 112 days.
- 89% of supervisors completed initial training within 90 days.

Final Assessment: Michigan’s performance was generally acceptable. Attention is needed to ensure supervisors complete initial training within the required time frames.

Plan for Improvement - Activities for 2019 and 2020

- MDHHS will continue monitoring institutional and residential staff training processes through the learning management system.
- MDHHS will continue meeting with BSCs to track the effect of initial and ongoing training on the quality of case management.
- MDHHS will respond to training needs identified in the QIC Training sub-team through collaboration with the CSA and BSCs.

- MDHHS will send surveys to supervisors three and 12 months after training completion to track learning over time.

Item 27: Ongoing Training Assessment of Performance

Michigan’s performance in Ongoing Staff Training is tracked through the learning management system, training evaluations and through the training sub-team of the QIC.

- **Objective:** MDHHS will ensure ongoing training is provided that includes the basic skills and knowledge required for child welfare positions.

Measure: Learning management system.

2014:

- Over 99% of caseworkers completed 32 hours of ongoing training.
- There was no ongoing training requirement for supervisors in 2014.

2015:

- 99% of caseworkers completed 32 hours of ongoing training.
- 99% of supervisors completed 16 hours of ongoing training.

2016:

- 98% percent of caseworkers completed 32 hours of in-service training.
- 99% of supervisors completed 16 hours of in-service training.

2017:

- 98% of caseworkers completed 32 hours of ongoing training in 2017.
- 99% of supervisors completed 16 hours of ongoing training.

2018:

- 97% of caseworkers completed 32 hours of ongoing training in 2018.
- 89% of supervisors completed 16 hours of ongoing training in 2018.

Final Assessment: Michigan’s performance was generally acceptable. Improvement is needed in the area of supervisors completing ongoing training timely.

Planned activities are described in the CFSP 2020-2024/APSR 2020.

Item 28: Foster and Adoptive Parent Training – Assessment of Performance

Goal: Michigan will expand training for foster and adoptive parents.

Objective: Michigan will explore centralizing training for foster and adoptive parents.

Measure: MDHHS learning management system

- **2016:** Determine funding sources for implementing centralized foster and adoptive parent training. This budget enhancement request was not selected.
- **2017:** Explore alternative approaches to improving the quality and consistency of foster and adoptive parent training.
- **2018:** Develop a more robust observation tool to provide a consistent, standardized and structured framework for certifying potential PRIDE trainers. Development of the observation tool ceased once the decision was made to revamp the current PRIDE training model to create a research-based training curriculum for Foster, Adoptive and Kinship parents specifically for the state of Michigan.

- **2019:** Continue collaboration with Regional Resource Teams and Eastern Michigan University at creating a research-based curriculum for Michigan foster and adoptive parents. This will aid in providing a more consistent and needs centered training.

Final Assessment: Michigan explored ways to improve provider training throughout the period.

Planned activities are described in the CFSP 2020-2024/APSR 2020.

SERVICE ARRAY AND RESOURCE DEVELOPMENT

Item 29: Array of Services for Children and Families

MDHHS prioritizes evidence-based services to ensure children and families benefit from the latest research on child safety and risk. Services provided by MDHHS emphasize engaging with families and working with the entire family system to increase safety and sustain change.

Item 30: Individualizing Services

MDHHS is committed to providing services tailored to meet the individual needs of children and families throughout the state. The MiTEAM case practice model is based on collaborating with families to assess and address their specific needs. Service contracts include requirements for trauma-informed assessments and the use of protective factors to enhance child safety and family functioning.

Service Array and Resource Development Five-Year Summary

Progress in 2014

- DHS (now MDHHS), with the Children’s Research Center and Casey Family Programs issued a joint report titled “Improving Child Safety and Well-being in Foster and Relative Placements: Findings from a Joint Study of Foster Child Maltreatment.” As a result, DHS:
 - Developed a work plan for service improvement.
 - Developed a job aid for workers, “Preventing Maltreatment of Kids in Care.”
 - Expanded the Family Reunification Program to 15 additional counties.
 - Expanded Foster Care Supportive Visitation to seven additional counties.
- A state-level Resource Development sub-team was created to evaluate the need for additional services.

Progress in 2015

- MDHHS implemented a Title IV-E waiver demonstration project, Protect MiFamily, aimed at enhancing parenting capacity and child well-being for families at elevated risk.
- MDHHS provides Parent Partners, a parent mentoring program in Wayne County that allows parents to observe and practice parenting skills with a supportive peer.
- MDHHS reduced the number of children abused or neglected in out-of-home care. The findings from a 2014 joint study of foster care maltreatment in Michigan concluded that Michigan has a strong foster and adoptive parent recruitment and licensing process.

Progress in 2016

- A state-level Resource Development sub-team identified gaps, along with strategies and/or suggestions for addressing them.
- The Resource Development sub-team created a local contract template for domestic violence batterer intervention services.
- Families Together Building Solutions expanded by 25 counties in 2016.
- MDHHS added an additional Family Reunification Program contract in Kent County.
- MDHHS staff members were informed and educated on the availability of Maternal Infant Home Visitation services throughout the state.
- A requirement for trauma screening and assessment was added to Family Reunification Program contracts to assist with identifying individual needs.
- Foster Care Supportive Visitation expanded to Alpena, Alcona and Montmorency counties, making the program available in 51 counties.
- Protective factors were incorporated into Families First of Michigan and Family Reunification Program contracts and the Title IV-E waiver, Protect MiFamily.
- Trauma-informed practice is included in the enhanced MiTEAM case practice model.
- MDHHS collaborated with the Defending Childhood State Policy Initiative, in which national experts and state agencies and stakeholders developed a strategic plan to screen, assess and treat trauma using evidence-based interventions.
- MDHHS responded to requirements outlined in the Preventing Sex Trafficking and Strengthening Families Act, including provisions to identify, report, document and determine services for youth victimized by, or at risk of, sex trafficking.
- The Service Array sub-team surveyed tribes, child welfare directors and domestic violence programs on the availability of domestic violence, batterer intervention and sexual assault services and service gaps in the state. Survey results were used to create a resource guide for child welfare staff, along with enhanced training on domestic violence through local training and coaching.
- The Service Array sub-team collaborated with leaders within the state-level Recovery Oriented System of Care to gather information on substance abuse services around the state and accessibility for child welfare families. From this collaboration, the sub-team developed a substance abuse resource list.

Progress in 2017

- MDHHS continued collaboration with the Defending Childhood State Policy Initiative, in which national experts and state agencies and stakeholders developed a strategic plan to screen, assess and treat trauma using evidence-based interventions.
- MDHHS worked with the Children's Trauma Assessment Center on a statewide trauma screening and functional assessment for children in the child welfare system. Screening with this tool was added to the services in family preservation contracts.
- MDHHS continued responding to requirements outlined in the Preventing Sex Trafficking and Strengthening Families Act, including provisions for identifying, reporting, documenting and determining services for youth victimized by, or at risk of, sex trafficking.

Progress in 2018

- The Service Array sub-team developed a strategy to educate child welfare staff about the use of existing tools that provide information about local health and human services and establish an action plan to inform the field. The sub-team worked with the MDHHS Bureau of Community Services and the United Way, who operates the 2-1-1 system to identify and fill gaps in that system. Communication with the field about using 2-1-1 system to identify services included:
 - How to access statewide 2-1-1 information.
 - How to set up and use MiBridges³ accounts for field staff.
 - How workers can support families with their clients' MiBridges accounts.
 - How community partners/private agencies can support families with MiBridges (navigators).
- Michigan is expanding trauma screening for children and families to additional counties and enhancing CPS investigation and ongoing services through continued development of trauma-informed services and training.
- A LEAN Process Improvement began in June 2018 to bring together stakeholders, including community mental health service providers, Medicaid Health Plans, Prepaid Inpatient Health Plans among others, to streamline the trauma assessment process for children in the child welfare system.

Service Array and Resource Development Assessment of Performance

Goal: MDHHS' service array and resource development system will ensure an array of services is accessible and individualized to meet the needs of children and families served by the agency.

- **Objective 1:** MDHHS will provide a service array and resource development system to ensure that accessible services are provided to:
 - Assess the strengths and needs of children and families and determine other service needs.
 - Address the needs of individual children and families to create safe home environments.
 - Enable children to remain safely with their parents when it is safe to do so.
 - Help children in foster and adoptive placements achieve permanency.

Measure: Array of services.

Baseline: 2014 array of services.

Benchmarks:

- **2015:** Identify available services and gaps in services statewide.
 - **2016:** Establish a plan to expand effective services and supports.
 - **2017 - 2019:** Develop or expand supports.
- **Objective 2:** MDHHS' service array and resource development system will ensure services can be individualized to meet the unique needs of children and families.

³ **MiBridges** is an online site (<https://www.mibridges.michigan.gov/access/>) where clients can explore potential eligibility, apply for Food Assistance benefits, apply for Energy SER State Emergency Relief, view their case information, or report changes to their specialist.

Measure: Array of services.

Baseline: 2014 array of services.

Benchmarks:

- **2015:** Identify available services and gaps in services statewide.
- **2016:** Establish a plan to expand effective services and supports.
- **2017 - 2019:** Develop or expand supports.

Final Assessment: Improvement is needed in Michigan’s performance in expanding the service array, particularly in the areas of transportation, housing and mental and behavioral health treatment.

Planned activities are described in the CFSP 2020-2024/APSR 2020.

AGENCY RESPONSIVENESS TO THE COMMUNITY

Item 31: State Engagement and Consultation with Stakeholders

MDHHS is responsible for a broad range of child welfare services and initiatives in implementing the provisions of the Child and Family Services Plan (CFSP), including education and raising awareness of issues of child safety, permanency and well-being, as well as providing direct and contracted services to children and families. Actively seeking feedback from stakeholders at all levels and acting on that feedback to target resources, training or technical assistance effectively, including analysis of service and outcome data is essential to providing appropriate and accessible services in all areas of the state on an ongoing basis.

Item 32: Coordination of CFSP Services with other Federal Programs

MDHHS is the state agency responsible for coordinating child welfare services with other federal programs serving the same population, including Title IV-D Child Support Program, Disability Determination Services for Title II and XVI funds, Mental Health Block Grant and Medicaid Services.

Agency Responsiveness to the Community Five-Year Summary

Progress in 2014

- DHS developed the Strengthening Our Focus Advisory Committee (now called the Quality Improvement Council), and processes for addressing state-level child welfare outcomes and operationalizing CQI principles at the local level.
- DHS piloted the development and implementation of local continuous quality improvement plans driven by local leaders from the public and private sectors.
- DCQI developed methods of providing technical assistance to the field through provision of data reports and assisting counties to target efforts toward improving outcomes.

Progress in 2015

- MDHHS concluded pilots in Lenawee, Mecosta and Osceola counties that developed and

implemented local continuous quality improvement plans driven by leaders from the public and private sectors.

- The department established a workgroup with SCAO, which included several judges. This workgroup provided a venue for discussing operational challenges, in addition to providing feedback to MDHHS from this critical stakeholder group.
- A second workgroup was created that includes prosecuting attorneys statewide in addition to the Prosecuting Attorneys Association of Michigan. Meeting with the prosecuting attorneys provides feedback on agency effectiveness and allows operational challenges to be addressed.

Progress in 2016

- The implementation of the MiTEAM practice model in 2016 included collaboration with external stakeholders that included local courts, private agencies and service providers.
- The MiTEAM Fidelity tool was designed to assist county staff and supervision in identifying strengths and areas of need in the implementation of the model.
- Development of Prudent Parent standards ensured that children in foster care can observe and practice their cultural standards and norms.

Progress in 2017

- The implementation of the MiTEAM practice model enhancements in 2016 and 2017 included collaboration with external stakeholders that includes local courts, private agency providers and service providers.
- Leadership training was presented by Eliminating Racism and Creating/Celebrating Equity from Kalamazoo and Robert T. Blackwell of the Illinois Office of Racial Equity Practice. The training provided an overview of race equity issues in child welfare, steps forward and utilizing specific language to raise awareness.
- MDHHS developed parenting time planning tools and resources to address individual family needs.
- A full day of cultural awareness training was incorporated into pre-service training for new CPS, foster care and adoption workers.

Progress in 2018

- The QSR protocol was revised to measure desired outcomes more accurately. Several practice and status indicators were altered, and one was eliminated that was judged to be measured more accurately through other methods.
- The CFSR Round 3, held Aug. 13-17, 2018 included stakeholder interviews and focus groups that included judges, court personnel, foster parents, foster youth, and birth parents, which provided feedback on the factors affecting child welfare services.

Service Coordination of Federal Programs

In addition to child welfare services, MDHHS administers:

- Federal Temporary Assistance for Needy Families funding.
- Child Care and Development Block Grant programs.

- Supplemental Nutrition Assistance Program.
- Low-income Home and Energy Assistance Program.
- Title IV-D Child Support Program.
- Disability Determination Services for Title II and XVI funds.
- Mental Health Block Grant.
- Medicaid Services.

Service Coordination at the State Level

- CSA engages in government-to-government relations with the state's federally recognized tribes as prescribed by Title XX of the Social Security Act and MDHHS child welfare tribal consultation agreements. Consultation occurs in regular gatherings of tribal and state partners and in individual tribal consultation meetings.
- MDHHS Bureau of Community Action and Economic Opportunity provides support and oversight to Michigan's 29 community action agencies, serving 100 percent of the state. Local agencies develop community partnerships, involve low-income clients in their operations and coordinate an array of services within their communities. They provide low-income individuals with services including Head Start, housing assistance, weatherization, senior services, income tax preparation, food, transportation, employment assistance and economic development.
- In addition to child welfare services funded through Title IV-B(1), MDHHS allocates funds annually to all 83 counties for community-based needs assessment, service planning, contracting and service delivery to children and families. Local funding of services ensures diversified and appropriate services are available in each community. The programs provided under community-based services incorporate CFSR standards.
- MDHHS coordinates with other federal and state programs for youth, including transitional living programs funded under Part B of the Juvenile Justice and Delinquency Prevention Act of 1974, in accordance with Section 477(b)(3) of the Act. Young people meeting the criteria for Chafee-funded services are eligible, regardless of race, gender or ethnic background. A youth who has or had an open juvenile justice case and is placed in an eligible placement under the supervision of MDHHS is eligible for Chafee funded goods and services.
- The Office of Child Welfare Policy and Programs and the Office of Child Support collaborate to enable foster care and CPS staff to obtain paternity information from the Central Paternity Registry to ascertain parental responsibility and coordination for child support payment for children in the child welfare system.
- Michigan's Title IV-E state plan demonstrates compliance with the Fostering Connections Act. MDHHS finalized policies for Young Adult Voluntary Foster Care, Juvenile Guardianship Extension and Adoption Subsidy Extension programs to extend benefits through age 21 for young people who meet the requirements.
- 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 significant medical, mental health or other functional life impairments that may impede success when re-entering the community.
- The Child Care Fund is a collaborative resource between state and county governments

that supports programs serving neglected, abused and delinquent youth in Michigan. Michigan's county courts design and administer the programs.

- Michigan's Interstate Compact serves as a liaison between local MDHHS offices and other states to ensure compliance with compact regulations and effective coordination.

Local Coordination of Financial and Child Welfare Assistance

Pathways to Potential

Pathways to Potential is MDHHS' cash assistance service delivery model that focuses on 1) location in the community, 2) working with families to remove barriers by connecting them to services, and 3) engaging stakeholders and school personnel to help students and families find their pathway to success. Pathways to Potential is focused on identifying barriers to academic success and offering solutions to the student, family and school personnel. Pathways to Potential places MDHHS workers in schools to address families' barriers to self-sufficiency in key areas: safety, health, education and school attendance. Pathways objectives include:

Safety

- Increase access to prevention services.
- Engage disconnected youth.
- Connect vulnerable youth and adults to a protective network.

Health

- Remove barriers that prevent access to health care.
- Increase access to healthy foods.
- Increase access to behavioral health care.
- Support good hygiene.
- Support physical fitness.

Education

- Remove barriers to attendance.
- Remove barriers to active participation.
- Enhance and support parental involvement.

School Attendance

- Increase school attendance rates/decrease chronic absenteeism.
- Actively seek parental engagement.

Self-Sufficiency

- Remove barriers to employment.
- Assist in accessing quality childcare.
- Promote adult education.
- Support access to transportation.

Progress in 2014

At the end of the 2013-2014 school year, the statewide achievement for 169 schools was a 33.91 percent decrease in chronic absenteeism.

- Pathways to Potential is currently in 219 schools in 22 counties.

Progress in 2015

At the end of the 2014-2015 school year, the statewide achievement for the 219 active Pathways Schools was a 37.2 percent decrease in chronic absenteeism from the previous year.

- Pathways to Potential is currently in 250 schools in 32 counties.

Progress in 2016

During the 2015/2016 school year, success coaches had 168,780 interactions identifying barriers and provided 86,952 referrals, resources or follow-up as identified by the success coaches. In the total number of interactions, the success coaches had contact with 5,693 students. Some of the barriers addressed by the success coaches were chronic absenteeism, uniforms, student behavior, homelessness, employment, housing, medical, hygiene, holiday giving, resources, transportation and many more.

- Pathways to Potential is currently in 259 schools in 34 counties.

Progress in 2017

Pathways to Potential underwent a three-year evaluation that concluded in 2017. The Johnson Center evaluation provided insight that was used to implement new strategies and improvements in the program, including updating training, providing additional tools to assist success coaches with identifying families' barriers and providing helpful resources. The program is focusing on building stronger partnerships with community partners, which is improving the success coaches' ability to connect families with necessary resources.

During the 2016/2017 school year, Pathways to Potential had 131,285 interactions identifying barriers and providing referrals, resources or follow-up as identified by the success coaches. In the total number of interactions, the success coaches had contact with 46,108 students.

- Pathways to Potential is currently in 270 schools in 43 counties.

Progress in 2018

In the 2017-2018 school year, Pathways to Potential accomplished 185,370 interventions with 51,482 unique individuals, of which 38,806 were students, 10,253 were parents or caregivers, and 2,423 community members. The program provided 90,667 student interventions and 52,007 parent interventions.

- Pathways to Potential is currently in 304 schools in 42 counties.

Agency Responsiveness to the Community: Assessment of Performance

Goal: MDHHS will be responsive to the community statewide through ongoing engagement with stakeholders.

- **Objective 1:** MDHHS will engage in ongoing consultation with tribal representatives,

consumers, service providers, foster care providers, the juvenile court and other public and private child and family service agencies to ensure collaboration addresses the implementation of the Child and Family Services Plan and annual updates.

Measure: Annual Implementation Report.

Baseline: Quality Improvement Council and sub-teams, 2015.

Benchmarks:

2016 – 2019: Utilize the QIC and QSR findings for consultation and collaboration.

- **Objective 2:** MDHHS will utilize the QIC and sub-teams to operationalize a continuous quality improvement plan that includes engaging internal and external stakeholders in assessment and development of effective strategies.

Measure: Annual Implementation Report.

Benchmarks 2016 – 2019:

- MDHHS will utilize the QIC and sub-teams for consultation and collaboration.
- MDHHS will develop local organizational structures, resources and activities that reach the QIC and sub-team for communication about strengths and areas needing improvement and strategies to improve the child welfare system.

Goal: MDHHS will demonstrate responsiveness to the community in coordinating services in the CFSP with other federal programs that serve the same population.

- **Objective:** MDHHS will ensure the state’s services are coordinated with services and benefits of other federal programs.

Measure: Annual Implementation Report.

Benchmarks 2016 - 2019:

- MDHHS is implementing a state level organizational structure, resources and activities to assess child welfare data and trends, including feedback from stakeholders in the QSR process.

Final Assessment: Michigan’s performance in Agency Responsiveness to the Community was generally acceptable and received a strength rating in the CFSR Round 3.

Planned activities are described in the CFSP 2020-2024/APSR 2020.

FOSTER AND ADOPTIVE PARENT RECRUITMENT, LICENSING AND RETENTION

Infants, children and youth from various geographic, ethnic and cultural backgrounds need foster and adoptive homes. Michigan’s demographic and cultural diversity ranges from northern and rural, to urban southeastern Michigan, and the foster care population is similarly varied. Maintaining an adequate array of placements that reflects the ethnic and racial diversity of children in care continues to be a top priority. Placement with relatives for foster care and adoptive care is a strength in Michigan, and the state-administered structure ensures a smooth process for placement of children across jurisdictions.

Michigan has over 13,000 children in foster care and relies on public and private child-placing agencies to find temporary and permanent homes for these children. Michigan has over 90 contracts with private child-placing agencies for foster care case management and over 60 contracts for adoption services.

Foster and Adoptive Parent Recruitment, Licensing and Retention Five-Year Summary

Progress in 2015

The following recruitment and licensing activities were carried out locally in Michigan to ensure foster and adoptive homes met the needs of children and families in their area:

- Outlining strategies to recruit and retain foster, adoptive and kinship families.
- Producing specialized scorecards that monitor the number of licensed homes.
- Providing tools and guidelines for assessing and analyzing demographic data for recruiting, licensing and retaining foster, adoptive and kinship parents.

Each local MDHHS office was expected to:

- Meet with private agency partners, local tribes, members of faith communities/service organizations, and foster/adoptive/kinship parents in completing the annual adoptive and foster parent retention and recruitment plans.
- Provide specific strategies to reach out to all parts of the community.
- Assure all prospective foster/adoptive/kinship parents have access to child-placing agencies that provide foster home certification.
- Increase public awareness of the need for adoptive and foster homes through general, targeted and child-specific recruitment activities within the counties.
- Provide strategies for dealing with linguistic barriers.

Counties determined goals and action steps based on:

- Historical trends and data provided by program office.
- Characteristics of children in care (i.e. age, gender, race, ethnicity and living arrangement).
- Characteristics of children entering and exiting foster care.
- Total number of homes currently licensed by the county.
- Number of foster homes licensed by the county during specified time periods.
- Foster home closure reasons.
- Demographic data on barriers to placements.

Progress in 2016

- The Office of Child Welfare Policy and Programs provided materials and data to counties to assist them in completing their Adoptive and Foster Parent Recruitment and Retention plans. Each county received data regarding:
 - Demographics of children currently in care by county.
 - Children entering and exiting care by county.
 - Total number of foster homes currently licensed by county.

- Foster home closures by relative and non-related foster homes.
- Data to complete the foster home calculator, a foster home needs assessment tool.
- Counties and agencies reviewed the data and Foster Home Calculator results to identify targeted populations. The counties and agencies collaborated to identify non-relative licensing goals and strategies to recruit homes for the targeted populations.
- Each county's licensing goal was analyzed, and monthly targets established to assist counties in monitoring their progress toward meeting their unrelated licensing goal.
- MDHHS utilized the Strengthening Our Focus Advisory Committee Recruitment and Retention sub-team to provide input on the annual adoptive and foster parent recruitment and retention plans. This sub-team developed strategies for recruiting and retaining foster homes, implementing recruitment and retention plans and compliance in the licensing of foster homes. The Placement sub-team monitors the implementation plans for placement of children in unlicensed homes and addresses practice in foster parent and relative licensing and placement exceptions.

Progress in 2017

- In 2017, the Michigan Adoption Resource Exchange Match Support Program was added to the contract.
 - The Match Support Program provides statewide services for families who have been matched with a child from the exchange website and are moving forward with adoption. The Match Support Program provides up to 90 days of informational and referral services to families.
 - Adoption Navigators host quarterly Waiting Family Forums for families who have been approved to adopt and those in the home study process. The forums are an opportunity for the families to learn what happens to their inquiries on a youth after they submit them, what they can do to make the most of the wait time, to learn ways to strengthen their inquiries, tips on how to effectively advocate for their family and meet other families waiting to adopt.
- MDHHS began using the Foster Home Estimator developed by Wildfire Associates in collaboration with Dr. Denise Goodman with support and funding from the Annie E. Casey Foundation. The Foster Home Estimator allowed each county to analyze data including:
 - The number of children in care.
 - Trends over the past two years of the number of children in care.
 - The race of children in care.
 - The number of children who are over age 13 or in a sibling group.
 - The number of foster homes available.
 - The average number of beds in a home.
 - The percentage of beds in that county that are viable.
 - The percentage of homes that were closed the previous year.
- Foster and adoptive families were provided pre-service training prior to approval as licensed foster families or pre-adoptive placements. This training provided expectations and tools to assist families in caring for children from other cultural backgrounds and

the LGBTQ community. Many MDHHS offices and private child-placing agencies provide ongoing training on this topic to current foster and adoptive parents.

Progress in 2018

- In partnership with the Casey Family Programs, the MDHHS Adoption program office conducted Rapid Permanency Reviews in February 2018. This style of review is designed to look at systematic barriers and bottlenecks during the adoption process. During the February 2018 review, the focus was children who were available for adoption and who have been “on hold” with an identified family for greater than 12 months without achieving permanency. The review looked at 153 cases of children whose commitment was in Wayne, Oakland, Macomb, Washtenaw, Monroe and St. Clair counties.
 - Of the 153 cases reviewed, 103 have achieved permanency through adoption, 12 have had a permanency goal change to a goal other than adoption and 38 continue to be tracked monthly.
- The enhanced non-relative licensing dashboard, released in 2017, continues to be used in 2018. The dashboard allows users to identify licensing progress at a statewide, BSC, county and agency level, and provides additional data not previously compiled and released.
- Regional Resource Teams focused on recruiting, supporting and developing foster families to meet annual non-relative licensing goals, retain existing foster families, prepare families for the challenges associated with fostering and develop existing foster family skills to enable them to meet the needs of children with more challenging behaviors. Regional Resource Team contracts went into effect in December 2017/January 2018.

Foster and Adoptive Parent Recruitment, Licensing and Retention Assessment of Performance

Michigan’s performance in the Foster and Adoptive Parent Recruitment, Licensing and Retention systemic factor is measured through monitoring the percentage of counties that meet their licensing goals. Performance is also reflected in the percentages of children who are placed in permanent homes in a timely manner and the number of relative caregivers that complete the licensing process.

Goal: MDHHS will implement an annual adoptive/foster parent recruitment and retention plan to ensure there are foster and adoptive homes that meet the diverse needs of the children who require out-of-home placement.

- **Objective 1:** MDHHS will ensure that state standards are applied to all licensed or approved foster family homes or child-caring institutions receiving Title IV-B or IV-E funds by:
 - Tracking demographic data of children in foster care.
 - Screening all applicants for foster and adoptive home licensing to meet minimum standards.
 - Developing a seclusion and corporal punishment protocol.
 - Developing a continuous quality improvement process for institutions.

Measures: Child welfare licensing data and other sources.

Benchmarks 2015 – 2019: Local licensing agencies will collaborate with the Division of Child Welfare Licensing to ensure all standards are applied equally.

- **2015 - 2018:** Collaboration between local licensing agencies and the licensing division continued to ensure standards were applied equally.

- **Objective 2:** MDHHS will ensure that the state complies with federal requirements for criminal background clearances for licensing foster and adoptive homes and has provisions for ensuring the safety of foster and adoptive placements.

Measures: Criminal history and Central Registry screening of foster or adoptive applicants.

Benchmarks 2015 – 2019: Collaboration between the Division of Child Welfare Licensing and local child-placing agencies to ensure each foster and adoptive home is screened and approved before children are placed.

- **2019 - 2018:** Each year, 100% of licensed foster homes had a completed criminal history and Central Registry screening prior to licensure.

- **Objective 3:** MDHHS will recruit and license an adequate and sufficient array of foster and adoptive homes to reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed.

Measure: Percentage of annual recruitment, licensing and adoption plans that meet 90 percent of their goal, or better.

Baseline: Each county's 2015 licensing goal.

Benchmarks: 2016 – 2019: 80% or more of annual plans will meet 90 percent of their goal.

2016:

- 67% of counties met at least 90% of their annual recruitment goal. This is a 2% increase from 2015.
- 88% of counties met at least 70% of their annual recruitment goal. This is a 9% increase from 2015.

2017:

- 79% of counties met at least 90% of their annual recruitment goal. This is a 12% increase from 2016.
- 89% of counties met at least 70% of their annual recruitment goal. This is a 1% increase from 2016.

2018:

- 75% of counties met at least 90% of their annual recruitment goal. This is a 4% decrease from 2017.
- 88% of counties met at least 70% of their annual recruitment goal. This is a 1% decrease from 2017.

- **Objective 4:** MDHHS will ensure timely search for prospective parents for children needing adoptive placements, including the use of exchanges and other interagency efforts, if such procedures ensure that placement of a child in an appropriate household is not delayed by the search for a same race or ethnic placement.

Measure: Number of children available for adoption without an identified family who are registered with the Michigan Adoption Resource Exchange within required timeframes.

Baseline - 2014:

- 80% of children available for adoption without an identified family are registered with the Michigan Adoption Resource Exchange within required timeframes.
- 80% of children available for adoption without an identified family one year after termination of parental rights are referred to an Adoption Resource Consultant.

Benchmarks 2015 – 2019: Demonstrate improvement each year.

2015:

- In 2015, there were nineteen young people registered within the required timeframes; 22% compliance.
- In 2015, there were 92 young people referred to the Adoption Resource Consultant Program.

2016:

- Twenty-four children were registered within the required timeframes; 22% compliance.
- In 2016, 130 children were referred to Adoption Resource Consultants.

2017:

- Twenty-two children were registered within the required timeframes; 39% compliance.
- In 2017, 165 children were referred to the Adoption Resource Consultant Program.

2018:

- Twenty-six children were registered within the required timeframes; 43% compliance.
- From Oct. 1, 2018 through March 31, 2019, twenty-four children were registered within the required timeframes; 47% compliance.
- In 2018, 136 children were referred to the Adoption Resource Consultant Program.
- From Oct. 1, 2018 through March 31, 2019, 79 children were referred to the Adoption Resource Consultant Program.

Final Assessment: Michigan’s performance was acceptable in standards applied equally and prospective foster parent screening; however, improvement is needed in achieving a wide array of foster and adoptive homes and in completing out-of-state home studies within the required time frames.

Planned activities are described in the CFSP 2020-2024/APSR 2020.

CONSULTATION AND COORDINATION WITH NATIVE AMERICAN TRIBES

MDHHS delivers child welfare services to Michigan’s 230,000 American Indian/Alaska Native

population through the office of Native American Affairs. Native American Affairs provides:

- Policy and program development.
- Resource coordination for tribal agencies.
- Advocacy to ensure access to necessary services.
- Training and technical assistance on serving Indian families and children.
- Implementation of state and federal laws pertaining to American Indians and tribal consultation.

Michigan engages in government-to-government relations with the state's federally recognized tribes prescribed by Presidential Memorandum 2009, Michigan Governor Rick Snyder's Executive Directive 2012-2, Title XX of the Social Security Act and the Children's Bureau guidance on tribal consultation.

Tribal Consultation and Coordination

CSA engages in government-to-government relations with the state's federally recognized tribes as prescribed by Title XX of the Social Security Act and MDHHS child welfare tribal consultation agreements. The MDHHS Native American Affairs specialist, housed within CSA, serves as a liaison with Michigan's tribes for:

- Policy and program development.
- Resource coordination.
- Advocacy.
- Training and technical assistance.
- Implementation of state and federal laws pertaining to American Indians.
- Tribal consultation.

MDHHS consultation with tribes occurred in the following 2018 meetings:

- **MDHHS Tribal State Forum** - a tribal consultation meeting with the MDHHS director and deputy staff that included departmental updates, presentations and individual tribal consultation with the MDHHS director and federally recognized tribes. This meeting occurred on Jan. 9, 2018.
- **Tribal-State Partnership meetings** - a collaborative group of Tribal Social Services directors, state and private agencies and CSA staff that focuses on Indian child welfare and the implementation of the Indian Child Welfare Act of 1978. Meetings occurred on Jan. 10, 2018; April 18-19, 2018; Aug. 1-2, 2018; and Oct. 17-18, 2018.
- **Urban Indian State Partnership meetings** - a collaborative group of urban Indian organizations, state agencies including health and human services, natural resources, civil rights, agriculture, education, licensing and regulatory affairs, and state police, that focuses on the challenges facing tribal at-large membership and point-of-entry for services. The 2018 meeting was cancelled upon request of urban centers; the 2019 meeting is tentatively scheduled for June 2019.
- **United Tribes of Michigan meetings** - a forum for tribes to join, advance, protect, preserve and enhance the mutual interests, treaty rights, sovereignty and cultural way of life of Michigan tribes through the next seven generations. Meetings occurred Feb. 7-8, 2018; and May 31, 2018.

- **Regional Indian Outreach Workers meetings** - for service enhancements and professional development. Meetings occurred March 6-7, 2018; July 10-11, 2018; and Nov. 7-8, 2018.
- **State Court Administrative Office Court Improvement Program statewide task force meetings** – Meetings occurred on March 16, 2018, June 15, 2018, Sept. 28, 2018, and Dec. 7, 2018.
- **Native American Affairs onsite tribal consultation sessions** with two of the 12 Michigan tribes between May 2018 and September 2018.
- **Governor’s Tribal State Summit** occurred on Sept. 27, 2018 involving tribal leaders, state department directors, and tribal liaisons to review annual successes and challenges concerning tribal services or issues.
- **MDHHS Tribal Consultation Meeting** with the Michigan Governor’s Office occurred on Aug. 13, 2018.
- **Tribal State Liaison Forum** occurred on Feb. 7, 2019.
- **Governor’s small group meetings** that included staff, CSA, and three tribal attorneys to discuss MDHHS implementation of MCL 722.627(2)(x). Meetings occurred between September and December 2018.

Tribal Consultation Agreements

MDHHS has individual consultation agreements with eight federally recognized tribes or communities:

- Bay Mills Indian Community.
- Hannahville Indian Community.
- Lac Vieux Desert Band of Lake Superior Chippewa Indians.
- Little River Band of Ottawa Indians.
- Little Traverse Bay Band of Odawa Indians.
- Nottawaseppi Huron Band of Potawatomi Indians.
- Pokagon Band of Potawatomi Indians.
- Sault Ste. Marie Tribe of Chippewa Indians.

CSA also has an agreement with the Saginaw Chippewa Indian Tribe pertaining to Indian child welfare services and descendent families.

CSA is updating 26 tribal agreements addressing services including CPS after hours, Title IV-E, Adult Protective Services, Tribal Consultation, Youth in Transition, and Indian child welfare services including those to descendent families. Finalized agreements are expected to be completed in 2019.

Tribal consultation to develop Title IV-E Claiming Agreements was initiated in 2018 with 12 tribes. Hannahville Indian Community submitted a formal request in 2018 for a Title IV-E Claiming Agreement in which the community will maintain care and supervision and MDHHS will make the federal IV-E claim and maintenance payments for tribal children in care. The Hannahville Indian Community Title IV-E Claiming Agreement is expected to be completed by October 2019.

The Keweenaw Bay Indian Community is the only tribe in Michigan that has a Title IV-E plan with the federal government for their tribal foster care, adoption, and guardianship services maintenance and care. Chafee services and the Education and Training Vouchers program will continue to be provided through local MDHHS offices.

In addition, the Keweenaw Bay Indian Community maintains a Title IV-D program for child support services within their tribe and the following five tribes have Youth in Transition Agreements with MDHHS to access Youth in Transition funding:

- Hannahville Indian community.
- Pokagon Band of Potawatomi Indians.
- Bay Mills Indian Community.
- Saginaw Chippewa Indian Tribe.
- Sault Ste. Marie Tribe of Chippewa Indians.

Michigan tribes may access child welfare training provided by the MDHHS Office of Workforce Development and Training and continuing education through the MDHHS contract with universities. Tribes also have access to the Learning Management System to register for training sessions, access computer-based training, and track staff training.

John H. Chafee Foster Care Program for Successful Transition to Adulthood

Redetermination of whether tribes would like to develop, administer, supervise, or oversee Chafee, Education and Training Vouchers and other child welfare services and receive a portion of the state's allotment for administration or supervision is conducted at least annually or at the request of a tribe. In 2018, a discussion with tribes about the Youth in Transition and Education and Training Vouchers occurred at the April 2018 Tribal State Partnership Meeting. The National Youth in Transition Database Survey was distributed to tribes in a 2018 CSA communication issuance.

Ensuring Culturally Appropriate Services

MDHHS ensured culturally relevant services were in place for Michigan's American Indian Alaska Native citizens in 2018 through:

- Participation in regional and national tribal consultation at the following events:
 - Bureau of Indian Affairs Partners in Action Regional Tribal meetings and conferences.
 - United Tribes of Michigan meetings.
 - Child Welfare League of America Indian child welfare state manager calls.
 - Governor's Tribal Summit.
 - Child Welfare League of America State Indian Child Welfare Manager meetings.
 - Annual Department of Homeland Security Emergency Preparedness Conference.
 - Casey Family Programs Indian Child Welfare Act Gold Standard trainings.
 - Annual U.S. Dept. of Health and Human Services and Midwest Association of Sovereign Tribes Tribal Consultation Meeting.
 - MDHHS Diversity Committee meetings.

- NAA policy, MCL 712B. 1 – 41, and 25 CFR 23 implementation. MCL712B.3(a) and (d) define active efforts and culturally appropriate services.
- Invitations to tribal representatives for participation and input on various CSA committees and workgroups, including the CFSR workgroup.
- Development of grant and contract opportunities for tribal communities.
- Strengthening the Indian Outreach Worker program through case reviews to target best practices and service barriers.
- Quarterly Tribal State Partnership meetings with representatives from CSA, Michigan’s 12 federally recognized tribes, and tribal organizations.
- Publishing culturally competent human service materials such as NAA policy and the CPS Investigation Flow Chart that reflect the unique status of tribal people and laws that protect their sovereignty.
- Reviewing and revising Indian child welfare policy to strengthen and achieve compliance with federal rules and regulations.
- The Office of Workforce Development and Training Indian child welfare training, mandatory for new caseworkers and supervisors.
- Strengthening the state courts’ application of the Indian Child Welfare Act through collaboration with tribal courts, attorneys and social services, CSA and state court administration, and the MDHHS Legal Division.
- Negotiating tribal-state Title IV-E and IV-D agreements. Michigan assists the tribe(s) to access Title IV-E maintenance funding, Chafee, training and data collection resources.
- Developing Indian child welfare case review tools in collaboration with Michigan tribes and urban Indian organizations.
- Conducting stakeholder surveys for quality assurance.
- Maintaining a public MDHHS Native American Affairs website.
- Conducting public awareness events such as the American Indian/Alaska Native Heritage Month Celebration to sensitize consumers and vendors to issues that impact Native Americans in Michigan and improve cultural awareness and competence.

Contracting Culturally Appropriate Services

CSA contracted with the following entities to provide culturally relevant and appropriate services in 2018:

- Grand Traverse Band of Ottawa and Chippewa Indians for juvenile justice boys’ and girls’ residential treatment.
- Keweenaw Bay Indian Community for direct tribal Title IV-E agreement and Title IV-D Memoranda of Understanding.
- Inter-Tribal Council of Michigan for Community Service Block Grant and Infant Safe Sleep initiatives.
- The Sault Ste. Marie Tribe of Chippewa Indians’ Binogii Placement Agency for foster care and adoption services for tribal children.
- Sault Tribe Detention Center for juveniles.
- Michigan Indian Legal Services for Tribal Community Service Block Grant programming.
- Little River Band of Ottawa Indians for Tribal Community Service Block Grant programming.

- Families First of Michigan, serving seven of 10 reservation communities. Tribal representatives participate in bid ratings for new contracts.
- Annual Tribal Foster Care Recruitment and Retention Plans for Sault Ste. Marie Tribe of Chippewa Indians, Nottawaseppi Huron Band of Potawatomi Indians, Keweenaw Bay Indian Community, and Bay Mills Indian Community foster care recruitment events.

Measurement of Compliance with the Indian Child Welfare Act

MDHHS Indian Child Welfare Act compliance was measured through:

- Tribal consultation on Michigan’s APSR at quarterly Tribal-State Partnership meetings and the Tribal State Forum Meeting.
- MDHHS county director and tribal social services local case monitoring meetings.
- Office of Workforce Development and Training Indian Child Welfare Act training for new workers and new supervisors.
- Individual onsite tribal consultation sessions with Michigan tribes.
- Review of Michigan Court of Appeals Indian Child Welfare Act/Michigan Indian Family Preservation Act case decisions.
- MiSACWIS reporting on Indian children in foster care.
- A statewide survey of tribal social service directors, county and BSC directors, and private agency foster care agency directors.
- Indian Child Case Reviews measuring NAA policy implementation.

Progress in 2018

Tribes were consulted about amendments to the Child Protection Law to add tribes as entities to whom MDHHS may release confidential records from CPS files in certain instances. The amendment took effect June 4, 2018.

The Office of Workforce Development and Training and Native American Affairs provides Indian Child Welfare Act/Michigan Indian Family Preservation Act training in pre-service and new supervisor training institutes, as well as a refresher course, and on-demand computer-based training. In 2018 the following training was accessed:

- Indian Child Welfare Act/Michigan Indian Family Preservation Act computer-based training: 1,057 completed.
- Indian Child Welfare Act/Michigan Indian Family Preservation Act refresher training: 11 completed.
- New Supervisor training: 133 completed.
- Indian Child Welfare Act/Michigan Indian Family Preservation Act training: 4 completed.

MDHHS invited tribes to participate in the following committees:

- MDHHS Adoption/Foster/Kinship Care Committee.
- Michigan Human Trafficking Task Force.
- MDHHS CFSR steering committee and workgroup.
- CFSR Program Improvement Plan stakeholder committee.
- Family First Preservation Services Act Roundtable.

The Native American Affairs specialist conducted onsite consultations between May and September 2018 with two Michigan tribes, the Saginaw Chippewa Indian Tribe and Little River Band of Ottawa Indians, covering topics of tribal choosing.

Indian Child Welfare Act (ICWA) Compliance Five-Year Summary

Progress in 2014

- MiSACWIS rolled out statewide, including ICWA details in the case record.
- DCQI, in collaboration with Michigan tribes and Native American Affairs, developed Indian Child Welfare Act case review tools for foster care and CPS.
- Tribal Consultation Agreements were signed and enacted with eight Michigan tribes.
- Contracting:
 - The Sault Ste. Marie Tribe of Chippewa Indian's Binogii Placement Agency for foster care and adoption services for tribal children.
 - Sault Tribe Detention Center for juveniles.
 - Keweenaw Bay Indian Community for direct tribal Title IV-E agreement and IV-D Memorandum of Understanding.
 - Little Traverse Bay Band of Odawa Indians for tribal Title IV-E agreement Memorandum of Understanding.
 - Grand Traverse Band of Ottawa and Chippewa Indians for juvenile justice boys' and girls' residential treatment.
 - Inter-tribal Council of Michigan for Community Service Block Grant and Infant Safe Sleep initiatives.
 - Michigan Indian Legal Services for Tribal Community Service Block Grant programming.
 - Little River Band of Ottawa Indians for Tribal Community Service Block Grant programming.

Progress in 2015

- MiSACWIS American Indian/Alaska Native Data Reports were created and disseminated to each of the 12 Michigan tribes on a quarterly basis.
- A data clean-up process for quality assurance of American Indian/Alaska Native Data Reports was created between tribes, Native American Affairs, and Child Welfare Field Operations to ensure accurate Indian Child Welfare Act cases on the data report.
- A Title IV-E Summit Meeting was held with Michigan Tribes in May.
- New Contracting:
 - Chafee Youth in Transition Agreements with five Michigan tribes.
 - Families First of Michigan family preservation programs that serve seven of 10 reservation communities. Tribal representatives participated in the bid ratings.
- An APSR Feedback Form on compliance with the Indian Child Welfare Act factors was disseminated to obtain anonymous goal feedback from Michigan tribes.

Progress in 2016

- In collaboration with Michigan tribes, the Michigan Indian Family Preservation Act

amendments were made in May 2016 (MCL 712B. 1 – 41).

- Tribal consultation occurred pertaining to MDHHS utilizing tribally licensed foster homes.
- A list of tribally licensed homes was posted on the Native American Affairs website for MDHHS, private agency foster care, and tribal placement searches.
- MDHHS provided child and adult welfare services for Keweenaw Bay Indian Community from June 2016 to October 2016 pursuant to state-tribal agreement.

Progress in 2017

- MDHHS Director Nick Lyon instituted the Annual MDHHS Tribal-State Forum for consultation with tribal leaders, tribal social service and health staff which included all MDHHS bureau directors, CSA leadership and MDHHS child welfare, adult services, and health tribal liaisons.
- MDHHS transitioned the child welfare training system from the Juvenile Justice Online Training to the Cornerstone learning management system and tribes were granted access.
- The Indian Child Case Review was conducted using tools created in collaboration with tribes.
- DCQI and Native American Affairs created an APSR webinar and survey to conduct collaboration with Michigan tribes and county staff on tribal consultation progress.
- Michigan demonstrated a reduction in the number of ICWA appeals from 2016 – 2017, as reported between February 2017 and February 2018. The court indicated that there were 6 contested cases in total compared to 13 cases in 2016.

Progress in 2018

- An amendment to the Michigan Child Protection Law was drafted in collaboration with Michigan tribes adding tribes as entities eligible under certain situations to obtain CPS case file information, enacted June 4, 2018.
- NAA provided 12 Michigan tribes with bi-monthly American Indian/Alaska Native Data Reports for their respective tribal children in foster care.
- Keweenaw Bay Indian Community direct Title IV-E claims were completed based upon state-tribal agreement negotiations.
- Tribal consultation sessions occurred August – December with the Michigan Governor's Office and Michigan tribes pertaining to release of CPS information to tribes.
- A Supervisory Control Protocol – Tribal to address 2018 CPS audit findings was created in collaboration with Michigan tribes to assist MDHHS supervisors with identifying timely and thorough CPS worker activities.
- A CPS Investigation Flow Chart was developed in collaboration with Michigan tribes.
- Title IV-E Claiming Agreement consultation occurred with the Hannahville Indian Community.
- Child Care Fund consultation occurred pertaining to Senate Bill 519 and 520 (State Pays First).
- Family First Preservation Services Act consultation occurred.

- Tribal consultation regarding CPS Centralized Intake occurred in July 2018 regarding updating tribal contacts for the Centralized Intake Tribal Protocol to ensure tribal complaints reach the appropriate tribal staff.
- The second annual Tribal-State Forum with the MDHHS director and Michigan tribes occurred.
- Chafee Youth in Transition Agreements were updated and disseminated to Michigan tribes for feedback and/or signature; these incorporated Family First Preservation Services Act extended age for services and human trafficking requirements.

2015-2019 Tribal Consultation Goals

Goal: MDHHS will ensure compliance with the Indian Child Welfare Act statewide.

- **Objective 1:** MDHHS will increase the number of children identified as American Indian/Alaska Native (AIAN) at the onset of cases statewide.
Measures: MiSACWIS data on Indian heritage and the Quality Assurance Compliance Review (QACR) Sufficient inquiry of Native American Heritage.
Benchmarks:
 - **2015:**
 - QACR: data not available.
 - MiSACWIS: data inconclusive.
 - **2016:**
 - QACR: 88%
 - MiSACWIS: Of 230 AIAN youth placed in foster care, 60 percent (138) indicated that tribes intervened in state court, and 40 percent (91) of tribes did not intervene, or no data was recorded for tribal intervention.
 - **2017:**
 - QACR: 100%
 - MiSACWIS: 69%
 - Indian Child Case Review: Initial findings demonstrate that the majority of cases include a proper notification of a preliminary Indian child custody proceeding. Proof of mailing and subsequent hearing notices were not found in the majority of paper case files.
 - **2018:**
 - QACR: 95%
 - MiSACWIS: Of the 345 AIAN youth placed in foster care in 2018, 110 records are missing tribal inquiry data and 124 are missing tribal verification data; however, a tribe has been identified and a tribal status start date is associated with the child record; ongoing monthly MDHHS quality assurance of Michigan Indian Foster Care Data Reports occurred in collaboration with tribes in 2018 (area needing improvement).
- **Objective 2:** MDHHS will ensure the notification of Indian parents and tribes of state proceedings involving Indian children and will inform them of their right to intervene in the proceeding.
Measures: MiSACWIS; QACR.

- **2015:**
 - MiSACWIS: data inconclusive.
 - QACR: data not available.
 - QACR: 100%.
 - **2016:**
 - QACR: 100%.
 - **2017:**
 - QACR: data not available.
 - Indian Child Case Review: Initial findings demonstrate that the majority of cases included proper notification of a preliminary Indian child custody proceeding. Proof of mailing and subsequent hearing notices are not found in the majority of paper case files.
 - MiSACWIS: 76%.
 - **2018:**
 - QACR: 75%
 - MiSACWIS: 124 MiSACWIS ICWA records of the 346 ICWA cases in 2018 are missing tribal verification data pertaining to notice of a child custody proceeding and legal timeframes; however, a tribe is identified, and a tribal status start date is cited and associated with the child record (area needing improvement).
- **Objective 3:** MDHHS will ensure that placement preferences for Indian children in foster care, pre-adoptive and adoptive homes are followed.
Measures: MiSACWIS; QACR.
Benchmarks:
 - **2015:**
 - MiSACWIS: data inconclusive.
 - QACR: data not available.
 - **2016:**
 - MiSACWIS: 100%
 - QACR: 100%
 - **2017:**
 - QACR: data not available.
 - MiSACWIS: 97%
 - Indian Child Case Review: Initial findings of paper case file reviews demonstrate that the majority of youth are placed in parental or relative homes.
 - **2018:**
 - QACR: 75%
 - MiSACWIS: 345 case records of the 345 Indian children placed in foster care in 2018 reflect tribally approved placements and 345 Indian children are in ICWA placement preference homes; see chart below (satisfactory).
- **Objective 4:** MDHHS will ensure that active efforts are made to prevent the breakup of the Indian family when parties seek to place an Indian child in foster care or adoption.

Measures: MiSACWIS; QACR.

Benchmarks:

- **2015:**
 - MiSACWIS: data inconclusive.
 - QACR: data not available.
 - **2016:**
 - QACR: 100%.
 - MiSACWIS: 100%.
 - **2017:**
 - QACR: data not available.
 - MiSACWIS: 100%.
 - Indian Child Case Review: Initial findings of paper case file reviews demonstrate active efforts were made. Furthermore, the overall quality of case documentation and teaming regarding active efforts is optimal when tribes are collaborating on cases.
 - **2018:**
 - QACR: 75%
 - MiSACWIS: Of the 345 Indian child welfare cases, in 100% of cases, the court determined that active efforts were made to prevent the breakup or to reunify the Indian families (satisfactory).
- **Objective 5:** MDHHS will provide timely notification to the child's tribe of its right to intervene in any state court proceedings seeking an involuntary placement or termination of parental rights of Indian children.

Measures: MiSACWIS; QACR.

- **2015:**
 - MiSACWIS: data inconclusive.
 - QACR: data not available.
- **2016:**
 - MiSACWIS: Of the 230 AIAN youth placed in foster care, 60% (138) of cases indicated that tribes intervened in state court, and 40% (92) did not intervene in court, or no data was recorded for tribal notification.
 - QACR: 100%
- **2017:**
 - QACR: data not available.
 - MiSACWIS: 76%
 - In 12 of the 319 Indian child welfare cases in 2017, tribes requested transfer to tribal agency/court in state court.
 - Indian Child Case Review: Initial findings of the majority of paper case file reviews indicate proper notice of a child custody proceeding was mailed but proof of mailing was not found in the paper file.
- **2018:**
 - QACR: data not available.
 - MiSACWIS: 124 MiSACWIS ICWA records of the 345 ICWA cases in 2018 are missing tribal verification data pertaining to notice of a child custody

proceeding and legal time frames, however a tribe is identified and associated with the child record (area needing improvement).

For more information on child welfare services in tribal communities, please visit www.michigan.gov/americanindians.

JOHN H. CHAFEE FOSTER CARE PROGRAM FOR SUCCESSFUL TRANSITION TO ADULTHOOD

Service Description

MDHHS administers, supervises and oversees the John H. Chafee Foster Care Program for Successful Transition to Adulthood, formerly the Chafee Foster Care Independence Program. Chafee goals are addressed through Michigan's Youth in Transition program. Youth in Transition provides support to young people in foster care and increases opportunities for those transitioning out of foster care through collaborative programming in local communities. Independent living preparation is required for all young people in foster care ages 14 and older, regardless of their permanency goal. MDHHS continues active collaboration with young people in planning and outreach.

MDHHS allocates funds to counties for independent living services for all young people aging out of foster care. Counties can contract with private agencies or provide funds for services. Payments can include:

- First month rent.
- Security deposit.
- Utilities.
- Car repair.
- Daycare.
- Preventive services.
- Mentoring.
- Securing identification cards.
- Participation in support groups and youth advisory boards.
- Vehicle insurance.
- Housing startup goods.
- Startup items and supplies for new infants.

Coordination with Other Federal and State Programs

MDHHS continues to coordinate with other federal and state programs for youth, including transitional living programs funded under Part B of the Juvenile Justice and Delinquency Prevention Act of 1974, in accordance with Section 477(b)(3). The eligibility criteria for Chafee-funded services are documented in MDHHS foster care policy. Young people that meet the criteria for Chafee-funded services are eligible, regardless of race, gender or ethnic background. A youth who has or had an open juvenile justice case and is placed in an eligible placement under the supervision of MDHHS is eligible for Chafee funded goods and services. As foster care

caseworkers, juvenile justice specialists are offered all training opportunities regarding services under the Chafee Foster Care Program.

MDHHS provides oversight to the programs and agencies providing direct services and support to children through the Education and Youth Services Unit, which is responsible for ensuring services meet federal requirements and are provided to all eligible young people. Education and Youth Services staff oversees contracting for Chafee services and ensures agencies comply with contractual obligations.

Michigan is committed to ensuring all allocated Chafee funds are provided to eligible youth and facilitating disbursements of funds to counties for goods and services. This budget line is reviewed at regular intervals to identify spending patterns and align funds with areas of need. Young people leaving foster care due to adoption or guardianship at 16 years and older are eligible for higher education financial aid (Education and Training Vouchers, Tuition Incentive Program, Pell Grant, Fostering Futures Scholarship); and at age 18, those young people are eligible for all Chafee-funded goods and services.

The Michigan Youth Opportunities Initiative is a partnership with the Jim Casey Foundation that was created to improve outcomes for young people transitioning from foster care to adulthood. It brings together community members, public and private agencies and resources critical to the success of young adults transitioning from the foster care system. Michigan Youth Opportunities Initiative programming is offered in 64 counties.

John H. Chafee Foster Care Program Five-Year Summary Progress in 2014

Youth Participation in Improving Foster Care

- A youth representative was included on the MDHHS Health Advisory and Resource Team (HEART).
- Youth were included in the focus group for Lesbian, Gay, Bi-Sexual, Transgender and Questioning draft policy.
- Monthly youth board meetings were held in the state's 35 Michigan Youth Opportunities Initiative sites.
- Youth from Oakland County were invited to speak to policy makers and child welfare administrative staff at the second annual Kids Speak event.
- Youth were invited to speak at local foster parent PRIDE training and Child Welfare Training Institute to new services workers.
- Youth were invited to foster parent and adoptive parent recruitment events offered through the Faith-Based Coalition and the Permanency Forums.
- Youth were invited to speak to community partners to increase awareness of their experiences in foster care.

Serving Youth of Various Ages and States of Achieving Independence

- Youth ages 14 and older were involved in the development of their service plan and participate in quarterly case planning.

- Beginning at age 16, youth participate in semi-annual transition meetings to discuss their permanency goal, identify needs, resources and adults to support them when the agency is no longer involved. Transition plans cover all areas of a youth’s needs, including housing, relationships, independent living skills, education and employment.
- MDHHS modified specialized independent living services to Independent Living Plus, which includes youth-identified goals and services and performance measures.
- Michigan had 11 post-secondary institutions that offer campus-based support programs for youth that have experienced foster care and are attending college. Of these, seven institutions have contracts with MDHHS to provide independent living skills coaches to participating youth.

Progress in 2015

Serving Youth across the State

- Work groups met to review requirements in the federal legislation “The Preventing Sex Trafficking and Strengthening Families Act.”
- Child welfare policy was updated to include requirements of this legislation.
- The DHS-5355 form was developed to provide a conversation guide for caseworkers when youth are located after being absent without legal permission.
- MiSACWIS added capacity for reporting information on trafficking victims, improving tracking for federal reporting.
- MDHHS staff participated in the Human Trafficking Health Advisory Board.
- Human Trafficking was the subject in several trainings and conferences.
- The Office of Workforce Development and Training offers a course on Human Trafficking. In 2015, 117 services specialists participated in this course.
- A computer-based training on human trafficking was made available through the Office of Workforce Development and Training. In 2015, 138 services specialists were trained.
- In 2015, the Ruth Ellis Center, a residential program for LGBTQ youth in Wayne County began providing Family Group Decision-Making services, which coordinates family groups to support youth in residential care.
- The Adoption Worker Conference offered a session at their annual conference on working with LGBTQ youth in which participants learned about evidence-based practices to increase health and safety for youth in care who identify as LGBTQ.
- The Education and Youth Services Unit worked with agencies providing homeless youth/runaway services to identify training opportunities to improve services to youth who are survivors of human trafficking and those who identify as LGBTQ.
- The Strengthening Our Focus Advisory Council added LGBTQ youth as a subcommittee of the MiTEAM/CQI Committee to assess policy and practice needs for this population.
- The Foster Care and Licensing Worker Summit offered a session on working with LGBTQ youth in which participants learned about evidence-based practices to increase health and safety for youth in care who identify as LGBTQ.

Opportunities to Engage in Age or Developmentally Appropriate Activities

- The Foster Child Bill of Rights and Prudent Parent Standard policies and forms were modified to ensure foster children and youth and foster caregivers are informed of

Prudent Parent Standards supporting foster youth participation in social, extracurricular, enrichment and cultural activities.

- The Michigan Youth Opportunities Initiative provided advanced leadership and advocacy training to 14 young people in the first Youth Leadership Institute.
- Policy updates were finalized in 2015 that increases financial assistance for insuring vehicles owned by youth and includes startup funds for youth who have had a baby.

Personal and Emotional Support to Youth Aging out of Foster Care

- In 2015, contracts for mentoring services were awarded in three counties to provide personal support to youth currently or previously in foster care in areas they identify as a priority. The contract was posted a second time in 2015 to identify additional providers in areas not yet covered by a mentor contract.
- In January 2016, a fourth provider was awarded a contract to provide mentoring supports to youth in foster care and in June 2016 a fifth provider was awarded a contract.

Progress in 2016

Youth Participation in Improving Foster Care

- A focus group of youth leaders from the Michigan Youth Opportunities Initiative, public and private child welfare staff, Fostering Success Michigan and Michigan's Children were invited to assess the outcomes and services information provided through the National Youth in Transition Database submissions.
- The Education and Youth Services unit invited youth leaders from the Michigan Youth Opportunities Initiative and private agency partners to participate in a focus group to identify key questions to be answered by National Youth in Transition Database data and to identify areas of strength and existing gaps in data and services.
- National Youth in Transition Database data was shared at a youth board meeting consisting of several youth and the Michigan Youth Opportunities Initiative coordinator.
- National Youth in Transition Database data and trends were shared during the Michigan Youth Leadership Advocacy Summit to an audience consisting of youth who have experienced foster care, child welfare workers, staff from Michigan's Children, Michigan Department of Education, Casey Youth Opportunities Initiative, Fostering Success Michigan, and post-secondary institutions. Youth were asked to provide input as to their priorities using the data and ways to improve outcome survey collection.
- The Strengthening Our Focus Advisory Council added LGBTQ youth as a subcommittee of the MiTEAM Continuous Quality Improvement Committee to assess child welfare policy and practice needs for this population. This subcommittee will:
 - Obtain a comprehensive understanding of the needs of this population.
 - Identify gaps in MDHHS child welfare policy, practice, protocols and services for youth and families.
 - Review available best practices from research, advocacy organizations and other states.
 - Implement policy, practice, protocols and programs to improve safety, permanency and well-being for this population

Program Support

- Education policy was updated to include the requirement for caseworkers to provide education documentation to the caregivers within 14 days of placement.
- In preparation for the foster care provisions in the Every Student Succeeds Act of 2015, an Education point-of-contact was identified in each county. This person serves as the county's liaison with their local school districts and a resource to child welfare staff in their geographic area on education issues.

Collaboration with Other Private and Public Agencies

- The Education and Youth Services Unit worked with private agencies providing homeless youth/runaway services to identify training opportunities to improve contracted services to youth who are survivors of human trafficking and those who identify as LGBTQ. This training will be included in the next contract series.

Progress in 2017

Collaboration with Other Private and Public Agencies

- The Education and Youth Services unit and Michigan Youth Opportunities Initiative partnered with Jobs for Michigan's Graduates to improve education and employment outcomes for youth experiencing foster care and juvenile justice in Berrien, Wayne and Genesee counties. Jobs for Michigan's Graduates was awarded a grant from the Annie E. Casey Foundation to work with youth from child welfare over the next three years.

Opportunities to Engage in Age- or Developmentally Appropriate Activities

- Youth participating in the Michigan Youth Opportunities Initiative were offered monthly training regarding development of age-appropriate independent living skills in employment, education, financial competency and health. Many Michigan Youth Opportunities Initiative programs included pregnancy prevention and reproductive health as frequent training topics to all participants.

Youth Participation in Improving Foster Care:

- Youth participating in the Michigan Youth Opportunities Initiative and initiative coordinators receive training in safe and strategic sharing to reinforce young people's confidence and comfort in voicing their message.

Program Support

- The Foster Care and Licensing Worker Summit offered a session in which participants learned about evidence-based practices to increase health and safety for young people in care who identify as LGBTQ.
- Technical support and training were offered to Michigan Youth Opportunities Initiative sites to increase participation and service delivery with equitable opportunities for all youth.
- All Michigan Youth Opportunities Initiative sites were provided with demographic data of enrolled youth to assist development of programming.
- Staff from Wayne and Genesee counties attended a Race Equity Design Lab sponsored

by the Annie E. Casey Foundation to begin assessment of young people enrolled in the Michigan Youth Opportunities Initiative about disparities in race and gender.

- Technical assistance was offered to Wayne and Genesee counties from the Annie E. Casey Foundation in preparation for the training.
- Michigan Youth Opportunities Initiative staff received training on the needs of young people identifying as LGBTQ to support their understanding of diversity and inclusion.
- The Education and Youth Services analyst collaborated with the Federal Compliance and Child Welfare Funding Unit to providing training to local caseworkers on policy and payment for the Young Adult Voluntary Foster Care program.
- Technical assistance was offered to local child welfare offices to resolve barriers to timely enrollment and processing payments to youth in the Young Adult Voluntary Foster Care program.
- The education analyst co-presented six webinars with the Michigan Department of Education. The webinars were offered to all education planners, MDHHS education points-of-contact and school district foster care liaisons. The webinars provided guidance and instruction in the provisions of Every Student Succeeds Act of 2015.
- A communication memo was released to child welfare staff statewide with education policy updates, including changes to school transportation responsibilities and payment.
- The education analyst presented information on the new education requirements on monthly child welfare supervisor phone calls.
- The Michigan Department of Education hired a state foster care consultant, as required by the Every Student Succeeds Act, with whom the MDHHS education analyst collaborated to continue training child welfare and education staff across the state.

Progress in 2018

Serving Youth of Various Ages and States of Achieving Independence

- MDHHS collaborated with 13 post-secondary institutions with campus-based supports for young people in foster care who are attending college.
 - Of these, 10 institutions have contracts with MDHHS to partner independent living skills coaches with participating youth.
 - In the remaining three colleges, MDHHS provides an employee on campus to be a liaison and support person to students in foster care.
- The total number of ETV awards for the 2018-2019 school year was 467.
- Subsequent to the federal legislation of the Family First Preservation Services Act, Michigan expanded supports and services to youth in the following ways:
 - Supports and services funded through the Chafee program are available until an eligible youth's 23rd birthday.
 - Education and Training Vouchers are available until an eligible youth reaches their 26th birthday.
- Michigan Youth Opportunities Initiative programming was initiated in 2003 in two sites. It has expanded over time and is now offered in every county through the allocation of 43 Michigan Youth Opportunities Initiative Coordinator positions.
- Education planners served youth in 48 counties. In counties that did not have an allocated education planner, a staff is identified as an education point-of-contact. Per

the Every Student Succeeds Act, this person serves as a liaison for the local education agency when there are questions concerning a student who is in foster care.

- MDHHS has five contracts to provide mentoring supports to older youth in four of the five BSCs.
- Independent Living Skills Coach contracts with institutions of higher education provide supportive mentors to college students who request them.
- Chafee-eligible youth participated in the annual Teen Conference, a two-day event that focuses on independent living skills and topics of importance to older youth in foster care.

Youth Participation in Improving Foster Care:

- Youth participated in advocacy and outreach through:
 - Foster parent PRIDE training.
 - Child Welfare Training Institute panels.
 - Kids Speak events for legislators and policy makers.
 - Community partnership meetings.
 - Permanency Forum.
 - Caseworker Conference.
 - Providing information related to education supports by serving as Education Liaisons with their local youth boards.
 - MDHHS workgroups including:
 - Health Advisory and Resource Team.
 - LGBTQ workgroup.
 - CFSR Focus Group.

Training in Support of the Goals and Objectives of the Chafee Program

- Regional and county office trainings were held on the policies, procedures and benefits of accessing Youth in Transition funding for older foster youth.
- The learning management system provided trainings in special interest areas, including working with youth who identify with diverse sexual orientation and gender identities, human trafficking and education needs of youth in foster care.
- Michigan received a grant from National Quality Improvement Center on Tailored Services, Placement Stability and Permanency for Lesbian, Gay, Bisexual, Transgender, Questioning and Two Spirit Children and Youth in Foster Care (QIC-LGBTQ2S) to implement a pilot in Wayne, Oakland and Macomb counties to:
 - Implement safe and confidential sexual orientation and gender identity data collection.
 - Engage in effective community, group, family and individual services through interventions identified as promising practices.
 - Increase placement stability supports to children, youth and caregivers, including birth families in reunification situations.
 - Enhance knowledge, competence and responsiveness for youth who identify with diverse sexual orientations and gender identities by agency staff, caregivers, and service providers.

Coordination with Other Federal and State Programs

- MDHHS collaborated with other state agencies, including SCAO, Department of Treasury, Department of Education, Michigan State Housing Development Authority, and others to ensure the needs of older youth experiencing foster care are identified.

Planned activities are described in the CFSP 2020-2024/APSR 2020.

EDUCATION AND TRAINING VOUCHERS PROGRAM

Service Description

The Education and Training Vouchers Program is a state-administered program implemented through a contract with Samaritas of Michigan since 2006. Samaritas maintains an online database and website that streamlines the application process. Education and Training Vouchers staff complete 50 outreach activities each year, including training, webinars and mass mailings. Samaritas tracks utilization of vouchers on each youth's award and education history. This database ensures a youth is never awarded more than \$5,000 in one fiscal year, per policy.

Education and Training Vouchers for Unaccompanied Minors

In 2013, MDHHS began including unaccompanied refugee minors in the Education and Training Vouchers Program. The Education and Training Vouchers staff works closely with the Office of Refugee Services to ensure that young people are aware of the program and application process.

- In 2015, 67 unaccompanied refugee minors were awarded Education and Training Vouchers.
- In 2016, 56 unaccompanied refugee minors were awarded vouchers.
- In 2017, 38 unaccompanied refugee minors were awarded vouchers.

Education and Training Vouchers for Tribal Youth

All tribal human services directors are sent Education and Training Vouchers materials and provided technical assistance if needed or requested. MDHHS participates in quarterly Tribal State Partnership meetings that include tribal human services directors to discuss availability and access of tribal youth to Education and Training Vouchers.

Education and Training Vouchers Awarded

	Total ETVs Awarded	New ETVs
2015-2016 School Year (July 1, 2015 to June 30, 2016)	519	192
2016-2017 School Year (July 1, 2016 to June 30, 2017)	436	166
2017-2018 School Year (July 1, 2017 to March 31, 2018)	408	165

2017-2018 School Year, estimated (July 1, 2017 to June 30, 2018)	460	190
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SERVICE DESCRIPTION - TITLE IV-B(1) FUNDS

Title IV-B(1) Service Description - Stephanie Tubbs Jones Child Welfare Services

Michigan’s Title IV-B(1) funding is used for child welfare services, including:

- Children’s Protective Services, described in Michigan’s Child Abuse Prevention and Treatment Act (CAPTA) 2020 Annual Update.
- Crisis intervention – Family Preservation Services.
- Prevention and Family Support Services.
- Time-Limited Family Reunification Services.
- Foster Family and Relative Care Maintenance services

The services funded by Title IV-B(1), continued throughout 2015-2019 without changes.

SERVICE DESCRIPTION - TITLE IV-B(2) FUNDS

Strong Family/Safe Children, funded by Title IV-B(2), continued throughout 2015-2019 with the following changes due to the Family First Prevention Services Act of 2018:

- Family Support Services eligibility was extended to foster and adoptive parents.
- Eligibility for Family Reunification services was amended in March 2019 to serve parents or primary caregivers who are responsible for the care and supervision of minor child(ren) and who have a MDHHS supervised case in out-of-home placement, with family reunification as the goal.
- The time limit for Family Reunification services while a child is placed out of their home was eliminated, and the time limit for services after return of a child to their home was expanded to fifteen months following reunification.

Title IV-B(2) Service Description - Strong Families/Safe Children

Strong Families/Safe Children, Michigan’s Title IV-B(2) program, requires collaborative planning among local human services and other child welfare stakeholders. Community groups, in partnership with MDHHS local offices, assess local resources and gaps in services, develop annual service plans and recommend contracts for community-based service delivery. The program is statewide. Title IV-B(2) services are described below under the required categories:

- Family Preservation – Placement Prevention.
- Family Support Services.
- Time-Limited Family Reunification Services.
- Adoption Promotion and Support Services.

Title IV-B(2) Family Preservation - Placement Prevention Services

These include services to help families at-risk or in crisis, including:

- Alleviating concerns that may lead to the out-of-home placement of children.
- Maintaining the safety of children in their own homes when appropriate.
- Providing support to families to whom a child has been returned from placement.
- Supporting families preparing to reunite or adopt.
- Assisting families in obtaining culturally sensitive services and supports.

Services are targeted to parents or primary caregivers with children who have an open foster care, juvenile justice or CPS category I, II or III case. Services in 2017 and 2018 include:

- Parenting education.
- Parent aide.
- Wraparound coordination.
- Families Together Building Solutions.
- Crisis counseling.
- Flexible funds for individual needs.

Title IV-B(2) Family Support Services

Family support services promote the safety and well-being of children and families in the following ways:

- Increase family stability.
- Increase parenting confidence, resilience and supportive connections.
- Help support and retain foster families (Public Law 115-123 of 2018, Section 50751).
- Provide a safe, stable and supportive family environment.
- Strengthen and promote healthy relationships.
- Enhance child development.

Family support services are provided to parents and primary caregivers (including adoptive, foster and extended) who have:

- An open foster care, juvenile justice or CPS category I, II or III case.
- A child welfare case that has closed in the past 18 months.
- A CPS investigation in the past 18 months.
- Three or more rejected CPS complaints.

The services provided include:

- Home-based family strengthening and support services.
- Parenting education/life skills.
- Parent aide.
- Families Together Building Solutions.
- Mentoring programs for young people and their families.

Title IV-B(2) Family Reunification Services

Eligibility for Family Reunification services was amended in March 2019 to serve parents or

primary caregivers who are responsible for the care and supervision of minor child(ren) and who have a MDHHS supervised case in out-of-home placement, with family reunification as the goal. Services provided under the Family Reunification services category include:

- Individual, group and family counseling.
- Substance use disorder treatment and recovery.
- Mental health services.
- Services to address domestic violence.
- Therapeutic clinical interventions for families.
- Transportation to and from family reunification services.
- Wraparound coordination.
- Supportive visitation/parenting time support services.
- Parent Partners peer mentoring.
- Flexible funds for individual needs.

The elimination of the time limit for Family Reunification services while a child is placed out of their home, and the expanded time limit for services after return of a child to their home will enhance the availability of long-term assistance to families and allow realistic time frames for readjustment and transition of children back into the care of their families. The expanded time frame for service provision after a family reunification will increase support to birth families and may help address long-term effects of trauma and foster care placement, leading to improved outcomes and child and family well-being.

Title IV-B(2) Adoption Promotion and Support Services

Services that encourage adoption from the foster care system include pre- and post-adoptive services that expedite the adoption process and support adoptive families. Services are targeted to adoptive and potential adoptive parents of minor children adopted through Michigan's foster care system. Services provided in 2017 and 2018 include:

- Adoptive family counseling and post-adoption services.
- Relative caregiver support services.
- Wraparound coordination.
- Foster and adoptive parent recruitment and support services.

Michigan treats foster and adoptive family recruitment and support as an allowable activity under the Adoption Promotion and Support services category because it is recognized that permanent or adoptive homes for children often come from the stability of a foster family.

SERVICE DECISION-MAKING PROCESS FOR FAMILY SUPPORT SERVICES

Michigan allocates Title IV-B(2) funds annually to all 83 counties for community-based collaborative planning and delivery of family preservation, family support, time-limited reunification and adoption promotion and support services. Michigan's program includes local groups in service planning to ensure that services fit the needs of the community and can be

individualized. Stakeholder groups include representatives from:

- Michigan Department of Education.
- Local and regional schools.
- Public and private service organizations.
- The medical community.
- Mental and behavioral health service providers.
- Courts.
- Parents.
- Consumers.

The program design maintains community-based assessment, selection and delivery of Title IV-B(2) services. Service planning and delivery reflect the service principles identified in federal regulations at 45 CFR 1355.25. The decision-making process for the above community-based services continued throughout 2015-2019.

JUVENILE JUSTICE PROGRAMS

In 2018, MDHHS Juvenile Justice Programs continued its administration of state and federal grants. Juvenile Justice Programs continued to write policy for State of Michigan juvenile justice case managers and public and private, contracted juvenile justice residential treatment facilities. Juvenile Justice Programs also continued to 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.

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 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. The residential facilities operate at the secure level and include 24-hour, seven days per week staff supervision.

The 23 private contracted juvenile justice residential facilities include both secure and non-secure placements, and provide services including general residential, sexually reactive, mental health and behavioral stabilization, substance abuse rehabilitation, and developmentally disabled/cognitively impaired programming.

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. Juvenile Justice Programs also provides re-entry services to adjudicated youth with disabilities through Michigan Rehabilitation Services. 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 our state. 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.

Juvenile Justice Programs continues to hold improved data collection and integration as a top priority that supports juvenile justice and child welfare services. Data will be used to develop a continuous quality improvement process.

Goal: MDHHS will establish a process to collect and use sexual orientation, gender identity and gender expression information to improve individual placement services to youth.

- **Status:** Juvenile Justice Programs fully incorporated a formal process within field and residential policy for interviewing youth, collecting data, and using data to inform decision making.

Goal: To ensure a universal statewide tool is utilized across the state for courts to administer and assess young people as they enter the juvenile justice system.

- **Status:** Juvenile Justice Programs continues to work with the Mental Health Diversion Council to implement a statewide risk assessment tool, the Michigan Juvenile Justice Assessment, with access to the online tool for local courts. All MDHHS juvenile justice caseworkers and public and private contracted residential workers utilize the risk assessment tools and document the results in MiSACWIS.

Planned activities for 2020 are described in the CFSP 2020-2024/APSR 2020.

JUVENILE JUSTICE TRANSFERS

The number of young people adjudicated as delinquent wards and the number that were dual wards though the period 2015-2019 is below.

Year	Number of youths adjudicated	Number of dual wards
2014	203	Not available
2015	103	225
2016	89	192
2017	116	179
2018	139	189

The juvenile justice system in Michigan is decentralized, with each county responsible for its juvenile delinquent population. County courts may refer a youth to MDHHS for delinquency care and supervision as a temporary delinquent court ward under the Social Welfare Act, 1939 PA 280 or commit the youth as a public ward under the Youth Rehabilitation Services Act, 1974 PA 150 as dispositional options under the Probate Code, 1939 PA 288.

Juvenile Supervision in Michigan

In Michigan, most youth in the juvenile justice system remain the responsibility of the local court. Some who have had open foster care cases enter the juvenile justice system and remain under court supervision. The state does not have access to the case management systems used by court programs; therefore, determining the number of dual wards is challenging.

Goal: MDHHS will work collaboratively with the county courts to improve data collection.

- **Status:** Juvenile Justice Programs continues participation in a statewide work group formed by county family courts called Juvenile Justice Vision 20/20.

SERVICES FOR CHILDREN ADOPTED FROM OTHER COUNTRIES

Throughout the period 2015-2019, MDHHS continued providing services to children adopted from other countries as described below.

In Michigan, the provision of services to facilitate inter-country adoptions falls exclusively within the purview of licensed private adoption agencies. Adoption agencies licensed in Michigan to provide inter-country adoption services have an agreement with the foreign country that specifies the responsibilities of the agency in completing adoptions.

Michigan has oversight of children adopted from other countries once they enter into Michigan’s custody due to a disrupted or dissolved adoption. Michigan tracks disrupted and dissolved adoptions through MiSACWIS.

Children adopted from other countries are entitled to the full range of services as are all children in Michigan. These include family preservation and family reunification services and local services for pre- and post-adoptive families experiencing a risk of adoption disruption or dissolution.

Supporting the Families of Children Adopted from Other Countries

Private agencies that provide services for international adoptions are licensed as child-placing agencies and held to Michigan's licensing rules for adoption. The Division of Child Welfare Licensing performs on-site reviews and investigates alleged rule violations. Adoption assistance programs provide permanency for children with special needs who are adopted from foster care. As a result, the statutory requirements for eligibility reflect the needs of children in the child welfare system and are difficult to apply to children adopted from other countries. The statute does not categorically exclude these children from participation in adoption assistance programs; however, it is highly improbable that children adopted abroad by U.S. citizens or brought into the United States from another country for adoption will meet the eligibility criteria in federal and state law.

Planned Activities to Support Children Adopted from Other Countries

MDHHS provides post adoption services through eight regional Post-Adoption Resource Centers. Participation is voluntary and free of charge. The Post Adoption Resource Centers are designed to support families who have finalized adoptions of:

- Children from the Michigan child welfare system.
- Children adopted in Michigan through an international or a direct consent/direct placement adoption.
- Children who have a Michigan subsidized guardianship agreement.

The Post Adoption Resource Centers offer the following services:

- Case management, including short-term and emergency in-home intervention.
- Coordination of community services.
- Information dissemination.
- Education.
- Training.
- Advocacy.
- Family recreational activities and support.
- A website and newsletter about topics relevant to adoptive families, community resources and a calendar of events and training.

ADOPTION AND LEGAL GUARDIANSHIP INCENTIVE PAYMENTS

Adoption and Legal Guardianship Incentive Payments

2015 Adoption Incentive Payments

Michigan received \$458,000 in Adoption and Legal Guardianship Incentive funds from fiscal year 2015.

2016 Adoption Incentive Payments

Michigan received \$4,145,500 in Adoption and Legal Guardianship Incentive funds in 2016.

2017 Adoption and Legal Guardianship Incentive Payments

Michigan received \$644,306 in Adoption and Legal Guardianship Incentive funds from fiscal year 2017.

2018 Adoption and Legal Guardianship Incentive Payments

Michigan did not receive Adoption and Legal Guardianship Incentive funds from fiscal year 2018.

Adoption and Legal Guardianship Incentive Payments

Michigan received a total of \$5,247,806 in Adoption and Legal Guardianship Incentive funds from fiscal year 2015 - 2017. Michigan plans to expend Adoption and Legal Guardianship Incentive funds on the following:

- Contracting with Eastern Michigan University to develop a pre-service training curriculum for Michigan's prospective foster and adoptive parents.
- Expanding the Regional Resource Team in region 1 to build recruitment and retention coalitions in each tri-county, to develop and facilitate community events and ongoing training opportunities per tri-county and to identify, strengthen and develop foster, adoptive and kinship parent support groups.
- Statewide Foster, Adoptive and Kinship Parent conferences to further develop and support Michigan's resource parents.
- Statewide child welfare conferences for CPS, foster care, licensing and adoption workers and supervisors.
- Temporary staffing resources to compile closed adoption records to respond timely to requests from adult adoptees for their foster care and adoption records.
- Four trainings by Michael Sanders for child welfare staff on targeted recruitment efforts for homes for older youth including child-specific recruitment for adoptive families for children available for adoption without an identified family.
- Foster Care Alumni Support Contract to reduce barriers for youth who have transitioned from the foster care system by offering them resources.
- Additional allowable costs/services under Part B and Part E of Title IV of the Social Security Act.

ADOPTION SAVINGS EXPENDITURES

Adoption Savings Expenditures

2016

Adoption savings for FY 2016 were expended on the following:

- Approximately 64 percent of funds were spent on eight Post Adoption Resource Center contracts.
- Approximately 7 percent funded services for adoptive families through a contract with the Adoptive Family Support Network (Parent-to-Parent services).
- Approximately 29 percent of savings funded 'hold harmless' residential rates.

2017

Adoption savings for FY 2017 were expended on the following:

- Approximately 70 percent of funds were spent on eight Post Adoption Resource Center contracts.
- Approximately 5 percent funded services for adoptive families through a contract with the Adoptive Family Support Network (Parent-to-Parent services).
- Approximately 24 percent of savings funded 'hold harmless' residential rates.

2018

Michigan is in the process of resubmitting the FY 2018 Adoption Savings Procedure and Expense Tracking.

2019

Michigan plans to expend future Adoption Savings Expenditures on the following:

- Services to adoptive families:
 - Post Adoption Resource Centers.
 - Contracts with the Adoptive Family Support Network for Parent to Parent services.
 - Expanded Medical Subsidy Services.
- Additional allowable costs/services under Part B and Part E of Title IV of the Social Security Act.

Michigan does not foresee any challenges in accessing and spending future Adoption Savings funds.

MONTHLY CASEWORKER VISIT DATA AND FORMULA GRANT

Through the period from 2015 to 2019, Michigan continued to improve the rate of children in foster care visited by their caseworker every month, exceeding the federal goal. Michigan used the federally approved sampling methodology on monthly caseworker visits. The target and Michigan's performance for the percentage of children visited each month by fiscal year is:

- 2015 requirement: 95% - Michigan achieved 96.7%.
- 2016 requirement: 95% – Michigan achieved 97.1%
- 2017 requirement: 95% – Michigan achieved 96.4%
- 2018 requirement: 95% – Michigan achieved 97.4%

Michigan continues to exceed the federal goal of achieving at least 50 percent of the number of monthly visits made by caseworkers to children in foster care occurring in the child's residence. The percentage of children visited in their residence in Michigan is:

- 2015: 73.4%
- 2016: 97.9%
- 2017: 98.0%
- 2018: 98.3%

Maintaining Progress on Monthly Caseworker Visits

Michigan's standard for the frequency of caseworker visits of children in foster care exceeds federal standards. Current foster care policy for caseworker contacts with children in out-of-home placement is as follows:

- The caseworker must have at least two face-to-face contacts per month with the child for the first two months following an initial placement or placement move. The first contact must take place within five business days from the date the case is assigned or within five business days of the placement move. At least one contact each month must take place at the child's placement.
- The caseworker must have at least one face-to-face contact with the child each calendar month in subsequent months. At least one contact each calendar month must take place at the child's placement.
- The caseworker must have weekly face-to-face contacts with the parent(s) and the child in the home for the first month after the child returns home. This period may be extended to 90 days if necessary.
- The caseworker must have two face-to-face contacts with the parent(s) and the child each calendar month in the home for subsequent months after the child has returned home until case closure, unless the family is receiving family preservation services.
- Each contact must include a private meeting between the child and the caseworker.

The topics listed below must be discussed with the child at each visit:

- The child's feelings and observations about the placement.
- Education.
- Parenting time.
- Sibling and relative visitation plans.
- Extracurricular and cultural activities and hobbies since the last visit.
- The child's permanency plan.
- Medical, dental and mental health.
- Any issues or concerns expressed by the child.

Monthly Caseworker Visit Formula Grant Five-Year Summary

Progress in 2015

In 2015, Michigan used the Monthly Caseworker Visit Formula Grant for the following activities:

- Michigan contracted with the Center for the Support of Families to provide technical assistance with the expanded MiTEAM rollout and training in the MiTEAM case practice model. The technical assistance enhanced caseworkers' engagement, assessment, teaming and case planning skills and guided decision-making to enhance safety, permanency planning, well-being and caseworker retention.
- Funds were expended on a contract with the National Council on Crime and Delinquency to conduct a foster care workload study.

Progress in 2016

In 2016, Michigan used the Monthly Caseworker Visit Formula Grant for the following activities:

- **MiTEAM Enhancement and Ensuring Model Fidelity.** MDHHS continued to contract with the Center for the Support of Families. With the center’s help, MDHHS developed a statewide implementation plan for the MiTEAM enhancements that includes virtual learning, practice and application exercises and observation and support. Exercises are conducted in the field to support learning. In 2016, supervisors began piloting the MiTEAM fidelity tool to reinforce caseworker skills and report MiTEAM fidelity trends for local planning. Statewide enhanced MiTEAM implementation began with four regional orientations.
- **Foster Care Workload Study.** Caseworker visit funds were used to contract with the National Council on Crime and Delinquency to conduct a foster care workload study. The final report was issued in January 2016. The report suggested that a small reduction in caseloads would lead to better staff retention and higher quality services. The department is assessing the feasibility of implementing the recommendations. In the interim, the department is conducting the following worker retention efforts:
 - MiSACWIS enhancements and fixes.
 - MiSACWIS training.
 - Parenting time plan.
 - Streamlining policies.
 - Secondary trauma pilot project.

Progress in 2017

In 2017, Michigan used the Monthly Caseworker Visit Formula Grant for the following activities:

- **Center for the Support of Families Contract**
 - Design of the last training modules for the statewide enhanced MiTEAM implementation.
 - Design of the Parallel Steps for management and supervisors on four MiTEAM competencies: 1) Case Planning, 2) Case Plan Implementation, 3) Placement Planning and 4) Mentoring.
 - Addition of modules, application exercises and resources to the MiTEAM Virtual Learning Website.
- **MiTEAM Support Calls.** The enhanced MiTEAM Practice Model was implemented statewide in 2017. Directors, second line managers and supervisors were prepared to lead the process, track implementation, exhibit behaviors consistent with the model and begin local CQI planning. Prior to each training cycle, calls were conducted with management to prepare them for supporting staff during implementation. Support calls were conducted in March and April of 2017 to prepare for the Case Planning and Case Plan Implementation training cycle and in July and August 2017 to prepare for the Placement Planning and Mentoring training cycle. This support assisted efforts to increase engagement of staff and support retention.
- **Safety Conference.** The 2017 MDHHS Child Welfare Safety Conference had nearly 350 participants. Breakout sessions of all programs were designed to help increase worker knowledge, improve the safety of children and help child welfare staff connect with resources across the state. This training assists with staff retention and support.
- **MiTEAM/Domestic Violence.** Funding allowed online modules to be provided to staff in

two BSCs. The training model's approach was based on tracking perpetrator patterns and promoting survivor strengths working in cases of domestic violence. The training promoted effective case practice when working with families experiencing domestic violence.

- **Strength-based Supervisory Training.** The Wayne Together Collaborative Workforce Change Initiative Committee facilitated a countywide training and support activities for all Wayne County MDHHS supervisors in May through August 2017. Sixty-nine supervisors completed the training and coaching calls. Supervisors' skills were enhanced to focus on proactive supervision to improve retention.
- **Employee Engagement.** To address staff turnover and employee morale in Wayne County, in August 2017, Wayne District offices participated in multiple employee engagement activities.
- **Wayne County Home Aides.** In April 2017, Wayne County home aides began providing assistance to Wayne County District offices to provide worker relief in child welfare. Home aides schedule and plan family visits with the primary caretaker, foster parents and assigned specialist. Home aides make contact with foster parents to provide case forms, clothing, materials and other items for foster youth. They also schedule and transport foster youth to/from medical, dental appointments and court hearings, and perform clerical support. With the assistance from home aides, key performance indicators improved for foster care, related to visits and medical and dental exams.

Progress in 2018

There were no expenditures of Monthly Caseworker Visit Formula Grant funds in 2018.

PROTECT MIFAMILY - CHILD WELFARE WAIVER DEMONSTRATION PROJECT

In 2012, MDHHS was granted a waiver under Section 1130 of the Social Security Act to implement a five-year child welfare demonstration project. MDHHS implemented the project, Protect MiFamily, in August 2013 in Kalamazoo, Macomb and Muskegon counties. The target population included families that reside in a participating county with children from birth through age 5 determined to be at high or intensive risk for maltreatment. Both Title IV-E-eligible and non-eligible children may participate.

Protect MiFamily sought to reduce out-of-home placement and repeat maltreatment, while improving parental capacity and child well-being. Contracts were awarded to engage families in an enhanced screening, assessment and in-home case management model for 15 months, coupled with access to an array of support services.

Protect MiFamily used an experimental research design in which families were referred to treatment and control groups. The treatment group received Protect MiFamily case management and assistance, while services funded through Title IV-B, such as Families Together Building Solutions, Wraparound, parent support groups and parenting skills training were provided to families selected for the control group. Title IV-B funds were used to

maximize the use of flexible Title IV-E dollars in the following ways:

- Participating counties used Title IV-E flexibility to expand secondary and tertiary prevention services to improve outcomes for children and families.
- Services funded through Title IV-B were provided to families selected for the control group, such as Families Together Building Solutions, Wraparound, parent support groups and parenting skills training.
- Title IV-B funded services could also be employed as step-down services, should a family require ongoing support.

The Protect MiFamily project integrated the goals and objectives of the Child and Family Services Plan by:

- Providing evidence-based services.
- Engaging families as partners.
- Improving family functioning.
- Reducing abuse and neglect.
- Keeping children safely in their own homes.
- Improving the well-being of children.
- Implementing continuous quality improvement practices.
- Evaluating program effectiveness on established outcomes.

Project Evaluation

MDHHS contracted with an independent evaluation team to determine the effectiveness of the demonstration from Aug. 1, 2013 through Feb. 28, 2018. The final number of cases enrolled in the evaluation is 1,583 families; of these, 995 cases were in the treatment group and 588 in the control group.

Outcome study highlights:

- Overall, families completing the Protect MiFamily program showed statistically significant improvement in their protective factors across all subscale areas, including the Knowledge of Parenting/Child Development items.
- In subgroup analysis, families completing the full 15 months (6 percent rate of removal) and families completing partial programming (8 percent rate of removal) were less likely to experience a child removal as compared with families in the control group (15 percent rate of removal).
- Eighty-five percent of children who fully completed the program demonstrated statistically significant improvement in well-being from post-assessment or no change in score between pre- and post- assessment.

Process Study Highlights:

- Model Fidelity scores remained relatively stable with positive trends and maintenance of higher scores.
- Family Satisfaction Survey results across all three phases continued to suggest that satisfaction with the program services was positive:
 - Over 92 percent of respondents either agreed or strongly agreed that the project helped their families reach their goals.

- Over 98 percent of respondents agreed or strongly agreed that their Protect MiFamily worker asked for their family’s opinions.
- Over 98 percent agreed or strongly agreed that their Protect MiFamily worker included their comments, ideas and opinions in their service plans.
- Almost 96 percent of respondents either agreed or strongly agreed that their family was getting the services they needed.
- Over 95 percent of respondents agreed or strongly agreed that they knew how to contact other agencies to get their needs met.

Under its Terms and Conditions, Michigan’s Child Welfare Demonstration Project, Protect MiFamily, was terminated on June 30, 2018. The Interim and Final Reports can be found [here](#), on the MDHHS website.

KINSHIP NAVIGATOR PROGRAM FUNDS

Kinship Navigator Program Funds

Michigan received \$427,658 in Kinship Navigator Program funds in FY 2018. The funds are being expended in FY 2019 for the Michigan State University Kinship Care Resource Center to expand their current program capacity by implementing the kinship navigator model for service delivery. The MSU Kinship Care Resource Center will:

- Help kinship families achieve or maintain safety, permanency, and well-being by supporting current and prospective kinship caregivers and the children in their care.
- Serve any relative who is raising or considering raising a child(ren) of a family member due to the child(ren)’s parents being unable to care for them. The placement arrangement can be an informal, private arrangement between the parents and the relative caregiver, or it can be as a result of involvement with Michigan’s child welfare system. Families may self-refer or be referred by a child welfare or other agency.
- Develop an outreach and engagement plan to improve and expand the coordination of community services for kinship families.
- Recruit and train staff to support kinship navigation efforts including specific kinship navigator roles requiring individuals with kinship caregiving experience.
- Expand communication technology and information sharing efforts.
- Assess kinship care support group availability and utilization.
- Develop a training plan for staff, kinship caregivers, and service providers.
- Develop and utilize a systematic evaluation approach to evaluate program effectiveness.

**Child Abuse Prevention and Treatment Act (CAPTA)
Grant to States for Child Abuse or Neglect Prevention and Treatment Programs**

**State Plan Assurance amended by
P.L. 115-424
The Victims of Child Abuse Act Reauthorization Act of 2018**

(This amendment to CAPTA became effective January 7, 2019)

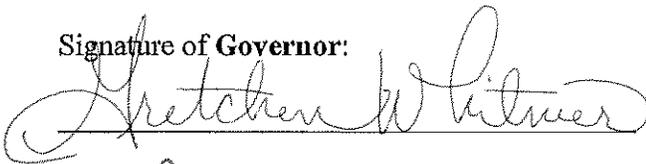
***Governor's Assurance Statement for
The Child Abuse and Neglect State Plan***

As **Governor** of the State of Michigan,

I certify that the State has in effect and is enforcing a State law relating to child abuse and neglect which includes:

Provisions for immunity from civil or criminal liability under State and local laws and regulations for individuals making good faith reports of suspected or known instances of child abuse or neglect, or who otherwise provide information or assistance, including medical evaluations or consultations, in connection with a report, investigation, or legal intervention pursuant to a good faith report of child abuse or neglect (see section 106(b)(2)(B)(vii) of CAPTA).

Signature of **Governor**:



Date: June 26, 2019

State Certifications for the Chafee Foster Care Program for Successful Transition to Adulthood

As Chief Executive Officer of the State of Michigan, I certify that the State has in effect and is operating a Statewide pursuant to section 477(b) and that the following provisions to effectively implement the Chafee Foster Care Program for Successful Transition to Adulthood are in place:

1. [Check one of the following boxes]:

The State will provide assistance and services to youths who have aged out of foster care, and have not attained 21 years of age [Section 477(b)(3)(A)(i)];

OR

The State will provide assistance and services to youths who have aged out of foster care, and have not attained 23 years of age [Section 477(b)(3)(A)(ii)];

AND:

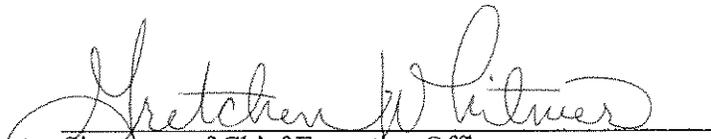
the State has elected under section 475(8)(B) of title IV-E of the Social Security Act to extend eligibility for foster care to all children who have not attained 21 years of age;

OR:

the State agency responsible for administering the State plans under titles IV-B and IV-E of the Social Security Act uses State funds or any other funds not provided under title IV-E to provide services and assistance for youths who have aged out of foster care that are comparable to the services and assistance the youths would receive if the State had elected to extend eligibility for foster care up to age 21 under section 475(8)(B) of title IV-E;

2. Not more than 30 percent of the amounts paid to the State from its allotment for a fiscal year will be expended for room or board for youths who have aged out of foster care and have not attained 21 years of age (or 23 years of age, in the case of a State with a certification under section 477(b)(3)(A)(ii) to provide assistance and services to youths who have aged out of foster care and have not attained age 23) [Section 477(b)(3)(B)];
3. None of the amounts paid to the State from its allotment will be expended or room or board for any child who has not attained 18 years of age [Section 477(b)(3)(C)];
4. The State will use training funds provided under the program of Federal payments for foster care and adoption assistance to provide training including training on youth development to help foster parents, adoptive parents, workers in group homes, and case managers understand and address the issues confronting youth preparing for a successful transition to adulthood and making a permanent connection with a caring adult [Section 477(b)(3)(D)];
5. The State has consulted widely with public and private organizations in developing the plan and has given all interested members of the public at least 30 days to submit comments on the plan [Section 477(b)(3)(E)];
6. The State will make every effort to coordinate the State programs receiving funds provided from an allotment made to the State with other Federal and State programs for youth (especially transitional living youth projects funded under part B of title III of the Juvenile Justice and Delinquency Prevention Act of 1974), abstinence education programs, local housing programs, programs for disabled youth (especially sheltered workshops), and school-to-work programs offered by high schools or local workforce agencies [Section 477(b)(3)(F)];

7. Each Indian tribe in the State has been consulted about the programs to be carried out under the plan; that there have been efforts to coordinate the programs with such tribes; that benefits and services under the programs will be made available to Indian children in the State on the same basis as to other children in the State; and that the State will negotiate in good faith with any Indian tribe, tribal organization, or tribal consortium in the State that does not receive an allotment under subsection (j)(4) for a fiscal year and that requests to develop an agreement with the State to administer, supervise, or oversee the programs to be carried out under the plan with respect to the Indian children who are eligible for such programs and who are under the authority of the tribe, organization, or consortium and to receive from the State an appropriate portion of the State allotment for the cost of such administration, supervision, or oversight [Section 477(b)(3)(G)];
8. The State will ensure that youth participating in the program under this section participate directly in designing their own program activities that prepare them for independent living and that the youth accept personal responsibility for living up to their part of the program [Section 477(b)(3)(H)];
9. The State has established and will enforce standards and procedures to prevent fraud and abuse in the programs carried out under the plan [Section 477(b)(3)(I)]; and
10. The State will ensure that a youth participating in the program under this section is provided with education about the importance of designating another individual to make health care treatment decisions on behalf of the youth if the youth becomes unable to participate in such decisions and the youth does not have, or does not want, a relative who would otherwise be authorized under State law to make such decisions, whether a health care power of attorney, health care proxy, or other similar document is recognized under State law, and how to execute such a document if the youth wants to do so [Section 477(b)(3)(K)].

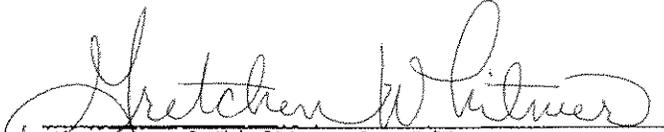

Signature of Chief Executive Officer

June 26, 2019
Date

**State Chief Executive Officer's Certification
for the
Education and Training Voucher Program
Chafee Foster Care Program for Successful Transition to Adulthood**

As Chief Executive Officer of the State of Michigan, I certify that the State has in effect and is operating a Statewide program relating to the Chafee Foster Care Program:

1. The State will comply with the conditions specified in subsection 477(i).
2. The State has described methods it will use to:
 - ensure that the total amount of educational assistance to a youth under this and any other Federal assistance program does not exceed the total cost of attendance; and
 - avoid duplication of benefits under this and any other Federal assistance program, as defined in section 477(b)(3)(J).


Signature of Chief Executive Officer

June 26, 2019
Date

Title IV-B, subpart 1 Assurances for States

The assurances listed below are in 45 CFR 1357.15(c) and title IV-B, subpart 1, sections 422(b)(8), 422(b)(10), and 422 (b)(14) of the Social Security Act (the Act). These assurances will remain in effect during the period of the current five-year Child and Family Services Plan (CFSP).

1. The State assures that it is operating, to the satisfaction of the Secretary:
 - a. A statewide information system from which can be readily determined the status, demographic characteristics, location, and goals for the placement of every child who is (or, within the immediately preceding 12 months, has been) in foster care;
 - b. A case review system (as defined in section 475(5) and in accordance with the requirements of section 475A) for each child receiving foster care under the supervision of the State/Tribe;
 - c. A service program designed to help children:
 - i. Where safe and appropriate, return to families from which they have been removed; or
 - ii. Be placed for adoption, with a legal guardian, or, if adoption or legal guardianship is determined not to be appropriate for a child, in some other planned, permanent living arrangement subject to the requirements of sections 475(5)(C) and 475A(a) of the Act which may include a residential educational program; and
 - d. A preplacement preventive services program designed to help children at risk of foster care placement remain safely with their families [Section 422(b)(8)(A)].
2. The State assures that it has in effect policies and administrative and judicial procedures for children abandoned at or shortly after birth (including policies and procedures providing for legal representation of the children) which enable permanent decisions to be made expeditiously with respect to the placement of the children [Section 422(b)(8)(B)].
3. The State assures that it shall make effective use of cross-jurisdictional resources (including through contracts for the purchase of services), and shall eliminate legal barriers, to facilitate timely adoptive or permanent placements for waiting children [Section 422(b)(10)].
4. That State assures that not more than 10 percent of the expenditures of the State with respect to activities funded from amounts provided under this subpart will be for administrative costs [Section 422(b)(14)].
5. The State assures that it will participate in any evaluations the Secretary of HHS may require [45CFR 1357.15(c)].

6. The State assures that it shall administer the Child and Family Services Plan in accordance with methods determined by the Secretary to be proper and efficient [45CFR 1357.15(c)].

Effective Date and Official Signature

I hereby certify that the State complies with the requirements of the above assurances.

Certified by: 

Title: Director

Agency: Michigan Department of Health and Human Services

Dated: 06/13/19

Title IV-B, subpart 2 Assurances for States

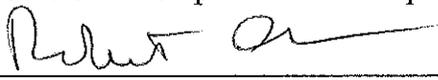
The assurances listed below are in 45 CFR 1357.15(c) and title IV-B, subpart 2, sections 432(a)(2)(C), 432(a)(4), 432(a)(5), 432(a)(7) and 432(a)(9) of the Social Security Act (the Act). These assurances will remain in effect during the period of the current five-year CFSP.

1. The State assures that after the end of each of the first four fiscal years covered by a set of goals, it will perform an interim review of progress toward accomplishment of the goals, and on the basis of the interim review will revise the statement of goals in the plan, if necessary, to reflect changed circumstances [Section 432(a)(2)(C)(i)].
2. That State assures that after the end of the last fiscal year covered by a set of goals, it will perform a final review of progress toward accomplishment of the goals, and on the basis of the final review:
 - a. Will prepare, transmit to the Secretary, and make available to the public a final report on progress toward accomplishment of the goals; and
 - b. Will develop (in consultation with the entities required to be consulted pursuant to subsection 432(b) of the Act) and add to the plan a statement of the goals intended to be accomplished by the end of the 5th succeeding fiscal year [Section 432(a)(2)(C)(ii)].
3. The State assures that it will annually prepare, furnish to the Secretary, and make available to the public a description (including separate descriptions with respect to family preservation services, community-based family support services, family reunification services, and adoption promotion and support services) of:
 - a. The service programs to be made available under the plan in the immediately succeeding fiscal year;
 - b. The populations which the programs will serve; and
 - c. The geographic areas in the State in which the services will be available [Section 432(a)(5)(A)].
4. The State assures that it will perform the annual activities described in section 432(a)(5)(A) in the first fiscal year under the plan, at the time the State submits its initial plan, and in each succeeding fiscal year, by the end of the third quarter of the immediately preceding fiscal year.
5. The State assures that Federal funds provided to the State under this subpart will not be used to supplant Federal or non-Federal funds for existing services and activities which promote the purposes of this subpart [Section 432(a)(7)(A)].

6. The State will furnish reports to the Secretary, at such times, in such format, and containing such information as the Secretary may require, that demonstrate the State’s compliance with the prohibition contained in 432(a)(7)(A) of the Act [Section 432(a)(7)(B)].
7. The State assures that in administering and conducting service programs under the plan, the safety of the children to be served shall be of paramount concern [Section 432(a)(9)].
8. The State assures that it will participate in any evaluations the Secretary of HHS may require [45CFR 1357.15(c)].
9. The State assures that it shall administer the Child and Family Services Plan in accordance with methods determined by the Secretary to be proper and efficient [45CFR 1357.15(c)].
10. The State assures that not more than 10 percent of expenditures under the plan for any fiscal year with respect to which the State is eligible for payment under section 434 of the Act for the fiscal year shall be for administrative costs, and that the remaining expenditures shall be for programs of family preservation services, community based support services, family reunification services, and adoption promotion and support services, with significant portions of such expenditures for each such program [Section 432(a)(4)].

Effective Date and Official Signature

I hereby certify that the State complies with the requirements of the above assurances.

Certified by: 

Title: Director

Agency: Michigan Department of Health and Human Services

Dated: 10/13/19

CFS-101, Part I: Annual Budget Request for Title IV-B, Subpart 1 & 2 Funds, CAPTA, CHAFEE, and ETV and Reallotment for Current Federal Fiscal Year Funding

For Federal Fiscal Year 2020: October 1, 2019 through September 30, 2020

1. Name of State or Indian Tribal Organization and Department/Division:		3. EIN:	38-60000134-C4	
Michigan Dept. of Health and Human Services		4. DUNS:	113704139	
2. Address: (insert mailing address for grant award notices in the two rows below)		5. Submission Type: (select one)		
235 S. Grand Ave.		<input checked="" type="checkbox"/> NEW		
Lansing, MI 48909		<input type="checkbox"/> REALLOTMENT		
a) Email address for grant award notices: changj4@michigan.gov		<input type="checkbox"/> REVISION		
REQUEST FOR FUNDING for FY 2020:				
Hardcode all numbers; no formulas or linked cells.				
6. Requested title IV-B Subpart 1, Child Welfare Services (CWS) funds:			\$9,452,157	
a) Total administrative costs (not to exceed 10% of the CWS request)		ok	\$51,768	
7. Requested title IV-B Subpart 2, Promoting Safe and Stable Families (PSSF) funds and estimated expenditures:		% of Total	Total	
a) Family Preservation Services		20%	\$1,886,487	
b) Family Support Services		30%	\$2,829,731	
c) Family Reunification Services		20%	\$1,886,487	
d) Adoption Promotion and Support Services		20%	\$1,886,487	
e) Other Service Related Activities (e.g. planning)		0%	\$0	
f) Administrative costs (APPLICABLE TO STATES ONLY: not to exceed 10% of the PSSF request)		10.0%	\$943,244	
g) Total itemized request for title IV-B Subpart 2 funds: <i>NO ENTRY: Displays the sum of lines 7a-f.</i>		100%	\$9,432,436	
8. Requested Monthly Caseworker Visit (MCV) funds: (For STATES ONLY)			\$594,598	
a) Total administrative costs (FOR STATES ONLY: not to exceed 10% of MCV request)		ok	\$59,459	
9. Requested Child Abuse Prevention and Treatment Act (CAPTA) State Grant: (STATES ONLY)			\$2,630,477	
10. Requested John H. Chafee Foster Care Program for Successful Transition to Adulthood:			\$4,438,976	
a) Indicate the amount to be spent on room and board for eligible youth (not to exceed 30% of CFCIP request).		ok	\$350,000	
11. Requested Education and Training Voucher (ETV) funds:			\$1,247,788	
REALLOTMENT REQUEST(S) for FY 2019:				
Complete this section for adjustments to current year awarded funding levels.				
12. Identification of Surplus for Reallotment:				
a) Indicate the amount of the State's/Tribe's FY 19 allotment that will not be utilized for the following programs:				
CWS	PSSF	MCV (States only)	Chafee Program	ETV Program
\$0	\$0	\$0	\$0	\$0
13. Request for additional funds in the current fiscal year, should they become available for re-allotment:				
CWS	PSSF	MCV (States only)	Chafee Program	ETV Program
\$0	\$0	\$0	\$0	\$0
14. Certification by State Agency and/or Indian Tribal Organization:				
The State agency or Indian Tribal Organization submits the above estimates and request for funds under title IV-B, subpart 1 and/or 2, of the Social Security Act, CAPTA State Grant, CFCIP and ETV programs, and agrees that expenditures will be made in accordance with the Child and Family Services Plan, which has been jointly developed with, and approved by, the Children's Bureau.				
<i>Signature of State/Tribal Agency Official</i>		<i>Signature of Federal Children's Bureau Official</i>		
Title Executive Director, CSA		Title		
Date 6/28/19		Date		

CFS-101 Part II: Annual Estimated Expenditure Summary of Child and Family Services

Name of State or Indian Tribal Organization: Michigan Dept. of Health and Human Services

For FY 2020: OCTOBER 1, 2019 TO SEPTEMBER 30, 2020

SERVICES/ACTIVITIES	(A) IV-B Subpart I- CWS	(B) IV-B Subpart II- PSSF	(C) IV-B Subpart II- MCV	(D) CAPTA	(E) CHAFEE	(F) ETV	(G) TITLE IV-E	(H) STATE, LOCAL & DONATED FUNDS	(I) Number Individuals To Be Served	(J) Number Families To Be Served	(K) Population To Be Served	(L) Geog. Area To Be Served
1.) PROTECTIVE SERVICES	\$ 889,555			\$ 2,630,477				\$ -	-	171,171	Approximate range	Statewide
2.) CRISIS INTERVENTION (FAMILY PRESERVATION)	\$ 970,981	\$ 1,886,487						\$ -	-	5,470	Eligible youth	Statewide
3.) PREVENTION & SUPPORT SERVICES (FAMILY SUPPORT)	\$ 4,528,364	\$ 2,829,731						\$ -	-	3,650	Eligible families	Statewide
4.) FAMILY REUNIFICATION SERVICES	\$ 842,304	\$ 1,886,487						\$ -	13,710	-	Eligible children	Statewide
5.) ADOPTION PROMOTION AND SUPPORT SERVICES	\$ -	\$ 1,886,487						\$ -	6,406	-	Eligible children	Statewide
6.) OTHER SERVICE RELATED ACTIVITIES (e.g. Birthline)	\$ -	\$ -						\$ -	-	-	-	-
7.) FOSTER CARE MAINTENANCE: (a) FOSTER FAMILY & RELATIVE FOSTER CARE	\$ 2,169,185							\$ 100,608,184	15,931	-	Eligible children	Statewide
(b) GROUP/INST CARE	\$ -							\$ 216,620,085	909	-	Eligible children	Statewide
8.) ADOPTION SUBSIDY PYMTS.	\$ -							\$ 60,131,800	25,097	-	Eligible children	Statewide
9.) GUARDIANSHIP ASSISTANCE PAYMENTS	\$ -							\$ 7,590,200	1,308	-	Eligible children	Statewide
10.) INDEPENDENT LIVING SERVICES	\$ -							\$ 887,795	3,164	-	Eligible youth	Statewide
11.) EDUCATION AND TRAINING VOUCHERS	\$ -					\$ 1,247,788		\$ 248,423	429	-	Eligible youth	Statewide
12.) ADMINISTRATIVE COSTS	\$ 51,768	\$ 943,244	\$ 59,459					\$ 104,536,946	-	-	-	-
13.) FOSTER PARENT RECRUITMENT & TRAINING	\$ -	\$ -						\$ 2,074,491	-	-	-	-
14.) ADOPTIVE PARENT RECRUITMENT & TRAINING	\$ -	\$ -						\$ 136,784	-	-	-	-
15.) CHILD CARE RELATED TO EMPLOYMENT/TRAINING	\$ -	\$ -						\$ -	-	-	-	-
16.) STAFF & EXTERNAL PARTNERS TRAINING	\$ -	\$ -						\$ 2,072,205	-	-	-	-
17.) CASEWORKER RETENTION, RECRUITMENT & TRAINING	\$ -	\$ -	\$ 535,139					\$ -	-	-	-	-
18.) TOTAL	\$ 9,452,157	\$ 9,432,436	\$ 594,598	\$ 2,630,477	\$ 4,438,976	\$ 1,247,788	\$ 270,339,175	\$ 503,188,226				
19.) TOTALS FROM PART I	\$9,452,157	\$9,432,436	\$594,598	\$2,630,477	\$4,438,976	\$1,247,788						
20.) Difference (Part I - Part II)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00						

(If there is an amount other than \$0.00 in Row 20, adjust amounts on either Part I or Part II. A red value means Part II exceeds request)

21.) Population data required in columns I - L can be found:
On this form
In the AFSR/CFSP narrative

CFS-101, PART III: Annual Expenditures for Title IV-B, Subparts 1 and 2, Chafee Foster Care Independence and Education and Training Voucher Reporting on Expenditure Period For Federal Fiscal Year 2017 Grants: October 1, 2016 through September 30, 2018

1. Name of State or Indian Tribal Organization:		2. Address:		3. EIN: 38-60000134-C4		4. DUNS: 113704139	
Michigan Dept of Health and Human Services		235 S. Grand Ave. Lansing, MI 48909					
5. Submission Type: (select one) <input checked="" type="checkbox"/> NEW <input type="checkbox"/> REVISION							
Description of Funds	(A) Original Planned Spending for FY 17 Grants	(B) Actual Expenditures for FY 17 Grants	(C) Number Individuals served	(D) Number Families served	(E) Population served	(F) Geographic area served	
						States	
6. Total title IV-B, subpart 1 (CWS) funds:	\$ 8,794,317	\$ 8,801,599	11,286	-	-		
a) Administrative Costs (not to exceed 10% of CWS allotment)	\$ 59,050	\$ 51,768					
7. Total title IV-B, subpart 2 (PSSF) funds:	\$ 9,391,187	\$ 10,397,305	9,160	20,116	20,116	States	
Tribes enter amounts for Estimated and Actuals, or complete 7a-f.							
a) Family Preservation Services	\$ 2,817,367	\$ 2,981,456					
b) Family Support Services	\$ 1,878,237	\$ 4,078,952					
c) Time-Limited Family Reunification Services	\$ 1,878,237	\$ 2,727,116					
d) Adoption Promotion and Support Services	\$ 1,878,237	\$ 467,525					
e) Other Service Related Activities (e.g. planning)	\$ -	\$ -					
f) Administrative Costs	\$ -	\$ -					
(FOR STATES: not to exceed 10% of PSSF allotment)	\$ 939,119	\$ 142,256					
g) Total title IV-B, subpart 2 funds:	\$ 9,391,187	\$ 10,397,305					
NO ENTRY: This line displays the sum of lines a-f.							
8. Total Monthly Caseworker Visit funds: (STATES ONLY)	\$ 591,533	\$ 378,885					
a) Administrative Costs (not to exceed 10% of MCY allotment)	\$ 59,155	\$ -					
9. Total Chafee Foster Care Independence Program (CFCIP) funds: (Optional)	\$ 4,254,794	\$ 4,846,147	3,164	-	Eighteen youth	States	
a) Indicate the amount of allotment spent on room and board for eligible youth (not to exceed 30% of CFCIP allotment)	\$ 1,276,438	\$ 150,000	108	-	Eighteen youth	States	
10. Total Education and Training Voucher (ETV) funds: (Optional)	\$ 1,350,691	\$ 1,614,981	429	-	Eighteen youth	States	
11. Certification by State Agency or Indian Tribal Organization: The State agency or Indian Tribal Organization agrees that expenditures were made in accordance with the Child and Family Services Plan, which was jointly developed with, and approved by, the Children's Bureau.							
Signature of State/Tribal Agency Official		Signature of Federal Children's Bureau Official					
							
Title	Date	Title	Date				
Executive Director, Children's Services Agency, MDHHS	6/28/19						



**Children's Services Agency
Division of Continuous Quality Improvement**

**Child Abuse Prevention and Treatment Act
State Plan**

2019 Annual Update

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Michigan’s Child Abuse Prevention and Treatment Act Coordinator

Colin Parks, Manager, Children’s Protective Services Policy and Program Office
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CHILD ABUSE PREVENTION AND TREATMENT ACT 2019 ANNUAL UPDATE

Michigan’s Child Abuse Prevention and Treatment Act (CAPTA) state plan aligns with the state’s Child and Family Services Review (CFSR) goals of improving the safety, permanency and well-being of children and families. Michigan’s Child Protection Law and child protection policies and procedures are applicable to all jurisdictions in the state. Activities to address CFSR outcomes are noted in this 2019 update. Information on ward transfers from the abuse/neglect system to the juvenile justice system can be found at the end of this report. Michigan uses the 2008 baseline and continues to coordinate Children’s Protective Services (CPS) goals with the Child and Family Services Plan.

CPS Outcome Measures and Results

Measure	2013	2014	2015	2016	2017	2018
Number of complaints received	148,392	151,185	157,417	160,065	167,160	171,171
Percent of complaints assigned for investigation	59%	55%	59%	56%	56%	56%
Percent of investigations resulting in confirmed abuse or neglect	26%	25%	25%	28%	28%	27%
Maltreatment in foster care ¹	13.56	12.84	10.65	14.24	Data not available ²	Data not available ³
Recurrence of maltreatment ⁴	11.68%	9.98%	8.38%	14.3	Data not available ⁵	Data not available ⁶

¹ The rate of victimization per 100,000 days of foster care of all children in foster care.

² Due to the updated requirement of a three-year timespan for determining recurrence of maltreatment, 2017 performance data on recurrence of maltreatment will not be available until 2019.

³ Due to the updated requirement of a three-year timespan for determining recurrence of maltreatment, 2017 performance data on recurrence of maltreatment will not be available until 2019.

⁴ Of all children who were victims of maltreatment during a 12-month target period, what percent were victims of another maltreatment allegation within 12 months of the initial report?

⁵ Due to the updated requirement of a three-year timespan for determining recurrence of maltreatment, 2017 performance data on recurrence of maltreatment will not be available until 2019.

⁶ Due to the updated requirement of a three-year timespan for determining recurrence of maltreatment, 2017 performance data on recurrence of maltreatment will not be available until 2019.

CHILDREN'S JUSTICE ACT CAPTA STATE GRANT FUNDS

CAPTA state grant funds are used for activities and contracts to reduce child abuse and neglect and improve practice. Current activities include:

- Implementing the “birth match” system to identify parents whose parental rights were terminated, leading to an automatic complaint and investigation.
- Providing specialized supportive services, assessments and when needed, reviews of abuse and neglect cases through a medical services contract.
- An annual child abuse and neglect conference.
- A paternity testing contract for children in the child welfare system.
- Safe sleep programming and services support.
- Support for the CPS Advisory Committee and annual conference.
- Support for the statewide child death review contract.
- Support for the annual Medical Advisory Conference.
- CPS program office travel costs to reinforce policy and practice requirements.
- Safety assessment and safety planning training.
- Mandated Reporter training materials.

CHILD ABUSE AND NEGLECT LAWS

No substantive changes were made to Michigan law during the report period (July 1, 2017 – June 30, 2018) that will affect the state’s continued eligibility for CAPTA State Grant Funds. Recent Michigan legislation and its impact on CPS policy and practice are described below.

Needs of Infants Who Were Born Exposed to Substances

Michigan developed policies and procedures to address the needs of infants identified as affected by substances or exhibiting withdrawal symptoms. These include:

- Mandated reporters who have reasonable cause to suspect that a newborn infant has alcohol, a controlled substance, or a metabolite of a controlled substance in his or her body that are not the result of medical treatment are required to make a complaint of suspected child abuse to CPS (MCL 722.623a Sec. 3a).
- Mandated reporters include the following medical professionals:
 - Physicians and physician’s assistants.
 - Dentists and registered dental hygienists.
 - Medical examiners.
 - Nurses.
 - Persons licensed to provide emergency medical care.
- In 2017, MDHHS initiated a statewide effort to enhance mandated reporter training for medical providers. The trainings continued throughout 2018. This training provides

mandated reporters:

- Clarification of their legal requirements to report suspected child abuse or neglect.
- Guidance on how to identify safety concerns in situations when substance use/abuse is suspected.
- Suggested approaches for working with parents and providers to develop Infant Plans of Safe Care for infants suspected of being affected by parental substance use or withdrawal symptoms or diagnosed with Fetal Alcohol Spectrum Disorder or neonatal abstinence syndrome.
- CPS must investigate complaints alleging that a newborn was exposed to alcohol or substances before birth. Policy requires CPS investigators to:
 - Contact medical professionals to confirm exposure and/or to identify appropriate medical treatment for the infant.
 - Review the criminal and CPS history of the family.
 - Interview the parents to assess the need for substance use disorder, assessment/treatment, or recovery support.
 - Determine the parents' capacity to provide adequate care of the newborn and other children in the home.

SAFE CARE FOR INFANTS AFFECTED BY SUBSTANCE USE

In 2016, MDHHS worked with public health providers to define an “Infant Plan of Safe Care” and requirement that these plans be established for infants, their parents, and family members when the criteria are met. Michigan’s policies and procedures for developing an Infant Plan of Safe Care for infants identified as affected by substance use include the following:

- Mandated reporters are required to report suspected child abuse or neglect if the reporters knows or suspects that a newborn infant has any amount of alcohol, a controlled substance or a metabolite of a controlled substance (whether legal or illegal) in his or her body.
- In 2017, policy changes included the requirement for an Infant Plan of Safe Care for infants identified as affected by substance use of their parent and/or withdrawal symptoms, or as victims of Fetal Alcohol Spectrum Disorder. In these cases, the worker must develop an Infant Plan of Safe Care to:
 - Address the health and substance use treatment needs of the mother and infant and other affected family members.
 - Ensure that appropriate referrals and safety and treatment plans are developed to address the needs of the infant and family.
 - Take steps to ensure services provided to the infant and family are monitored either through continued MDHHS involvement or another service provider.
 - Address concerns through appropriate referrals. The referral and monitoring of

these services must be documented by the worker in MiSACWIS.

- MDHHS added requirements in all family preservation contracts for an Infant Plan of Safe Care for cases involving an infant identified as affected by substance use of their parent and/or withdrawal symptoms, or as a victim of Fetal Alcohol Spectrum Disorder.
- In confirmed complaints in which the infant requires medical treatment to address symptoms resulting from the substance exposure and medical personnel indicate that the exposure seriously impairs the infant's health or physical well-being, a petition for court jurisdiction is required within 24 hours.
- The state does not exclude complaints when a child is affected by legally prescribed medications to the mother. If the medication was not taken as prescribed or if the parent's use of medications or substances impairs the parent's ability to safely care for their child, a CPS case is opened, and an Infant Plan of Safe Care established.
- Services must be coordinated with medical personnel, maternal infant health programs and substance use disorder assessment and treatment providers.
- Children ages 0 to 3 suspected of, or having confirmed substance exposure, and/or developmental delay must be referred to Early On.
- MDHHS employs a fulltime substance use analyst who oversees a variety of substance use projects within MDHHS, helps provide insight on substance use within child welfare, and works collaboratively with various stakeholders regarding substance use.
- MDHHS works collaboratively with stakeholders through a variety of workgroups related to substance use, specifically opioid use. This is done through various workgroups throughout the state.
- MDHHS was awarded \$1,000,000 in funding through the Comprehensive Opioid Abuse Program Grant through the Bureau of Justice Assistance to address opioid use in rural areas. As part of this grant, MDHHS is:
 - Creating a multi-disciplinary team to address opioid use by facilitating sharing of data between various systems.
 - Expanding the Substance Use Disorder Family Support Program pilot which is currently in four counties. The pilot provides intensive home-based services for substance affected families that are at potential or actual risk of experiencing a removal due to child abuse and/or neglect. This program will be available in nine counties by Oct. 1, 2019.
 - Obtaining intensive home-based programming to address substance use in various counties.
 - Creating an online Mandated Reporter training.
 - Partnering with the University of Michigan Child and Adolescent Data Lab to analyze data to identify cases impacted by substance use disorder as a way to prevent recurrence.
 - Working collaboratively with the Governor's Task Force on Child Abuse and Neglect and the Citizen Review Panel on CPS, Foster Care and Adoption to address gaps in various systems related to substance use. The Citizen Review

Panel is assessing whether building a best practice Infant Plan of Safe Care model will address systemic gaps in services to parents who are using substances. Should a protocol be developed, all stakeholders will collaborate in its creation.

MDHHS is participating in the following workgroups to address the needs of newborns affected by substances:

- **2017 Policy Academy - MDHHS Recovery Oriented Systems of Care**
Michigan was one of 10 states selected to participate in the “2017 Policy Academy: Improving Outcomes for Pregnant and Postpartum Women with Opioid Use Disorders and their Infants, Families and Caregivers.” Michigan developed a cross-system plan to address the needs of infants affected by opioids and their caregivers.
- **Comprehensive Addiction and Recovery Act (CARA) workgroup**
The workgroup is developing a work plan to ensure Michigan is meeting the requirements of the 2016 CARA and the provisions of the Child Abuse Prevention and Treatment Act (CAPTA). Participants include internal and external child welfare and public health systems. The focus of the work is on:
 - Creating uniform definitions of substance affected newborns and Infant Plans of Safe Care.
 - Aligning MDHHS policies, programs and contracts with CARA.
 - Identifying and implementing cross-system responses to newborns affected by substances and their families.
 - Training and education on Infant Plans of Safe Care for birthing hospital staff, home visitation programs, infant mental health programs, family preservation services, CPS and foster care programs.
 - Establishing a plan for tracking and monitoring all infants born affected by substances, and implementation of Infant Plans of Safe Care.
- **Michigan Collaborative Quality Initiative of Birthing Hospitals**
In partnership with the initiative, MDHHS Division of Maternal and Infant Health provides education and training for birthing hospitals to screen infants for the signs and symptoms of Neonatal Abstinence Syndrome and linking families to evidence-based home visiting.

Technical assistance and training provided to staff to improve practice for caring for infants affected by substance abuse includes:

- Collaboration with Early On to ensure that Infants who are exposed or affected by prenatal substances undergo assessment for developmental delay and treatment.
- Changes to MiSACWIS to track entry of Infant Plans of Safe Care into MiSACWIS. This information is used for federal reporting and internally to ensure substance use is addressed.
- A proposed enhancement to MiSACWIS has been submitted to allow better tracking and reporting of NCANDS data. This enhancement will allow for reporting of substance use

at the child level, as well as the caregiver level.

- Online training is available on demand for CPS workers. Training on MiSACWIS Health Information is available for:
 - Entering health information.
 - Data warehouse/InfoView reporting.
 - Transferring cases to foster care.

Justice for Victims of Trafficking Act and the Trafficking Victims Protection Act Safe Harbor

Safe Harbor was one of the key reforms in the 2014 Michigan human trafficking legislative package. Specific changes included:

- Stronger protection for victims.
- Stronger tools to hold traffickers accountable.
- Victim health and welfare provisions.
- Establishment of commissions and boards.

Preventing Sex Trafficking

In response to the growing problem of child trafficking, and in recognition of the vulnerability of foster youth to being targeted, MDHHS created a protocol for child welfare professionals, court personnel, law enforcement officials and schools. The protocol addresses the following goals:

- To provide a coordinated investigative approach while minimizing trauma to victims.
- To provide protection and specialized services to victims and family members.
- To provide cross-professional training to promote a better understanding of the unique nature and challenges of cases involving child sex trafficking and labor trafficking.
- To provide alternatives for handling the case after a child or youth has been identified as a victim of human trafficking.

Progress in 2018 and 2019

- Training was delivered to child welfare staff in public and private agencies, and to community organizations and community partners.
- MDHHS continues to cross-train with community agencies to educate the community on identification of trafficking and resources for treating victims.
- MDHHS updated the public MDHHS website with resources.
- Improvements in MiSACWIS enhance the accuracy of data.
- To reduce recidivism and assist victims to remain in treatment after thorough assessment of their needs, MDHHS is developing an assessment center for substance use and mental health assessments for trafficking victims.
- Human Trafficking policy is maintained in a policy manual referenced by all program areas and updated to include a requirement to screen youth receiving foster care services who are at risk of human trafficking and all closed foster care cases receiving

services.

- The CPS program office collaborated with the Office of Workforce Development and Training to create online training regarding human trafficking which is available to child welfare staff. Two hundred thirty child welfare staff completed this training.
- MDHHS presents at the SCAO annual human trafficking conference. SCAO provides training assistance and support to child welfare staff on human trafficking.
- MDHHS hired a full-time position dedicated to human trafficking through the Division of Victim Services.
- The MDHHS Division of Victim Services director was appointed to the Attorney General's Commission on Human Trafficking and the Michigan Human Trafficking Advisory Board.
- The Division of Victim Services is partnering with CPS and Vista Maria in metro Detroit on a pilot project to create a comprehensive multi-disciplinary victim services treatment model for child survivors of human trafficking.
- The Division of Victim Services is collaborating with the Attorney General's Commission on Human Trafficking, the Michigan Human Trafficking Advisory Board, and Measurable Change, a human trafficking clearinghouse, to develop a statewide educational platform on human trafficking available to front-line staff and to establish a cross-disciplinary framework for data collection and victim centered services.

MDHHS has provisions and procedures to identify and assess all reports of known or suspected victims of child sex trafficking. Specifically:

- The MDHHS mandated reporter training includes the definition of child sex trafficking and mandated reporters' responsibility for reporting suspected child sex trafficking.
- MiSACWIS was enhanced to collect information on child victims of sex trafficking in a manner that allows for better tracking.
- Any child or youth identified as a sex trafficking victim must be referred to specialized services aligned to their needs. MDHHS service provision includes a contract with Vista Maria (<https://www.vistamaria.org/>), which provides supportive services and housing for sex trafficking victims.

Training CPS Workers about Sex Trafficking

- Child welfare caseworkers are provided training on child sex trafficking and labor trafficking. An overview of sex trafficking investigation is included in the CPS Pre-Service Institute.
- Human trafficking training is available to all child welfare staff on an ongoing basis through conferences, online training, and local office training.
- MDHHS participated in trainings through various stakeholders such as the Prosecuting Attorneys Association of Michigan and SCAO.

The Infant Safe Sleep Act

Enacted In 2014, the Infant Safe Sleep Act requires hospitals and health professionals to provide readily understandable information and educational and instructional materials regarding infant safe sleep practices. Hospitals and other professionals working with families are supported with access to free educational materials to use in their work with families; 323,268 educational items were distributed by MDHHS in FY 2018. MDHHS provides a website for ongoing education that includes testimonials from parents who lost a child when a contributing factor may have been the child's sleep environment or position. The Infant Safe Sleep website can be accessed at www.michigan.gov/safesleep.

During 2018, MDHHS had contact with at least 22,747 children under the age of 1 at the time of the CPS complaint. MDHHS continued to require investigators to discuss safe sleep practices with parents of children under 12 months. If an infant is not provided with a safe sleep environment, the CPS worker must document efforts to assist the family in creating one. The worker can utilize friends and family, community resources or local funds to assist the family.

MDHHS continues to provide training on the basic information of infant safe sleep for all child welfare workers and includes community partners in those trainings. In 2018, MDHHS Infant Safe Sleep Program released "Safe Sleep 201" training for home visitors and child welfare workers that is available in person and online. The training addresses how child welfare workers can have more effective conversations with families to promote safe sleep practices while addressing the challenges families face in following the guidelines. As of April 10, 2019, 232 participants have been trained in "Safe Sleep 201."

Each year, Michigan reports infant deaths in which an unsafe sleep environment may have been a factor to the federal Centers for Disease Control and Prevention. Michigan reported to the centers that 123 infants died in 2017 and the sleep environment may have been a factor. MDHHS recently completed the report "[Infant Safe Sleep in Michigan: A Comprehensive Look at Sleep-Related Deaths](#)." This marks the first time Michigan has compiled data, research and information regarding local and statewide safe sleep initiatives into one comprehensive document.

MDHHS is improving the quality of CPS investigations through initiatives including:

- **CPS Child Death Alert and Report.** This software enhancement collects child death information and notifies key MDHHS personnel when a death has occurred.
- **Foster Care, Adoption and Juvenile Justice Child Death Alert and Report.** Programming helps MDHHS collect accurate death information for children under the care and supervision of MDHHS.

In 2017, MDHHS sponsored a safe child/safe sleep campaign for the prevention of child deaths. Risk factors in child deaths include:

- Lack of smoke detectors.
- Poor prenatal care.
- Substance use during pregnancy.
- Unsafe sleep environments.
- Poor supervision.
- Inappropriate selection of caregivers.

The MDHHS prevention campaign educates customers on home safety, shaken baby syndrome and creating safe sleep environments. The local offices have brochures, videos and resources available to clients and providers. MDHHS distributed Safe Sleep Kits statewide that include posters, brochures, toy cribs and dolls, reminder door hangers and an informational DVD.

The CPS program office will continue coordination with the MDHHS Safe Sleep Office, Michigan Department of Education, community providers and the state Child Death Review Team to create and maintain a statewide plan to provide the video to the public in a variety of settings, including:

- Health care settings.
- Public health offices.
- MDHHS county offices.

CPS POLICY UPDATES

MDHHS updates CPS policy each year to improve clarity of requirements, incorporate changes in federal or state law and accommodate best practices. Significant policy changes in 2018 include:

- Relocation of policy on Law Enforcement Information Network usage by MDHHS employees is now located under SRM 700.
- Clarification of the definition of commencement of investigations.
- Clarification on the assignment of CPS-Maltreatment in Care (MIC) cases to CPS-MIC investigations.
- Inclusion of instructions for contacting non-custodial parents.
- Guidance was added regarding not maintaining recordings of interviews at Child Assessment Centers.
- Clarification on which cases a medical examination must be requested.
- Clarification of face-to-face contacts regarding overdue cases.
- Clarification on licensed foster parents, owners, operators, volunteers, or employees of licensed or registered child caring organizations being placed on central registry.
- Guidance on who must review and sign petitions.

- Guidance added on new legislation regarding the Michigan Court of Appeals ruling, In RE Gach.
- Clarifying directions were added regarding Power of Attorney.
- Guidance was added regarding mediation proceedings.
- Guidance addressing worker safety was added regarding obtaining law enforcement assistance on cases involving potentially dangerous substances.
- Direction on assignments regarding infants born and testing positive for substances was added.
- Guidance on verification of medication was added.
- Guidance regarding decision making while addressing substance use cases was added.

CHILD ABUSE PREVENTION AND TREATMENT ACT PROGRAM AREAS

CAPTA Section 106(a)1. To improve the intake, assessment, screening and investigation of reports of abuse and neglect.

To ensure consistency in response to CPS complaints across the state, MDHHS established a statewide 24-hour Centralized Intake hotline for abuse and neglect reporting in 2012. CPS Centralized Intake ensures consistency in complaint disposition through the following activities:

- Monthly meetings to ensure clear communication and understanding of policy.
- Monthly meetings of Centralized Intake supervisors to ensure consistency.
- Updating Centralized Intake procedures and practices as necessary and communicating those updates to all Centralized Intake staff and the field.
- Updating the Centralized Intake manual “Procedures and Best Practices – Michigan’s Centralized Intake” and maintaining that document on a SharePoint site available to all MDHHS employees statewide.
- Discussions between Centralized Intake managers and CPS program office to ensure that policy is correctly interpreted and communicated.
- Ongoing communication with MDHHS field staff to discuss disputed complaints.

Criminal Background Clearances

Michigan complies with federal requirements for background clearances by completing central registry and criminal history clearances for all foster care, relative and adoptive placements. Michigan Licensing Rules for Foster Family Homes and Foster Family Group Homes for Children (R. 400.9205) require a criminal background check and a CPS central registry check for all licensed foster and adoptive parents and other adult household members. Licensing Rules for Child Placing Agencies (R. 400.12309) also require child-placing agencies to conduct these checks. No changes in this process have occurred over the last year.

Licensing consultants complete an annual on-site inspection of every child-caring institution. During annual reviews, personnel files are reviewed, in addition to a sample of files for current staff. The licensing consultant checks the central registry clearance, training records, criminal history information and other documentation.

The Michigan Child Protection Law was amended to allow MDHHS to verify that an employee, potential employee, volunteer or potential volunteer of an agency in which the person will have access to children is not on the child abuse and neglect central registry. There have been no substantive changes to the law affecting the state's eligibility for the state grant (Section 106 (b)(C)(1)).

- In 2018, the CPS program office reviewed and responded to over 4,817 requests for central registry clearance checks.

CPS program office previously initiated a change in policy to address after-hours placement in unlicensed out-of-home care. This change requires CPS workers to contact CPS Centralized Intake to receive central registry and criminal history background checks prior to the child's placement.

MDHHS Birth Match Process

The MDHHS birth match process matches Michigan childbirths to a list of parents whose parental rights were terminated in Michigan following child abuse and neglect court proceedings. It allows MDHHS to identify cases that may require a court petition documenting the likelihood of threatened harm based on previous termination of parental rights or a history of severe physical abuse. The process results in investigation and assessment of risk to the infant.

CAPTA Section 106(a) 2. Creating and improving the use of multidisciplinary teams and interagency protocols to enhance investigations and improve legal preparation and representation.

MDHHS works with the Governor's Task Force on Child Abuse and Neglect, Office of Workforce Development and Training, Prosecuting Attorneys Association of Michigan, and SCAO to train public and private child welfare staff to use investigative protocols. To improve practice, MDHHS utilizes the following:

- **A Model Child Abuse Protocol** - To coordinate handling of child abuse and neglect cases between MDHHS, law enforcement and prosecuting attorneys, the Governor's Task Force created "A Model Child Abuse and Neglect Protocol with an Approach Using a Coordinated Investigative Team" in 2013.
 - The Prosecuting Attorneys Association of Michigan continues to provide training to increase collaboration between prosecutors, CPS and law enforcement on

- multi-disciplinary team investigations.
 - In 2017, the department worked with the Prosecuting Attorneys Association of Michigan to gather local child abuse protocols to ensure collaboration between prosecutors, CPS, and law enforcement. Of the 83 counties, 36 have local multi-disciplinary team protocols.
 - This protocol is currently being revised using a multi-disciplinary approach. Revisions of this protocol will be finalized in 2019.
- **Forensic Interviewing Protocol** - MDHHS assists investigative professionals to use best practices when interviewing children. MDHHS and Central Michigan University developed the Forensic Interviewing Protocol to conduct an interview with a child in a developmentally sensitive, unbiased and truth-seeking manner that supports accurate and fair decision-making. The protocol is trained in law enforcement and child welfare programs. This protocol continues to be utilized as the primary protocol for training new child abuse and neglect investigators. In 2017, the fourth edition of the Forensic Interview Protocol was published.
- **Medical Child Abuse Protocol** - To address risk in families that includes complex medical and psychological issues, the Governor’s Task Force revised the investigative protocol “Munchausen Syndrome by Proxy: A Collaborative Approach to Investigation, Assessment and Treatment,” and created the Medical Child Abuse Protocol that identifies medical child abuse and establishes guidelines for each discipline involved in an investigation. This update places the focus of the investigation on the abuse inflicted on the child, instead of the potential mental health concerns of the alleged perpetrator (Children’s Justice Act grant funded via the Governor’s Task Force).

The protocols above can be accessed on the Governor’s Task Force website at:

http://www.michigan.gov/dhs/0,4562,7-124-7119_50648_66367-77800--,00.html

- **Human Trafficking Protocol** - MDHHS created and updated a protocol that aligns with federal and state legislation. The protocol defines best practice for determining whether a child is a victim of human trafficking, and how to move forward once a child has been identified as a victim.
- **Methamphetamine Protocol** – Through a multi-disciplinary development of the Methamphetamine Protocol, MDHHS addressed the immediate health and safety needs of children exposed to methamphetamine lab settings, established best practices and provided guidelines for coordinated efforts between MDHHS workers, law enforcement and medical services. The protocol can be reviewed here:

https://www.michigan.gov/documents/dhs/Meth_Protocol_179585_7.pdf

CAPTA Section 106(a) 3. Case management, including ongoing case monitoring and delivery of services and treatment provided to children and their families.

MDHHS will continue to improve case management and services by decreasing the number of

children in out-of-home placement and enhancing the role of parents and families throughout the case planning process. MDHHS is using the following strategies:

- In 2017, MDHHS completed statewide implementation of the Enhanced MiTEAM practice model.
- CPS policy requires additional supervisory oversight and pre-removal family team meetings for all investigations including cases involving children in out-of-home placement. CPS workers are required to consult with their supervisors prior to disposition.
- In 2017, MDHHS completed statewide implementation of the Enhanced MiTEAM practice model. Implementation included virtual learning, structured activities, practice support, resources and feedback for improving teaming and engagement with families, assessment and mentoring skills for child welfare workers.
- In 2018, MDHHS created the Guy Thompson Parent Advisory Council. The council is comprised of parents who were previously involved with child welfare services. The goal is to improve the child welfare system by obtaining parent feedback regarding policy changes, program and protocol development, and handling of child welfare cases.

CAPTA Section 106(a) 4. Enhancing the general child protective system by developing, improving and implementing risk and safety assessment tools and protocols.

MDHHS addressed safety through changes in CPS policy through the following activities:

- The department created the Quality Improvement Council (QIC), which has a sub-committee that focuses on child safety initiatives. The sub-committee meets monthly. The following initiatives received committee support:
 - Providing statewide safety planning training (Safety by Design) and threatened harm training for all child welfare staff.
 - Safe sleep initiatives, including mandatory training for all MDHHS and private agency staff.
 - Suicide prevention initiatives, including a conference co-sponsored by MDHHS.
 - A child welfare centered safety conference held in December 2018.
 - In 2018, the Compliance Review Team was created. The team reviews recently disposed cases to ensure compliance with law and policy, as well as detect trends across the state.

Progress in 2018

- MDHHS provided training on policy requirements in multiple sessions offered by the State Court Administrative Office.
- MDHHS is working with the National Council on Crime and Delinquency to validate and update Michigan's structured decision-making tools for risk and safety assessments.

CAPTA Section 106(a) 5. Developing and updating systems of technology that support the program and tracking reports of child abuse and neglect.

Goal: CPS program office continues to work with the DCQI Data Management Unit and the MiSACWIS team to create reports for local managers to track outcomes and ensure that local managers are able to access and understand these reports.

Status: Development of enhanced reports is ongoing, as MiSACWIS is refined and users trained in case documentation. Data reports are published in the Inview system and county managers are trained on how to use them to monitor case management activities. During 2018, new supervisor training included training opportunities for interpreting the data reports.

CAPTA Section 106(a) 6. Developing, strengthening and facilitating training, including research-based strategies to promote collaboration, the legal duties of such individuals and personal safety training for caseworkers.

Goal: MDHHS will provide training statewide in collaboration with stakeholders.

Status: MDHHS will continue to provide training for child welfare professionals, including:

- Michigan’s annual Child Abuse and Neglect Prevention Conference.
- Yearly summit conferences on current issues in the investigation and judicial handling of child abuse, neglect and sexual abuse cases for legislators and other policymakers.
- In partnership with the universities, the Office of Workforce Development and Training will continue to provide in-service training to enhance caseworker skills.
- MDHHS partners with the Governor’s Task Force on Child Abuse and Neglect to sponsor a yearly summit to increase knowledge regarding the investigation, prosecution, and juvenile justice intervention of child welfare cases. Each year over 300 participants attend the conference.
- MDHHS collaborates with the Michigan State Police on training for all stakeholders on drug endangered children. MDHHS will continue to work with all stakeholders to address drug endangered children in the future.
- CPS program office sponsored the 4th annual Child Welfare Safety Conference on Dec. 17, 2018. The conference had over 300 participants. During the conference, the Michigan State Police presented two breakout sessions on self-defense.

CAPTA Section 106(a) 7. Improving the skills, qualifications and availability of individuals providing services to children and families.

MDHHS provides training statewide in collaboration with stakeholders, including:

- Michigan’s annual Child Abuse and Neglect Prevention Conference.
- CPS oversees the CPS Advisory Committee, a group of CPS supervisors who meet quarterly to discuss CPS policy, practice and implementation. The group provides an opportunity for supervisors to connect with their peers, to participate in policy development and develop a network to enhance child welfare awareness and strengthen leadership skills.

- Yearly summits on current issues in the investigation and judicial handling of child abuse, neglect and sexual abuse cases for legislators and other policymakers.
- In partnership with the universities, the Office of Workforce Development and Training continues to provide in-service training to enhance caseworker skills. (Children's Justice Act funded via the Governor's Task Force).

MDHHS continues to implement the Child Welfare Certificate Program through a partnership with the Michigan schools of social work. Students participating in the program complete 60 social work credit hours in child welfare-related course work and a 400-hour internship in a CPS, foster care or adoption program at MDHHS or a child-placing or tribal agency. When students with child welfare certification are hired into child welfare positions, they are able to attend a condensed version of the Pre-Service Institute. Thirteen universities participated in Michigan's Child Welfare Certificate Program in 2018.

There were 1,568 CPS workers allocated in Michigan in 2018. MDHHS continues to collaborate with Michigan State University and other schools of social work and the Michigan Department of Civil Service to identify and hire qualified candidates and develop internship programs. MDHHS partners with Wayne State University School of Social Work to invest more, engage longer, look to the future, and hone the education and training for current and prospective child welfare workers in southeastern Michigan. Students at the university complete education focused on generating integrated learning opportunities.

MDHHS updated the curriculum for the CPS Pre-Service Institute to ensure the content is relevant, up-to-date and effective in preparing new workers. Alternative delivery methods for the knowledge-based segments of the training continue to be enhanced.

Web based trainings available through MDHHS that were provided in 2018:

- New State and Federal Child Welfare Laws Regarding Older Youth in Foster Care.
- Michigan law on Safe Delivery of Newborns.
- Accommodating Parents with Disabilities in the Child Protection System.
- Michigan Indian Family Preservation Act and Indian Child Welfare Act: A Court Resource Guide.
- Human Trafficking and Michigan's Dependency Law.
- Juvenile Guardianships and the Guardianship Assistance Program

MDHHS collaborates with the Governor's Task Force to provide trainings to child welfare staff. The 22nd Annual Governor's Task Force on Child Abuse and Neglect Summit occurred on Oct. 25-26, 2018 and the theme was "Invisible No More." The conference featured breakout sessions addressing unaccompanied minors, de-escalation in family crises, children with intellectual disabilities, youth development, preventing suicide, pregnancy and opioid use, infant mental health, and child sexual abuse.

Progress in 2018

The Governor's Task Force provided training and resources in 2018 to address child welfare legal issues. The task force developed an interagency agreement with SCAO to train child welfare professionals via the printing, distribution and implementation of resource guides, practice manuals, and other materials. Specialized trainings that took place in 2018 include:

- **Understanding Trauma, Secondary Traumatic Stress, and the Importance of Mindful Self-Care as a Child Welfare Team Member.**
This training utilized large and small group discussions, experiential learning, self-assessments, and visual displays to provide a foundational understanding of secondary traumatic stress in a child welfare context. Participants were trained to identify and practice mindfulness techniques to improve professional well-being in the field.
- **Lawyer Guardian ad Litem (LGAL) "Boot Camp."**
Participants reviewed the statutory responsibilities and discussed strategies to fulfill the requirements, including conducting an independent investigation, accessing case information, monitoring service plan implementation and working with children to effectively advocate for their best interests. Participants learned how to elicit meaningful testimony about parent-child interactions and the protections afforded to Indian children pursuant to the Indian Child Welfare Act.
- **Testifying in Court for Non-Lawyers (Child Protective Proceedings).**
The training featured the components of witness testimony and courtroom hearing procedures and helped caseworkers develop and expand their courtroom presentations and improve their ability to testify effectively through role play exercises. The presenter discussed the do's and don'ts of testifying in court, including courtroom demeanor and the elements of effective testimony.
- **Collaborating to Address the Impacts of the Opioid Epidemic on Children and Families.**
This training provided information about cross-system collaboration efforts to better serve children and families affected by the opioid crisis. Participants learned about MDHHS' response to the federal Comprehensive Addiction and Recovery Act of 2016. Promising practices were shared on local collaboration efforts that are improving the lives of children and families, as well as information on opioid treatments for pregnant and parenting women.
- **Child Welfare Essentials and Reasonable Efforts Advocacy.**
This training provided participants with an overview of the legal framework governing child protective proceedings in Michigan, including the applicable statutes, court rules, and MDHHS policy. Participants learned the procedural rules, time guidelines, and legal standards applicable to each hearing. Specific strategies for reasonable efforts to preserve and reunify families were discussed.
- **Representing Parents in Child Protective Proceedings.**
This training examined legal advocacy tools attorneys can use to represent parent clients in child protective proceedings, including storytelling, data, and litigation. Attendees had the opportunity to share strategies to effectively represent parent

clients, and to develop a personal plan of action for strengthening their overall advocacy skills.

- **Courtroom Confidence for Child Welfare Caseworkers.**

This training provided child welfare caseworkers with tools to build confidence and navigate the courtroom. Participants were provided with an overview of Michigan's judiciary, as well as common practices in the courtroom. Caseworkers learned the purpose of child protective court proceedings, the caseworker's role, and what decisions and findings the court must make at hearings.

- **Unveiling Invisible Injuries: Building a Trauma Informed Court and Community.**

This multi-disciplinary training program supported Berrien County Trial Court and community partners to raise awareness about the effects of trauma in children and develop trauma-informed responses and systems of care.

- **Child Sexual Abuse: Identification, Intervention, Safety, and Healing.**

This training provided participants with the legal and behavioral definitions of child sexual abuse, discussed the prevalence of child sexual abuse, and reviewed data on perpetrators and victims in Michigan and the United States. Participants gained an understanding of how the motivation of offenders provides critical insight into the issues to be addressed when completing assessments, implementing interventions, and safety planning.

- **Case Practice Essentials and Reasonable Efforts Advocacy.**

This training provided participants with an overview of the legal framework governing child protective proceedings, including the applicable statutes, court rules, and MDHHS policy. Participants learned about the Indian Child Welfare Act and the Michigan Indian Family Preservation Act and strategies for drafting effective petitions and reports.

- **Collaborating to Combat Human Trafficking.**

This training provided the opportunity for 22 judge-led collaborative teams to discuss how to form a local response when children go missing from care or when minor human trafficking victims are recovered in their county. Participants learned about the MDHHS response to human trafficking, along with information from court programs in Berrien, Ingham, and Wayne Counties developed to address the needs of child victims. County teams spent time reviewing local data on children who are absent from their placements to facilitate a local response.

- **Web-based Meetups.**

SCAO offered web-based short trainings on topics including:

- Preliminary and pretrial.
- Adjudication by trial.
- Disposition and permanency planning.
- Termination of parental rights.
- LGAL special considerations.
- Mandated reporting.
- Implementation of the federal Every Student Succeeds Act.

- **Co-sponsored Human Trafficking Conference.**
The focus of this year's conference was on victims and victim services.

CAPTA Section 106(a) 8. Developing and facilitating training protocols for individuals mandated to report child abuse or neglect.

MDHHS educates mandated reporters on their responsibility to report suspected abuse and neglect as required under Michigan's Child Protection Law. The CPS program office provides technical assistance to the field, professional groups and the public on the role of CPS.

The CPS program office works with county offices and other local and state partners to provide statewide mandated reporter training. In 2019, CPS is taking the following steps to enhance mandated reporter training:

- Continued coordination with the MDHHS Office of Communications to distribute an online video training for mandated reporters.
- Ongoing assessment and revision to the mandated reporter training curriculum.
- Maintaining and distributing an updated list of staff in each county that provide mandated reporter training. This list is updated bi-annually and is available on the MDHHS Mandated Reporter website.
- An online training video to describe the responsibilities of mandated reporters, guidance for reporting abuse and neglect and available resources.
- Provision of brochures for mandated reporters, specific to their positions. In 2016, the group revised mandated reporter brochures for 10 types of reporters.
- Maintaining the mandated reporter training website:
www.michigan.gov/mandatedreporter.
- Continued training for employees of Michigan's birthing hospitals on mandated reporting requirements.

MDHHS Centralized Intake provides staff for the Mandated Reporter Hotline. A contact phone number is provided to mandated reporters statewide who have questions about their role or concerns about a complaint they submitted. When mandated reporters contact the hotline, Centralized Intake management and BSC directors are notified about the concerns and a determination is made about who will address the mandated reporter's concerns. Other MDHHS activities regarding mandated reporters include:

- Distribution of the Mandated Reporter's Resource Guide and maintaining the website.
- Working with the Children's Trust Fund to provide prevention councils with training materials and mandated reporter education as part of Child Abuse Prevention and Awareness Month.
- Guidance and training regarding mandated reporting as requested.
- Continuing to provide training to hospitals, schools and health departments throughout the state.

- Maintaining a statewide mandated reporter training initiative. This initiative ensures that trainers are available in every county MDHHS office throughout the state. Additional training support is provided by local Child Abuse Prevention Councils.
- MDHHS works with various stakeholders to determine necessary improvements regarding the reporting process. In 2018, MDHHS made changes to the DHS-3200 form, Report of Actual or Suspected Child Abuse or Neglect, which allows users to add additional children to the form and enter unlimited characters in the allegations and medical findings sections.

Progress in 2018

Online Reporting for Mandated Reporters

- In 2018, the MDHHS Michigan Online Reporting System was made available for mandated reporters to report suspected child abuse and neglect. The online reporting system decreases wait time for mandated reporters reporting alleged abuse and neglect. Allowing mandated reporters the ability to report suspected child abuse and neglect online has provided an additional avenue for reporting and increase the likelihood that reports of abuse/neglect were made in a timely manner.
 - Centralized Intake receives over 100 complaints a day utilizing the reporting system.

CAPTA Section 106(a) 9. Developing and implementing programs to assist obtaining services for families of infants who are disabled.

MDHHS chairs the Medical Advisory Committee, which reviews policies and makes recommendations on how MDHHS can meet the medical needs of children. The committee provides a bi-monthly forum to discuss medical issues pertaining to child abuse and neglect.

Topics of past meetings include:

- CPS policy and practices.
- Child maltreatment/child abuse and neglect.
- Examination and assessments.
- Drug-exposed infants.
- Sentinel injuries.

The committee creates training initiatives and facilitates discussions on issues related to medical child abuse and neglect. In 2018, the Medical Advisory Committee continued to work with MDHHS to provide new hire and local county regional training that educates field staff on medical child abuse.

Early On

CAPTA requires all child victims, ages birth to 36 months in confirmed cases of CPS categories I, II, and III to be referred to a Part C-funded early intervention service. Michigan's early

intervention service, Early On, assists families with infants and toddlers that display developmental delays or have a diagnosed disability.

MDHHS continues to focus on enhancing developmental information provided by CPS workers about Early On to ensure appropriate services are provided. In 2018, MDHHS referred 6,678 children to Early On. Of these:

- Approximately 52 percent (3,430) of infants born were substance affected.
- Approximately 61 percent (4,086) were infants less than 12 months old.

As of March 31, 2019, 4,002 children were referred for an Early On assessment or services. Of these, 2,346 (approximately 59 percent) were substance exposed at birth and 2,927 (approximately 74 percent) were less than 1-year-old at the time of referral to Early On.

Planned Activities for 2019

In 2019, MDHHS is focusing on the following projects related to Early On:

- Service coordination between MDHHS staff and Early On to enhance and maintain a comprehensive early intervention system of services, referring children who are primarily eligible for Early On services and/or meet the requirements of CAPTA.
- Training to MDHHS field staff regarding the MDHHS Early On referral process and services Early On provides.
- Ongoing resources provided to MDHHS field staff, through the Early On link of MiSACWIS, so MDHHS staff can readily access information related to the 0-3 aged population.
- Collaboration with Early On agency partners, remaining aware of updated projects and policies.

CAPTA Section 106(a) 10. Developing and delivering information to improve public education on the roles and responsibilities of the child protection system.

Goal: MDHHS will educate the public on the roles and responsibilities of the child protection system. The CPS program office has contact with county office staff and the public daily, providing technical assistance with data systems and policy ongoing.

Status: MDHHS educates mandated reporters on their responsibility to report suspected abuse and neglect as required under Michigan's Child Protection Law. The CPS program office will provide technical assistance to the field, professional groups and the public on the role of CPS.

MDHHS will work with county offices and other local and state partners to provide statewide mandated reporter training. In 2019, CPS is taking the following steps to enhance training:

- Continued coordination with the MDHHS Office of Communications to distribute an online video training for mandated reporters.
- Ongoing assessment and revision of the mandated reporter training curriculum.

- Distributing an updated list of staff in each county that provide mandated reporter training.
- Provision of an online training video to improve public understanding of reporting child abuse and neglect. This training describes the responsibilities of mandated reporters, guidance for reporting and resources.
- Provision of brochures for mandated reporters, specific to their position.
- Maintaining the mandated reporter training website:
www.michigan.gov/mandatedreporter.
- Focus on training for mandated reporters in Michigan’s birthing hospitals.

CAPTA Section 106(a) 11. Developing and enhancing the capacity of community-based programs to integrate shared leadership strategies.

Citizen Review Panels

Michigan’s three citizen review panels are:

- The Citizen Review Panel on Prevention.
- The Citizen Review Panel on CPS, Foster Care and Adoption.
- The Citizen Review Panel on Child Fatalities.

Citizen Review Panel for Prevention

Since 1999, the Children’s Trust Fund has administered the Citizen Review Panel for Prevention. The purpose of the panel is to develop and improve prevention services. The Children’s Trust Fund promotes the health, safety and well-being of children and families by funding community-based abuse prevention programs. In 2019, this panel will focus on the impact of substance use disorder on children and their families and ways to prevent negative outcomes.

Citizen Review Panel on CPS, Foster Care and Adoption

This panel functions as a committee of the Governor’s Task Force and serves as a stakeholder group for Michigan’s Child and Family Services Review and the Child and Family Services Plan.

Citizen Review Panel on Child Fatalities

The Michigan Child Death State Advisory Team serves as the Citizen Review Panel for Child Fatalities. The panel is comprised of MDHHS, law enforcement, medical examiners, hospitals, the courts, educational professionals and other advocates. The panel examines child fatality cases in which the family had previous interaction with CPS. The Child Death State Advisory Team is managed through a contract with the Michigan Public Health Institute, which helps coordinate the Michigan Child Death Review Program.

CAPTA Section 106 (a) 12. Supporting and enhancing interagency collaboration between the child protection system and the juvenile justice system for improved delivery of services and treatment.

MDHHS Juvenile Justice Programs formed a work group to create and modify dual ward policy and practice. Dual wards are youth who are both abuse/neglect and delinquent court wards. The group developed policies on service provision and coordination.

Juvenile Programs update

MDHHS published policy on case management of dual wards that requires early identification of “crossover” youth and coordination of services and planning with other programs including CPS and foster care. Juvenile justice youth under the care and supervision of the department have case management activities and case service plans documented in MiSACWIS. If a dual ward youth is in a state run or private, contracted juvenile justice residential treatment facility, the residential record and treatment planning is also documented in MiSACWIS. This allows for caseworkers to readily identify other workers assigned to activities with the dual ward youth and collaborate and coordinate services with current information shared across programs.

Goal: MDHHS will improve data collection to assess the targeting of services to crossover youth and dual wards.

Status: The Data Management Unit is working with the Department of Technology, Management and Budget on the integration of juvenile justice data into a single repository to facilitate integration of juvenile justice and child welfare reports. MDHHS Juvenile Justice Programs worked with the Data Management Unit to incorporate juvenile justice data into monthly reports on child welfare populations. Reports now include the state facility populations, a breakdown of the juvenile justice population by legal status and the population of dual wards. Efforts continue to improve data collection and analysis. In addition, a report has been developed to identify abuse/neglect and juvenile justice youth that have been reported as absent without leave in the MiSACWIS system. This allows for follow-up by the Education and Youth Services unit with workers to ensure appropriate actions are being taken to locate the youth.

Goal: MDHHS will improve services to youth reentering the community from residential placement.

Status: Medicaid now allows for Wraparound services to be provided by the community mental health system to youth reentering the community for up to 180 days prior to the release date. Juvenile Justice Programs will continue to collaborate with the Division of Mental Health Services to Children and Families and the Office of Workforce Development and Training to provide guidance to workers on the use and implementation of this extended service availability.

Planned Activities for 2019

Planning is ongoing for the enhancement of programs and services for youth impacted by the juvenile justice system including:

- Enhancing re-entry services to disabled youth who can work or be rehabilitated so that

supports are available to help them return to the community.

- Working with the Education and Youth Services unit on the development of a best practice guide for working with youth who identify as lesbian, gay, bisexual, transgender or intersex.
- MDHHS complies with federal regulation 28 CFR 115.341 (c) and (d) which requires the collection and recording of sexual orientation, gender Identity, and gender expression data in MiSACWIS. CPS and foster care workers complete this information to help ensure children are placed in placements that meet their needs.
- Residential facilities obtain sexual orientation, gender Identity, and gender expression information upon intake to ensure the child's needs are met.
- MDHHS created a tool to assist child welfare workers in obtaining and documenting sexual orientation, gender Identity, and gender expression data.
- CSA will provide training to child welfare and juvenile justice staff on the use of trauma screening and assessment tools and services.
- Enhancement of MDHHS' juvenile justice website to include information on the evaluation of competency to proceed in delinquency matters for youth involved in the juvenile justice system.

CAPTA Section 106(a) 13. Supporting and enhancing collaboration among public health agencies, the child protection system and private community-based programs to provide child abuse and neglect prevention and treatment services.

Goal: MDHHS will work collaboratively with community partners to promote better outcomes for children.

Status: MDHHS collaborates with other agencies and community partners through:

- The Governor's Task Force on Child Abuse and Neglect is coordinated through the CPS program office. The Governor's Task Force promotes effective handling of CPS complaints through collaborative efforts in initiatives, protocols and publications.
- Participating in the statewide infant safe sleep steering committee focused on prevention of sleep related fatalities, support for at-risk families and education for Michigan families regarding safe sleep practices.
- CSA participates in an MDHHS workgroup addressing opioid use across systems within MDHHS.
- CSA participates in the Opioid Stakeholders Workgroup which consists of internal and external stakeholders, including publicly funded behavioral health and community health departments to address opioid use.
- Family preservation program management and staff conduct quarterly meetings with family preservation provider agencies.
- Family Reunification Program staff lead a Family First Prevention Services Act subgroup with family preservation agency managers. This subgroup works collaboratively with the Chapin Hall Michigan Assessment for implementation of the act and the state five-year

Family First Prevention Services Act prevention plan.

- The state will convene a Family First Prevention Services Act steering committee which includes public health agencies, CPS and private community-based programs to provide child abuse and neglect prevention and treatment services.
- MDHHS utilizes the substance abuse block grant to provide services in four counties in a pilot to provide services to parents who are using substances. The Substance Use Disorder Family Support Program provides intensive home-based services for substance affected families that are at potential or actual risk of experiencing a removal due to child abuse and/or neglect. The program provides skill-based interventions and support for families when a parent is alcohol or drug affected or has been found to have a co-occurring disorder.
- The Children’s Trust Fund Local Councils have, as part of their application process, a question which identifies the agencies within the community with whom they are collaborating. Of the 72 councils that completed the 2019 application process, the following represents the number of councils that collaborate with the identified agencies:
 - Domestic violence related agency: 59
 - Great Start Collaborative: 68
 - Homeless Youth Agency: 19
 - Substance use treatment center: 31
 - Faith based organization: 39
 - Other (representing a variety of community agencies): 37

CAPTA Section 106(a) 14. Developing and implementing procedures for collaboration among CPS, domestic violence services and other agencies.

Domestic violence is present in over half of all CPS investigations, and in open CPS services cases, it increases to over 70 percent. In 2015, the department contracted with David Mandel and Associates (now the Safe and Together Institute) to introduce the Safe and Together approach to handling domestic violence cases in child welfare. Training was mandatory for all public and private child welfare staff and supervisors and was completed in 2018. Additional in-service trainings are now taking place.

The goal for CPS is that in every investigation, domestic violence should be evaluated. If the victim of domestic violence is not taking action to protect the children, or is willing to take action but does not know what resources are available, the worker should refer the non-offending parent to supportive services. The worker is also required to develop a safety plan with the non-abusing parent.

CHILD MALTREATMENT DEATHS

Michigan receives reports on child fatalities from a number of sources, including law enforcement agencies, medical examiners/coroners and local child death review teams. Because fatality reports are obtained from these sources in their role as mandated reporters, the reports are not inserted into Michigan's National Child Abuse and Neglect Data System (NCANDS) submission until a link between the child fatality and maltreatment is established after completion of a CPS investigation. If the link between the death and maltreatment is confirmed, it is recorded as a fatality due to abuse and/or neglect in MiSACWIS and included in NCANDS submissions.

Michigan utilizes information provided by the state vital statistics department through the Michigan Fetal Infant Mortality Review and the Sudden Unexplained Infant Death Registry. This data is compiled with the assistance of the Michigan Public Health Institute and is incorporated with the information obtained from local child death review teams, law enforcement, local health departments and medical examiners/coroners to ensure accurate recording of child deaths in Michigan. Each year, this information is compiled into the Annual Michigan Child Death Report provided to the governor and Michigan state legislature. The report can be accessed at: http://michigan.gov/dhs/0,4562,7-124-5459_61179_7695_8366---,00.html.

Michigan Child Death State Advisory Committee

The committee reviews findings and data from local Child Death Review Teams to make recommendations for policy and statute changes and guide statewide education and training to prevent child deaths. The committee disseminates an annual compilation of the reviews of child deaths in Michigan. The report outlines recommendations on policy, legislation and procedures to reduce the number of preventable deaths. Sleep-related fatalities, fetal substance exposure resulting in death and violence are areas critical for future study. The project coordinator of the National Citizen Review Panels has recognized this team as the model for other states' citizen review panels.

Child Death Investigation Training

Training on child death investigations, uniform definitions, protocols and prevention is offered annually to CPS staff, medical examiners, law enforcement and other professionals. Participants are trained on the use of the reporting form, learn from case examples and discuss all aspects of child death scene investigations. Trainings are provided by MDHHS and partner agencies on an ongoing basis.

The Office of Family Advocate receives an alert when fatality investigations are reported to Centralized Intake. In 2018, the Office of Family Advocate received 322 alerts. Of these 322 cases, the office completed an in-depth review of cases based on selection criteria. The Office of Family Advocate reviews all fatality cases in which the child was a ward of the state. The

office also reviews fatality cases in which a child was involved or recently involved with CPS and the Office of Children’s Ombudsmen is not reviewing the case. Each year, the Office of Family Advocate completes an annual fatality report regarding foster care ward deaths which can be found at: https://www.michigan.gov/mdhhs/0,5885,7-339-73971_72316---,00.html.

The Office of Family Advocate collaborates with numerous stakeholders including the Citizen Review Panel for Child Deaths. The Office of Family Advocate also works with the Violence and Injury Prevention Unit within MDHHS to address suicide prevention. Through a grant obtained through the University of Michigan, the office trains child welfare staff in suicide prevention and awareness, and MDHHS has suicide prevention trainers. The University of Michigan collaborated with the Office of Family Advocate to survey over 280 child welfare staff regarding suicide prevention and published a nationally recognized paper on the project. The Office of Family Advocate also works with the Safe Delivery Committee and Safe Sleep Committee.

EXPANDING AND STRENGTHENING CHILDREN’S PROTECTIVE SERVICES

Michigan developed unique approaches to prevent and effectively respond to risk and safety factors that may contribute to child abuse and neglect, including:

- Utilizing the Safe and Together approach to domestic violence in child welfare cases. Workers statewide are trained in utilization of Safe and Together and the skills it provides are incorporated into Michigan’s case practice model, MiTEAM.
- Statewide Safety by Design training for frontline workers and supervisors. This training provides a child-centered approach to effective safety planning.
- Ongoing training and support to prevent infant deaths in which the sleep environment may be a factor.
- Utilizing the Quality Improvement Council Placement and Safety sub-teams to improve placement assessment and decision-making. Child-centered safety approaches are discussed and information is brought to the teams for support and planning.
- Continued collaboration with Casey Family Programs and the National Council on Crime and Delinquency to determine strategies for improving the safety of children in foster and relative placements and the effectiveness in meeting the child’s and family’s needs.
- In 2018, MDHHS continued to collaborate with the National Council on Crime and Delinquency regarding the revalidation process of the safety and risk assessment tools to improve caseworker response, service delivery and child and family outcomes.
- In 2018, the results of an audit on CPS investigations was released to the public. MDHHS is dedicating considerable time and resources to addressing all audit findings. These efforts include policy changes, database changes, utilizing technology to improve the child welfare system and creation of various work groups such as the Compliance Review Team and Peer Led Supervisor Team.

- In 2019, MDHHS implemented technology and training to address child and worker safety.
 - The Supervisory Control Protocol was created to ensure supervisors check the status of policy requirements at three checkpoints during the investigation phase of the complaint. This technology allows supervisors the ability to evaluate what has been completed on a case, what needs to be completed, and address any concerns they have.
 - Self-Defense/Personal Safety training for child welfare staff was developed in collaboration with the Michigan State Police. In the five-day training, workers receive instruction on situational awareness, risks approaching homes, body language and responding to threatening behavior, as well as basic defensive tactics if an assault should occur.
 - The Mobile Worker Application was created to allow workers the ability to enter contacts quickly and accurately from the field. The application also provides workers with the questions which must be asked during an interview.
 - The Mobile Worker Application allows workers to “check in” and “check out” to ensure their safety. Should a worker not “check out” timely, their supervisor will receive alerts.

CAPTA ANNUAL STATE DATA REPORT

CPS Staffing Allocations and Ratios; Qualifications and Training Requirements

Goal: MDHHS will improve the skills, qualifications and availability of staff and supervisors that provide services to children and families.

Status: In 2019, 1,678 CPS positions were allocated, an increase of 129 positions over FY 2018.

Demographic Information

MDHHS Human Resources reported that as of August 16, 2019, there are 2,741 public child welfare staff (Services Specialists) in Michigan; 566 or 20.6 percent of whom have Master’s degrees. This figure includes CPS, foster care and licensing workers. There are 566 Services Program Managers, who supervise child welfare positions.

The demographic information on CPS workers includes their location in the state, by county. Statewide and county level CPS worker allocations can be found in Attachment E: CPS Staffing Allocation. Attachment F, Services Specialist Job Specification, describes educational and experiential requirements for the position, as well as requirements for advancement.

The following CPS staffing ratios were defined by the Modified Implementation, Sustainability and Exit Plan (ISEP) and remain the standard for MDHHS:

- CPS cases per ongoing worker: 17 to 1, for CPS categories I, II and III.

- CPS cases per investigation worker: 12 to 1.
- CPS worker to supervisor: 5 to 1.

CPS workers must possess a bachelor's or master's degree with a major in one of the following:

- Behavioral Science.
- Community Services.
- Counseling Psychology.
- Criminal Justice Administration.
- Early Childhood Studies.
- Family Ecology.
- Family Life Education.
- Family Studies.
- Family and/or Child Development.
- Guidance/School Counseling.
- Human Development and Family Studies.
- Human Services.
- Psychology.
- Social Work.
- Sociology.

The MDHHS Office of Human Resources conducts a credential review of each applicant for a Services Specialist or Services Program Manager position to confirm that they meet the educational and work experience requirements for the position for which they are applying. Once a candidate is identified as meeting the basic educational and work experience requirements, they may be considered for an interview and possible employment.

CPS workers must successfully complete a nine-week pre-service training and a minimum of 270 hours of competency-based classroom and field training. During this time, the new hire spends four weeks in a classroom setting and five weeks training in the field. The employee is required to pass a competency-based performance evaluation, including a written examination. In addition to program specific knowledge, new workers receive training in risk factors, forensic interviewing, database entry, trauma informed child welfare practices, completing Family Team Meetings, continuum of care, legal training, the Indian Child Welfare Act and the Michigan Indian Family Preservation Act, structured decision making tools, family engagement, safety planning, domestic violence, and completing a mock trial.

During the training process, new workers are assigned mentors from the local office. The mentors provide guidance to the workers during the beginning phase of their career. The new hires shadow experienced workers in the field as well as their mentor during the training process. Once the new hire begins to receive case assignments their mentors will go with them

into the field to help the new hires learn the job.

The CPS supervisor training is a competency-based 40-hour curriculum for child welfare supervisors who have not previously had supervisory training. At the conclusion of the training, the supervisor must pass a competency-based evaluation. MDHHS will continue to provide program-specific training for supervisors in the monitoring of staff performance, policy and case reading.

To ensure child welfare staff obtain current knowledge on a variety of subjects, staff who complete case management activities must complete 32 hours of training each year. Managers who oversee caseworkers must complete 16 hours of training per year. Trainings are offered on-line, in classrooms, and webinar format throughout the state on a variety of topics.

Child and Family Services Review Round 3

Item 26 – Initial Staff Training was rated as an Area Needing Improvement based on information from the statewide assessment and stakeholder interviews. Comments included:

- The skill-based component of training is not sufficient to meet the entry-level training needs of new case managers.
- There is a need for training on navigating the state’s information system and on agency policies.
- There is a need for more hands-on training focused on daily job responsibilities and stakeholders said they felt that many new caseworkers are not prepared to perform their job duties, particularly related to assessment skills and the ability to understand and engage case participants following training.

To address these concerns, MDHHS is taking the following steps through the PIP Workforce work group:

1. Redesigning the new worker training from top to bottom, which includes new worker orientation and relationship building at the local office prior to initial training.
2. Providing ongoing support to new workers for nine months post training.
3. Offering county-specific over the shoulder support, working with staff one-on-one at local manager request.
4. Exploring the cost effectiveness of adding an additional training site. In October 2019, a pilot CPS only Pre-Service Institute will be held at a third location (Gaylord).
5. In 2019, four additional Pre-Service Institutes were held, two of which were in Grand Rapids.
6. Integrating mentoring redesign with the initial training redesign, including updating training materials. A mentoring training session was incorporated into BSC in-service training.
7. Exploring additional training options for ongoing training support such as mobile video trainings and partnerships with universities.

POPULATION AT THE GREATEST RISK OF MALTREATMENT

In 2018, the population identified at greatest risk of maltreatment was children ages 3 and younger living with their biological parents, constituting 38 percent of total child victims. The percentage of identified victims ages 3 and younger has been between 38 and 40 percent during the previous three reporting years (2015: 39 percent, 2016: 39 percent, 2017: 40 percent).

The policies and services described below are directed toward this vulnerable population and remained in place in 2018. Policy enhancements and services described earlier are applicable and available to all children regardless of their age, except where specific populations are noted.

Factors included in identifying the population of children at greatest risk of maltreatment include vulnerability due to their age and stressors on parents because of the children's dependent status. Eight areas of policy and practice focus on this population in Michigan:

1. **Multiple Complaint Policy.** The multiple complaint policy requires that whenever MDHHS Centralized Intake receives a third complaint in a home with a child under 3 years of age, a preliminary investigation must be completed to assess the likelihood of maltreatment. This ensures that repeat abuse and neglect complaints on the youngest children are not screened out, but at a minimum, undergo investigation to determine risk to the children and their service needs.
2. **Safe Sleep Policy.** The Safe Sleep policy, described earlier in this report, requires that workers include in their assessments of children under 1 year (for any investigation type) the factors that place a child at risk of suffocation in his or her sleep environment.
3. **Birth Match System.** This screening system identifies when a parent who previously lost rights to a child or committed an egregious act of abuse or neglect has given birth to a new baby in Michigan. This service includes automatic case assignment and requires workers to make immediate contact to assess the safety and well-being of the infant and evaluate the risk of maltreatment. Each year, this system identifies nearly 1,000 matches, leading to investigation and services for many children at elevated risk of maltreatment.
4. **Early On.** All child victims aged birth to 36 months in substantiated cases of categories I or II are referred to Michigan's Part C-funded early intervention service, Early On. Early On is described earlier in this report.
5. **Protect MiFamily.** In 2017 and 2018, Protect MiFamily, Michigan's Title IV-E waiver project, focused on reducing the likelihood of maltreatment or repeat maltreatment. Protect MiFamily operated in Macomb, Muskegon and Kalamazoo counties. The Protect MiFamily Title IV-E Waiver project concluded in June 2018.
6. **Infant Mental Health Services.** Infant mental health services provide home-based parent-infant support and intervention to families where the parent's condition and life

circumstances or the characteristics of the infant threaten the parent-infant attachment and the consequent social, emotional, behavioral and cognitive development of the infant. The infant mental health specialist provides home visits to families who are enrolled during pregnancy, around the time of birth or during the infant's first year. The specialist provides weekly home visits, or more frequently, if the family is in crisis.

7. **Infant Plans of Safe Care.** In accordance with the 2016 federal Comprehensive Addiction Recovery Act, Michigan modified policies to address the needs of infants exposed to medications or substances.
8. **Safety Planning.** In February 2019, PSM 713-01, CPS Investigation – General Instructions and Checklist was updated to include guidance regarding safety planning. The policy provides guidance regarding the requirements of a safety plan as well as how to document safety plans. The following requirements of safety planning were added into policy:
 - Safety plans should address immediate concerns.
 - Safety plans should be developed with the input of parents.
 - Safety plans should include formal and information supports.
 - Safety plans should be realistic, achievable and understood, as well as specific, modifiable, and based on parent strengths.

JUVENILE JUSTICE TRANSFERS

One-hundred-thirty-nine young people in Michigan's abuse/neglect foster care system were adjudicated as delinquent in FY 2018. This data was obtained from the wardship coding in MiSACWIS that counted those children and youth whose type of wardship changed from abuse/neglect to juvenile justice or who became dual abuse/neglect-juvenile justice wards in FY 2018. As of Jan. 25, 2019, there were 189 dual abuse/neglect-juvenile justice wards in Michigan.

The juvenile justice system in Michigan is decentralized, with each county responsible for its juvenile delinquent population. County courts may refer a youth to MDHHS for delinquency care and supervision as a temporary delinquent court ward under the Social Welfare Act, 1939 PA 280 or commit the youth as a public ward under the Youth Rehabilitation Services Act, 1974 PA 150 as dispositional options under the Probate Code, 1939 PA 288.

Juvenile Supervision in Michigan

In Michigan, most youth in the juvenile justice system remain the responsibility of the local court. Some youth who have had open foster care cases enter the juvenile justice system and remain under court supervision. The state does not have access to case management systems used by court programs; therefore, determining the number of dual wards is challenging.

Goal: MDHHS will work collaboratively with the county courts to improve data collection.

- **Status:** Juvenile Justice Programs continues participation in a statewide work group formed by county family courts called Juvenile Justice Vision 20/20.

Services to Court-Supervised Youth

In Michigan, court-supervised youth are treated in the community, in county or court-operated juvenile facilities, or in privately operated juvenile facilities under contract to the court or county. Some youth are in foster homes licensed through the court. These youth are often younger than those the state supervises, have committed less severe offenses, and generally do not require specialized services. The Child Care Fund is the primary funding mechanism for juvenile justice services in Michigan. This fund reimburses counties for 50 percent of eligible costs for juvenile justice and non-Title IV-E-eligible youth. Many counties utilize their Child Care Fund dollars to develop effective lower cost community-based interventions for youth adjudicated as delinquents.

Regional Detention Support Services

Regional Detention Support Services is a nationally recognized program. The purpose of Regional Detention Support Services is to provide alternatives to jail and detention for juveniles who have been detained and are awaiting a hearing and/or a placement. Service components include holdover, home detention, transportation, and tether. Eligible jurisdictions include 53 rural counties that do not have secure detention facilities in Michigan and Native American Tribal jurisdictions. Local MDHHS office juvenile justice specialists may utilize all Regional Detention Support Services program components through establishment of a protocol with the local court.

Services to State-Supervised Youth

Youth referred or committed to MDHHS for juvenile justice services are provided with case management by MDHHS juvenile justice specialists. A youth may remain in home or in a community-based out-of-home placement and receive local services or be placed through the Juvenile Justice Assignment Unit in public or private residential treatment facilities.

Children's Protective Services Workers

For FY2019, a total of 1678.0 Children's Protective Services (CPS) workers are allocated. This represents an increase of 129 positions over FY2018. The Individual Flex BSC MVT Rate of 5% was applied for Children's Protective Services (CPS) workers resulting in 68 rounded flex positions that are to be retained in the BSC Flex Allocation to allow for flexibility in addressing individual county needs.

At this point in the allocation process, an Individual BSC MVT Rate was determined to assist local offices in meeting their ISEP caseload requirements by providing a sufficient number of staff to cover vacancies, medical leaves of absences, and other situations where staff might not be available for work. It was calculated on data collected from August 2017 through July 2018 and adjusted as needed for budgetary allowance. For CPS, the Individual BSC MVT rate was applied to each BSC as follows: BSC 1 earned 16.50 % (21.62 positions), BSC 2 earned 11.50 % (25.63 positions), BSC 3 earned 20.50 % (61.52 positions), BSC 4 earned 17.50 % (21.40 positions), and BSC 5 earned 28.50 % (147.60).

CPS Worker Formula:

The following CPS ratios remain as defined by the Implementation, Sustainability and Exit Plan (ISEP):

<u>Staffing Category</u>	<u>Ratio</u>	<u>Data Source</u>
Ongoing:	17:1	Fact Sheet Data – 08/17-07/18
Investigations:	12:1	Fact Sheet Data - 08/17-07/18

Initial staffing levels are determined by dividing each county's average caseloads by the ratios indicated above. The 12-month caseload averages include the linked investigations as well as guardianship cases. The 12-month caseload average for Assigned Investigations in each local office has been increased by 151.1% prior to application of the ratio. This multiplier is calculated based on the following logic:

An investigation can take a total of 44 days to complete— from case assignment to supervisory approval. The total days for 12 cases opened for 44 days is 528 days (12*44). On average, 10% of investigations (1.2 cases) are granted an extension for 20 days – this adds 24 additional days to the 528 days (1.2 * 20). Therefore, the average days for 12 investigations and approved extensions is 552 (528+24). The average days for a case to be on a caseload is 46 (552/12). The standard for the average days per month is 30.44. Dividing the average number of days for a caseload (46) by the average days per month (30.44) the factor of 1.511 is derived.

Note: Supervision for all CPS workers is calculated as if ALL of the workers added by the Flex Positions are in the county office, per calculation. Thus, there are no BSC Supervisor Flex Positions.

Rounding Formula

In FY2019, Direct Care Workers, Foster Home Licensing and Recruitment Workers and CPS Workers are each rounded separately and all assigned/*off-the-top* positions are shown as whole positions. All calculated positions are rounded to the next greater whole number.

FY2019 CHILD WELFARE ROLL-UP

Run Date: 01/15/19	FY2019		FY2019		FY2019		FY2019		FY2019		FY2019		FY2019		FY2019		FY2018		Change from FY2018
	Final Direct Care Workers	BSC Flex Allocation	Final FHL Workers	BSC Flex Allocation	Final CPS Workers	BSC Flex Allocation	Health Liaisons	MT Team	Funding Special (CWFS)	Ed. Plan.	CL Liaison URM Scholar	MYOI Staff	Total CSA Positions (no MIC)	FY2018 Total CSA Positions	FY2018 Change from FY2018				
STATE TOTAL	679.00	29.00	113.00	7.00	1610.00	66.00	34.00	50.00	82.00	15.00	14.00	42.00	2743.00	2614.00	129.00				
BSC 1		3.00		1.00		7.00	3.00		1.00				15.00	15.00	0.00				
ALCONA/	1.00				3.00								4.00	4.00	0.00				
IOSCO	4.00		1.00		6.00							1.00	12.00	13.00	-1.00				
ALPENA/	3.00		1.00		6.00			1.00				1.00	12.00	13.00	-1.00				
MONTMORENCY	1.00		0.00		2.00								3.00	3.00	0.00				
ALGER/	1.00		0.00		2.00								3.00	3.00	0.00				
MARQUETTE/	2.00		2.00		12.00			1.00	1.00			1.00	19.00	19.00	0.00				
SCHOOLCRAFT	1.00		0.00		2.00								3.00	3.00	0.00				
ANTRIM/	2.00		0.00		6.00								8.00	8.00	0.00				
CHARLEVOIX/	0.00		0.00		0.00								0.00	0.00	0.00				
EMMET	3.00		1.00		12.00			1.00	1.00			1.00	19.00	15.00	4.00				
BARAGA/	1.00		0.00		2.00							1.00	5.00	3.00	2.00				
HOUGHTON/	1.00		0.00		5.00							1.00	7.00	7.00	0.00				
KEMENAW	0.00		0.00		0.00								0.00	0.00	0.00				
BENZIE/	1.00		0.00		4.00			1.00	1.00				5.00	5.00	0.00				
MANISTEE	2.00		1.00		7.00			1.00	1.00				9.00	9.00	0.00				
CHEBOYGAN/	2.00		0.00		2.00								12.00	11.00	1.00				
PRESQUE ISLE	1.00		0.00		2.00								3.00	3.00	0.00				
CHIPPEWA/	3.00		2.00		8.00			1.00					14.00	16.00	-2.00				
LUCE/	1.00		0.00		2.00								3.00	4.00	-1.00				
MACKINAC	1.00		0.00		2.00								3.00	3.00	0.00				
CRAWFORD/	3.00		0.00		3.00				1.00				9.00	11.00	-2.00				
OSCODA/	1.00		0.00		2.00								3.00	4.00	-1.00				
OTSEGO	3.00		0.00		6.00							1.00	11.00	11.00	0.00				
DELTA/	2.00		0.00		7.00			1.00	1.00				11.00	10.00	1.00				
DICKINSON/	2.00		2.00		4.00			1.00					8.00	8.00	0.00				
MENOMINEE	2.00		0.00		4.00								6.00	5.00	1.00				
GOGEBIC/	3.00		0.00		3.00							1.00	8.00	10.00	-2.00				
IRON/	1.00		0.00		3.00								4.00	5.00	-1.00				
ONTONAGON	1.00		0.00		1.00								2.00	2.00	0.00				
GRAND TRAVERSE/	4.00		1.00		18.00			1.00	1.00			1.00	27.00	28.00	-1.00				
KALKASKA/	1.00		0.00		5.00								6.00	7.00	-1.00				
LEELANAU	0.00		0.00		0.00								0.00	0.00	0.00				
OGEAW/	3.00		2.00		5.00			1.00	1.00				13.00	13.00	0.00				
ROSCOMMON	2.00		0.00		6.00								8.00	7.00	1.00				
MISSAUKEE/	0.00		0.00		0.00								0.00	0.00	0.00				
WEXFORD	4.00		2.00		14.00				1.00			1.00	22.00	22.00	0.00				
TOTAL	63.00	3.00	20.00	1.00	169.00	7.00	3.00	11.00	8.00	2.00	0.00	10.00	297.00	288.00	-1.00				
BSC 2		5.00		2.00		12.00							19.00	19.00	0.00				
GENESEE	0.00		0.00		0.00								0.00	0.00	0.00				
INGHAM	25.00		4.00		52.00		2.00	1.00	3.00		2.00	1.00	90.00	90.00	0.00				
SAGINAW	9.00		2.00		32.00		1.00	1.00	1.00			1.00	47.00	48.00	-1.00				
ARENAC/	3.00		0.00		3.00								6.00	6.00	0.00				
BAY	8.00		3.00		22.00			1.00	1.00			1.00	38.00	36.00	2.00				
CLARE/	4.00		0.00		8.00			1.00	1.00			1.00	12.00	13.00	-1.00				
ISABELLA	4.00		5.00		11.00			1.00	1.00			1.00	23.00	24.00	-1.00				
CLINTON/	3.00		0.00		7.00			1.00	1.00			1.00	14.00	13.00	1.00				
EATON	5.00		3.00		19.00		1.00						28.00	29.00	-1.00				
GLADWIN/	4.00		0.00		6.00			1.00	1.00			1.00	10.00	10.00	0.00				
MIDLAND	8.00		3.00		13.00			1.00	1.00			1.00	27.00	25.00	2.00				
GRATIOT/	3.00		0.00		7.00								10.00	11.00	-1.00				
SHIAWASSEE	5.00		3.00		14.00			1.00	1.00			1.00	25.00	25.00	0.00				
HURON/	2.00		0.00		6.00								8.00	10.00	-2.00				
LAPEER/	3.00		0.00		11.00			1.00	1.00			1.00	15.00	17.00	-2.00				
TUSCOLA	5.00		3.00		11.00			1.00	1.00			1.00	21.00	20.00	1.00				
ST. CLAIR/	12.00		6.00		26.00		1.00	1.00	2.00			1.00	49.00	51.00	-2.00				
SANILAC	5.00		0.00		9.00								14.00	13.00	1.00				
TOTAL	108.00	5.00	32.00	2.00	257.00	12.00	6.00	9.00	12.00	2.00	2.00	9.00	456.00	452.00	-4.00				

FY2019 CHILD WELFARE ROLL-UP

Run Date: 01/15/19	FY2019		FY2019		FY2019		FY2019		FY2019		FY2019		FY2019		FY2019		FY2019		Change from FY2018
	Final Direct Care Workers	BSC Flex Allocation	Final FHL Workers	BSC Flex Allocation	Final CPS Workers	BSC Flex Allocation	Health Liaisons	MITeam	Funding Special (CWPS)	Ed. Plann.	Urn. Scholar	MYOI Staff	Total CSA Positions	FY2018 Total CSA Positions (no.MC)	FY2018 Total CSA Positions				
BSC 3		7.00		2.00		16.00	1.00												
BERRIEN	16.00		3.00		30.00		1.00	1.00	2.00			1.00	54.00	51.00	54.00	51.00	51.00	51.00	3.00
CALHOUN	16.00		4.00		34.00		1.00	1.00	2.00	1.00		1.00	60.00	55.00	60.00	55.00	55.00	55.00	5.00
KALAMAZOO	33.00		3.00		62.00		2.00	1.00	4.00			1.00	108.00	105.00	108.00	105.00	105.00	105.00	3.00
KENT	0.00		0.00		0.00		0.00	0.00	0.00				0.00	0.00	0.00	0.00	0.00	0.00	0.00
MUSKOGON	22.00		4.00		49.00		1.00	1.00	3.00	1.00		1.00	82.00	77.00	82.00	77.00	77.00	77.00	5.00
OTTAWA	9.00		3.00		32.00		1.00	1.00	1.00			1.00	48.00	45.00	48.00	45.00	45.00	45.00	3.00
VAN BUREN	13.00		3.00		18.00		1.00	1.00	1.00			1.00	38.00	37.00	38.00	37.00	37.00	37.00	1.00
ALLEGAN/	10.00		3.00		26.00		1.00	1.00	1.00			1.00	42.00	38.00	42.00	38.00	38.00	38.00	4.00
BARRY	4.00		0.00		12.00		1.00	1.00	1.00			1.00	18.00	15.00	18.00	15.00	15.00	15.00	3.00
CASS/	9.00		3.00		15.00		1.00	1.00	1.00			1.00	24.00	25.00	24.00	25.00	25.00	25.00	-1.00
ST. JOSEPH	10.00		0.00		14.00		1.00	1.00	1.00			1.00	22.00	19.00	22.00	19.00	19.00	19.00	3.00
IONIA/	5.00		0.00		17.00		1.00	1.00	1.00			1.00	25.00	25.00	25.00	25.00	25.00	25.00	0.00
MONTCALM	6.00		2.00		3.00		1.00	1.00	1.00			1.00	5.00	6.00	5.00	6.00	6.00	6.00	-1.00
LAKE/	2.00		0.00		14.00		1.00	1.00	1.00			1.00	25.00	27.00	25.00	27.00	27.00	27.00	-2.00
NEWAYGO	6.00		2.00		8.00		1.00	1.00	1.00			1.00	12.00	11.00	12.00	11.00	11.00	11.00	1.00
MASON/	3.00		0.00		18.00		1.00	1.00	1.00			1.00	27.00	25.00	27.00	25.00	25.00	25.00	2.00
OCEANA	2.00		1.00		8.00		1.00	1.00	1.00			1.00	12.00	12.00	12.00	12.00	12.00	12.00	0.00
MESOSTA/	4.00		2.00		18.00		1.00	1.00	1.00			1.00	27.00	25.00	27.00	25.00	25.00	25.00	2.00
OSCEOLA	0.00		0.00		0.00		0.00	0.00	0.00			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL	170.00	7.00	33.00	2.00	369.00	16.00	9.00	11.00	20.00	3.00	2.00	12.00	654.00	625.00	654.00	625.00	625.00	625.00	29.00
BSC 4		3.00		1.00		7.00													
JACKSON	18.00		3.00		42.00		1.00	1.00	2.00	1.00		1.00	69.00	65.00	69.00	65.00	65.00	65.00	4.00
LIVINGSTON	6.00		2.00		17.00		1.00	1.00	1.00			1.00	28.00	28.00	28.00	28.00	28.00	28.00	0.00
MACOMB																			
OAKLAND	9.00		3.00		28.00		1.00	1.00	1.00			1.00	45.00	45.00	45.00	45.00	45.00	45.00	0.00
WAYNE																			
WASHTENAW																			
BRANCH	8.00		0.00		11.00		1.00	1.00	1.00			1.00	19.00	17.00	19.00	17.00	17.00	17.00	2.00
HILLSDALE/	7.00		3.00		18.00		1.00	1.00	1.00			1.00	26.00	25.00	26.00	25.00	25.00	25.00	1.00
LENAWEE/	6.00		0.00		20.00		1.00	1.00	1.00			1.00	39.00	37.00	39.00	37.00	37.00	37.00	2.00
MONROE	13.00		4.00		27.00		1.00	1.00	1.00			1.00	46.00	43.00	46.00	43.00	43.00	43.00	3.00
TOTAL	67.00	3.00	15.00	1.00	147.00	7.00	2.00	4.00	7.00	1.00	2.00	6.00	261.00	245.00	261.00	245.00	245.00	245.00	16.00
BSC 5		11.00		1.00		28.00													
GENESEE CSA	30.00		2.00		92.00		2.00	2.00	4.00	1.00	1.00	1.00	135.00	124.00	135.00	124.00	124.00	124.00	11.00
KENT CSA	11.00		1.00		11.00		1.00	2.00	6.00	0.00	4.00	1.00	137.00	127.00	137.00	127.00	127.00	127.00	10.00
MACOMB CSA	28.00		3.00		67.00		2.00	2.00	4.00	1.00	1.00	1.00	129.00	120.00	129.00	120.00	120.00	120.00	9.00
OAKLAND CSA	41.00		4.00		102.00		2.00	2.00	5.00	1.00	1.00	1.00	159.00	154.00	159.00	154.00	154.00	154.00	5.00
WAYNE CSA	147.00		3.00		276.00		7.00	7.00	16.00	4.00	1.00	2.00	463.00	417.00	463.00	417.00	417.00	417.00	46.00
TOTAL	257.00	11.00	13.00	1.00	668.00	25.00	14.00	15.00	35.00	7.00	8.00	6.00	1061.00	980.00	1061.00	980.00	980.00	980.00	81.00
CSA	14												14.00	14.00	14.00	14.00	14.00	14.00	0.00
STATE TOTAL	679.00	29.00	113.00	7.00	1610.00	68.00	34.00	50.00	82.00	15.00	14.00	42.00	2743.00	2614.00	2743.00	2614.00	2614.00	2614.00	129.00

**MICHIGAN CIVIL SERVICE COMMISSION
JOB SPECIFICATION**

SERVICES SPECIALIST

JOB DESCRIPTION

Employees in this job complete and oversee a variety of professional assignments to provide services to socially and economically disadvantaged individuals in programs administered by the Michigan Department of Health and Human Services (MDHHS) such as protective services, foster care, adoption, juvenile justice, foster home licensing, and adult services.

There are four classifications in this job.

Position Code Title - Services Specialist-E

Services Specialist 9

This is the entry level. As a trainee, the employee carries out a range of professional services specialist assignments while learning the methods of the work.

Services Specialist 10

This is the intermediate level. The employee performs an expanding range of professional services specialist assignments in a developing capacity.

Services Specialist P11

This is the experienced level. The employee performs a full range of professional services specialist assignments in a full-functioning capacity. Considerable independent judgment is required to carry out assignments that have significant impact on services or programs. Guidelines may be available, but require adaptation or interpretation to determine appropriate courses of action.

Position Code Title - Services Specialist-A

Services Specialist 12

This is the advanced level. At this level, employees may function as a lead worker overseeing the work of lower level Services Specialists or have regular assignments which have been recognized by Civil Service as having significantly greater complexity than those assigned at the experienced level. The recognized senior-level assignment for this level is the Maltreatment in Care (MIC) Children's Protective Services worker.

NOTE: Employees generally progress through this series to the experienced level based on satisfactory performance and possession of the required experience.

JOB DUTIES

NOTE: The job duties listed are typical examples of the work performed by positions in this job classification. Not all duties assigned to every position are included, nor is it expected that all positions will be assigned every duty.

Engages in face-to-face contact with alleged victims of abuse and/or neglect and visits their homes or designated placements.

Provides casework services to dependent, neglected, abused, and delinquent children and youth; children with disabilities; socially and economically disadvantaged and dependent adult clients; and other individuals and families.

Observes individuals, families, and living conditions.

Determines the appropriate method and course of action and implements service, treatment, and learning plans.

Develops plans and finds resources to address clients' and families' problems in housing, counseling, and other areas, using specific service methods; monitors services provided.

Writes and maintains social case histories, case summaries, case records, and related reports and correspondence.

Provides or secures protective services for endangered children and adults qualifying for such services.

Provides direct counseling services to clients.

Screens individuals newly committed to the department and develops plans for care, service, treatment, and learning.

Conducts family assessment and placement studies.

Presents assessment and service plans at pre-dispositional and dispositional hearings.

Interprets behavioral problems for parents and other caregivers and otherwise assists them in providing appropriate care to children.

Serves as liaison between the department and community groups in developing programs, interpreting rules and regulations, and coordinating programs and services.

Provides 24-hour crisis intervention assistance.

Provides on-call services.

Evaluates applications for family and group, day care, home registration and licensing purposes; regulates child care in approved homes through periodic reviews.

Recruits and trains new foster parents.

Investigates, assesses, and follows up on complaints of abuse or neglect.

Visits abused or neglected wards, family, and other support persons in their homes, foster homes, or residential placements.

Prepares legal documents, forms, and petitions; utilize state tools and systems to record case assessments and actions.

Testifies in court on progress and services rendered to children and families.

Transports clients to court hearings, clinic appointments, and placement homes.

Responds to general inquiries and conducts searches for adoptive placements for special needs children; provides post-adoptive services for the children and families.

Attends and completes annual, in-service training as required.

Performs related work as assigned.

Additional Job Duties

Services Specialist 12 (Lead Worker)

Oversees the work of professional staff by making and reviewing work assignments, establishing priorities, coordinating activities, and resolving related work problems.

Services Specialist 12 (Senior Worker)

Maltreatment in Care (MIC) Children's Protective Services Worker:

Conducts investigations of child abuse and neglect in licensed and unlicensed foster homes, residential facilities, juvenile justice facilities, day care centers, and day care homes.

Coordinates with multiple child placement agencies, court systems, and counties in relation to investigations; maintains an understanding of the court systems, and adapts work methods, processes, and approach to meet requirements and needs of the involved parties to assure successful intervention.

Redacts confidential information from Investigative Reports that are provided to the interested parties of the investigation; assures that policies and legal requirements are met and assure that each party only receives information they are legally entitled to.

The CPS-MIC investigator takes the lead on coordinating the investigation involving multiple child welfare programs and/or law enforcement and facilitates the dispositional case conference with all parties to review and ensure consistency with the investigative findings.

JOB QUALIFICATIONS

Knowledge, Skills, and Abilities

NOTE: Some knowledge in the area listed is required at the entry level, developing knowledge is required at the intermediate level, considerable knowledge is required at the experienced level, and thorough knowledge is required at the advanced level.

Knowledge of state and federal social welfare laws, rules and regulations.

Knowledge of social work theory and casework, group work and community-organization methods.

Knowledge of interviewing techniques.

Knowledge of human behavior and the behavioral sciences, including human growth and development, dynamics of interpersonal relationships, and family dynamics.

Knowledge of cultural and subcultural values and patterns of behavior.

Knowledge of the basic principles of casework involving analysis of the physical, psychological, and social factors contributing to maladjustment.

Knowledge of the problems of child welfare work with reference to dependent children, children with behavior problems and other children in need of special care.

Knowledge of casework methods and problems involved in the adoption and boarding of children.

Knowledge of juvenile court procedures.

Knowledge of social problems and their causes, effects, and means of remediation.

Knowledge of the types of discrimination and mistreatment to which clients may be subjected.

Knowledge of family and marital problems, and their characteristics and solutions.

Knowledge of community resources providing assistance to families and individuals.

Knowledge of departmental assistance payments programs.

Ability to observe client conditions and environments.

Ability to operate a motor vehicle.

Ability to maneuver through homes safely.

Ability to apply rehabilitation principles and concepts to social casework.

Ability to develop, monitor, and modify client service plans.

Ability to communicate with individuals who have emotional or mental problems and with members of different cultural or subcultural groups.

Ability to persuade or influence people in favor of specific actions, changes in attitude, or insights.

Ability to interpret laws, regulations, and policies.

Ability to maintain records and prepare reports and correspondence related to the work.

Ability to communicate effectively with others.

Ability to maintain favorable public relations.

Additional Knowledge, Skills, and Abilities

Services Specialist 12 (Lead Worker)

Ability to utilize the competencies of teaming, engagement, assessment, and mentoring in all aspects of job responsibilities.

Knowledge of federal and state mandated confidentiality laws; ability to accurately apply these laws and redact documents accordingly.

Ability to maintain confidentiality in accordance with laws, regulations, policies, and procedures.

Ability to organize and facilitate meetings.

Ability to organize and coordinate the work of others.

Ability to set priorities and assign work to other professionals.

Services Specialist 12 (Senior Worker)

Ability to utilize the competencies of teaming, engagement, assessment, and mentoring in all aspects of job responsibilities.

Ability to professionally communicate both in writing and orally.

Ability to work with several different software systems.

Ability to collect and use critical thinking to analyze data.

Ability to enhance and develop the knowledge and skills needed to act as a technical expert.

Ability to work autonomously.

Ability to use conflict resolution, respectful communication, facilitation, negotiation and organizational skills.

Ability to impact change by using leadership skills.

Ability to be proficient at teaming, engaging, assessing and mentoring.

Knowledge of how to utilize state tools and systems to record case assessments and actions.

Knowledge of how to prepare legal documents, forms and petitions.

Knowledge of federal and state mandated confidentiality laws; ability to accurately apply these laws and redact documents accordingly.

Ability to maintain confidentiality in accordance with laws, regulations, policies, and procedures.

Knowledge of risk assessment.

Knowledge of group dynamics and processes.

Knowledge of child welfare statutes, policies, and procedures.

Ability to organize and facilitate meetings.

Working Conditions

Some jobs require considerable travel.

Some jobs require an employee to work in adversarial situations.

Some jobs require an employee to work in a hostile environment.

Physical Requirements

Some jobs require the ability to lift 25 lbs. in order to complete the duties of the position. This can include children and equipment.

Education

Possession of a bachelor's or master's degree with a major in one of the following human services areas: social work, sociology, psychology, family ecology, community services, family studies, family and/or child development, counseling psychology, criminal justice, human services, or in a human services-related counseling major.

Experience

Services Specialist 9

No specific type or amount is required.

Services Specialist 10

One year of professional experience providing casework services to socially and economically disadvantaged individuals equivalent to a Services Specialist 9.

Services Specialist P11

Two years of professional experience providing casework services to socially and economically disadvantaged individuals equivalent to a Services Specialist, including one year equivalent to a Services Specialist 10.

Services Specialist 12

Three years of professional experience providing social casework services to socially and economically disadvantaged individuals equivalent to a Services Specialist, including one year equivalent to a Services Specialist P11.

Special Requirements, Licenses, and Certifications

Candidates are subject to a MDHHS background check.

Any candidate hired as a Services Specialist in a protective services, foster care services, or adoption services position must successfully complete an eight week pre-service training program that includes a total of 270 hours of competency-based classroom and field training. The employee will also be required to pass a competency-based performance evaluation which shall include a written examination. Additionally, the employee must successfully complete a minimum number of hours of in-service training on an annual basis.

Possession of a valid driver's license.

NOTE: Equivalent combinations of education and experience that provide the required knowledge, skills, and abilities will be evaluated on an individual basis.

JOB CODE, POSITION TITLES AND CODES, AND COMPENSATION INFORMATION

Job Code

SOCSEERSPL

Job Code Description

SERVICES SPECIALIST

Position Title

Services Specialist-E

Services Specialist-A

Position Code

SOCSSPLE

SOCSSPLA

Pay Schedule

W22-079

W22-080

KB

03/10/2019

Michigan Citizen Review Panels 2018 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 2018 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:

Due to changes within the Citizen Review Panel for Prevention, including a new executive director to the Children's Trust Fund and a change in the way in which this panel seeks information, no recommendations were provided for 2018.

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

This Citizen Review Panel gives 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.

The following Recommendations were developed from participant testimony, and input from the questionnaires, and informed by statements of stakeholders and the Citizen Review Panel and Task Force membership.

Recommendation #1: The Michigan Department of Health and Human Services (MDHHS) should continue to advance efforts at addressing vicarious trauma and worker safety by ensuring supports and services for child welfare workers safety while on duty.

MDHHS Response: MDHHS agrees worker safety is critically important. In 2019, MDHHS worked with the Michigan State Police (MSP) to provide self-defense trainings to child welfare staff. MDHHS will continue to work with MSP to provide this training.

MDHHS is nearing completion of a worker safety protocol, designed to provide frontline staff with practical safety guidance. The protocol provides a model that local offices can tailor to address safety concerns pertinent to their county.

MDHHS worked with child welfare stakeholders to create the protocol including: Children's Protective Services (CPS), foster care, private agency foster care, Office of Workforce Development and Training (OWDT), the Michigan Federation for Children and Families, and the Governor's Task Force on Child Abuse and Neglect. The worker safety protocol will be completed in late 2019 and training and support will follow.

MDHHS has made efforts to address secondary trauma, including convening a Trauma Sustainability Steering Committee which strives to incorporate trauma-informed practices into child welfare. MDHHS partnered with Western Michigan University's Children's Trauma Assessment Center to address secondary trauma experienced by workers and assess and enhance office culture and climate. All newly hired staff must complete training on trauma informed child welfare practices during pre-service institute training, which includes strategies to address secondary trauma caused by the stressful nature of child welfare work. OWDT also provides an in-service training on secondary trauma which is offered throughout the state.

The Trauma Sustainability Steering Committee is currently developing a toolkit to guide local office leadership and staff in addressing secondary trauma and enhancing office culture and climate. The toolkit will include, in part, tips for creating a Trauma Debriefing Protocol, tips for engaging staff and colleagues in culture/climate enhancement activities, tips for creating an office value statement, and examples of self-care strategies.

In addition, Business Service Center One employs a Trauma Resilience Unified Support Team (TRUST) Coordinator who leads various subteams to address trauma and worker retention.

Recommendation #2: The Michigan Department of Health and Human Services (MDHHS) should help facilitate the distribution of surveys regarding plans of safe care to CPS workers, Families First workers and external providers.

MDHHS Response: MDHHS will assist the panel with surveys and to conduct focus groups. MDHHS has reviewed several drafts of potential surveys and has provided feedback. MDHHS supports providing these surveys to frontline staff and private family preservation providers to inform policy and practice changes.

Once the plans of safe care focus groups start, MDHHS is committed to sending one staff member to each focus group. This allows MDHHS to obtain feedback in real time and to address concerns as they arise. This also allows MDHHS to determine if policy amendments or training is needed.

Recently, the department has taken the following steps to address the needs of substance exposed infants, and their families:

- In 2018 MDHHS applied for and received grant funding through the Comprehensive Opioid Abuse Program Grant. This grant will provide the department with over \$ 1,000,000 to address substance use in rural areas through intensive home-based services.
- MDHHS has coordinated efforts with partners in public health and home visitation programs to ensure referrals and services meet the CAPTA required Comprehensive Abuse and Recovery Act (CARA) infant plans of safe care.
- Since 2017, MDHHS has worked with the Division of Maternal and Infant Health to ensure coordination with birthing hospitals for accurate reporting to CPS when needed. In cases where a referral to CPS is not warranted, MDHHS and the Department of Community Health have partnered to educate hospital staff on the development of plans of safe care.
- The department requires Family Preservation service contracts to require training for and tracking of plans of safe care.
- The department has made significant changes in child welfare policy to address substance use issues and has provided several trainings to support these changes.

- In 2018, the department began providing training to child welfare workers regarding opioid use disorder, the effects of opioids on the brain, medically assisted treatments, withdrawal symptoms, and what information is needed to evaluate safety and permanency.

Beginning in 2019, each state is required to report compliance with CARA. During the first year of reporting, Michigan demonstrated a compliance rate of 86% for plans of safe care established for children/families with substance exposed infants. In August 2019, Michigan was asked by the Children's Bureau to speak to its policy and practice changes and was identified as a national leader in its work reporting CARA required data in the first year of national reporting.

Recommendation #3: The Michigan Department of Health and Human Services (MDHHS) should take leadership in ensuring training and resources are allocated to the findings of the surveys and focus groups currently being conducted.

MDHHS Response: MDHHS will continue allocating resources to address substance use within Michigan and to partner with this CRP to implement findings from focus groups and surveys.

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

Many recommendations have resulted from the reviews conducted by the CRP for Child Fatalities. Highlighted below are those that address the most significant findings (corresponding to the order in which they are listed above) that the panel felt MDHHS should prioritize. Rationales are included in order to illuminate why the panel chose these specific recommendations for MDHHS focus.

Recommendations for the Michigan Department of Health and Human Services:

Recommendation #1: The Department should engage with higher-rated KPI (key performance indicator) supervisors and others identified by county directors as high-performing.

This recommendation addresses the first finding. The panel urges the Department to invite these supervisors to share how they have been successful. This will result in best practices and some peer/mentor opportunities.

MDHHS Response: The department values feedback from the field and regularly seeks perspective from groups of supervisors and others who have higher-rated KPIs or are identified by county or business service center (BSC) directors to provide useful feedback in a particular area. Recently, in training of the Supervisor Control Protocol (SCP), version 1.1, the department invited two supervisors identified for their high level of performance, to provide tips for improving completion of SCP in training.

Development of the peer review team directly meets the goal of this recommendation. The team is composed of workers and supervisors identified as high performing. The peer review team organizes and facilitates training to other supervisors and workers utilizing a mentoring approach.

Lastly, CPS Program Office supports a CPS Advisory Committee composed of supervisors from across the state who have been nominated based on identification of innovative and high performing qualities. CPS Advisory Committee meets regularly to provide feedback on potential policy changes, and lead initiatives specific to CPS.

Recommendation #2: The MiFamily model should be fully implemented statewide.

This recommendation focuses on the second finding. To address the issue of repeated investigations with the same type of allegations, the panel believes the currently piloted MiFamily model will help engage and service families more broadly.

MDHHS Response: MDHHS piloted the Protect MiFamily model from 2013 – 2018. No additional funds were allocated for continued implementation or expansion of Protect MiFamily. The department is currently pursuing the ability to expand prevention services across the state beginning in October 2020 as part of the federal Family First Prevention Services Act. A needs assessment is currently being conducted to determine what services may be the best fit in various geographic areas across the state. The department is also focusing on data analysis regarding recurrence to obtain a better understanding of where to focus resources directly impacting recurrence

Recommendation #3: The Department should consider implementing the Safe and Together model into its Domestic Violence policy (PSM 713-8) to ensure the perpetrator is engaged and assessed.

This recommendation speaks to the third finding. The panel reviewed several cases where domestic violence was a major factor, but the investigator failed to engage the offender or provide the appropriate referrals. This would have been optimal timing for implementing the Safe and Together approach. The panel believes that if the domestic violence policy requirements are built into the supervisory control protocol, the model may be better applied.

MDHHS Response: The department invested in Safe and Together training which was conducted across the state from 2015 to 2017. Recertification of trainers to continue offering Safe and Together in-service sessions is currently underway. The domestic violence policy (PSM 713-8, Special Investigative Situations) was updated effective February 1, 2019 to reinforce the suggested domestic violence practice based on the Safe and Together model. Michigan incorporates the Safe and Together model throughout the MiTEAM Practice Model Manual and as an appendix to the MiTEAM Manual. The link to the MiTEAM Manual is within the first paragraph of the new policy.

Recommendation #4: The Department should create an internal position of child abuse pediatrician.

This recommendation addresses the fourth 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, the Michigan Department of Health and Human Services should create a position of Child Abuse Pediatrician and other medical staff (structure 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 the 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 experienced in child abuse and neglect issues. This panel made this same recommendation in 2015 and would strongly encourage the department to consider ways to fund this much needed position.

MDHHS Response: MDHHS agrees with the need to seek guidance from medical professionals with specialized training and expertise in the diagnosis of child abuse and neglect. The department consults with medical experts across the state when necessary in individual cases. PSM 713-04, Medical Examination and Assessment, provides requirements for seeking medical opinions and consultations.

The Medical Advisory Committee is composed of several expert child abuse and neglect pediatricians from across the state who meet quarterly to focus on enhanced assessment and response services in situations involving alleged child abuse or neglect. MDHHS convenes a medical advisory committee to:

- Compile a statewide list of medical personnel specialized in the recognition of child abuse and neglect within each region for distribution to child welfare staff.
- Provide training for medical personnel and child welfare caseworkers and supervisors to enhance collaboration. Training provides education in areas such as the understanding medical assessment policies and protocols, optimal communication between medical professionals and child welfare workers, recognition of medical neglect, resources for seeking medical assessments, and child welfare policy requirements.

Also, the MDHHS Child Welfare Medical Unit within CSA is entirely dedicated to addressing various medical and mental health concerns within child welfare. Given the resources that exist within the Child Welfare Medical Unit and the Medical Advisory Committee, MDHHS will work to enhance communications and relationships with the already existing resources to research, assess, and obtain feedback regarding hiring a designated internal position.

Michigan Department of Health & Human Services Organizational Chart

This information in this document is a reflection of the official record in the HRMN payroll system. This is a working document and will be updated on a bi-monthly basis with the payroll system. Please review the content below for guidance on reading the organizational chart.

Box Content

Each position code should have its own box and should contain the position code, employee name, the classification indicated in HRMN, home unit (if level is appropriate).

(Note: A many to one code will contain multiple employee names but will have one position code and classification applicable to all employees in that box).

Structure Format

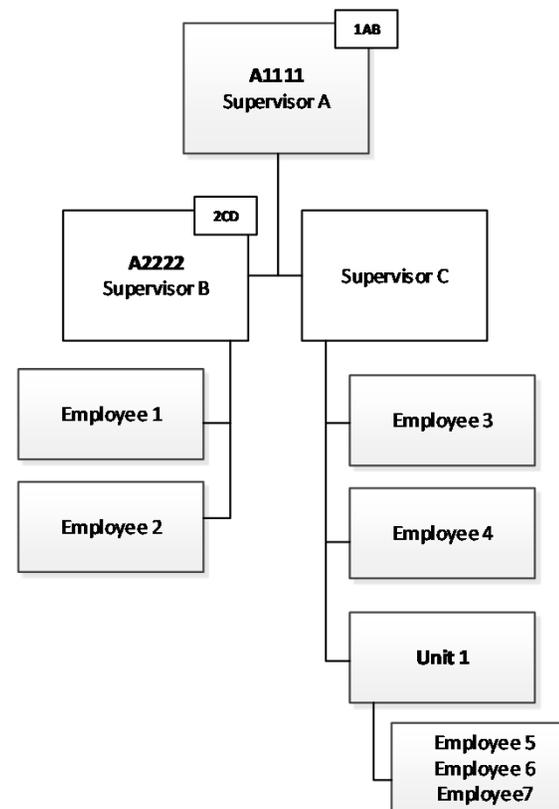
Each administration is organized by department code. A change in department code, home unit, or unit name is indicated in bold font. If a box is absent any of the above mentioned items, it is to be assumed that the applicable information to the employee in question can be confirmed by following their organizational structure. See the Q/A and illustration on the right for further clarification on how to read the org. chart.

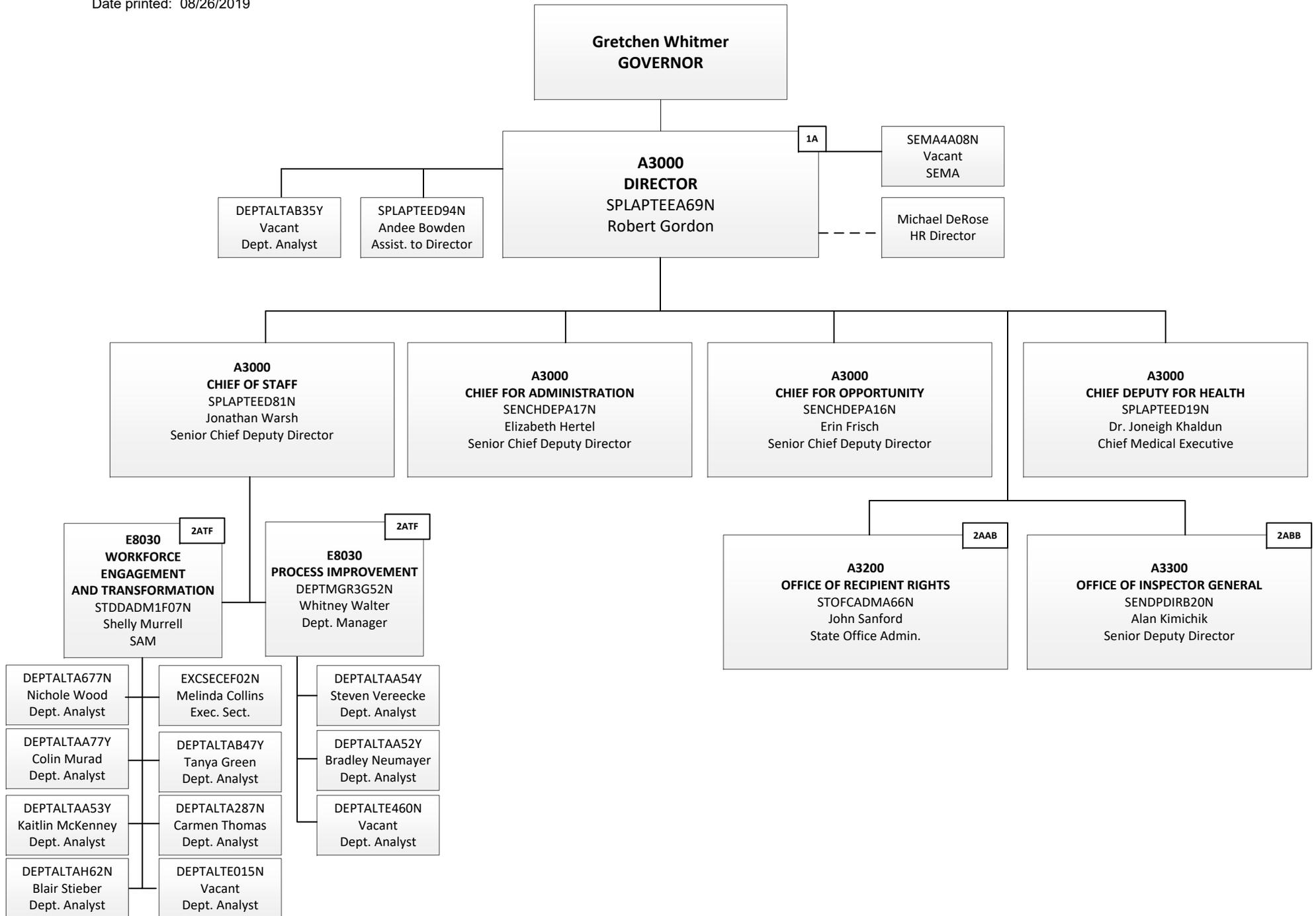
Question 1. What is the home unit of Employee 7?

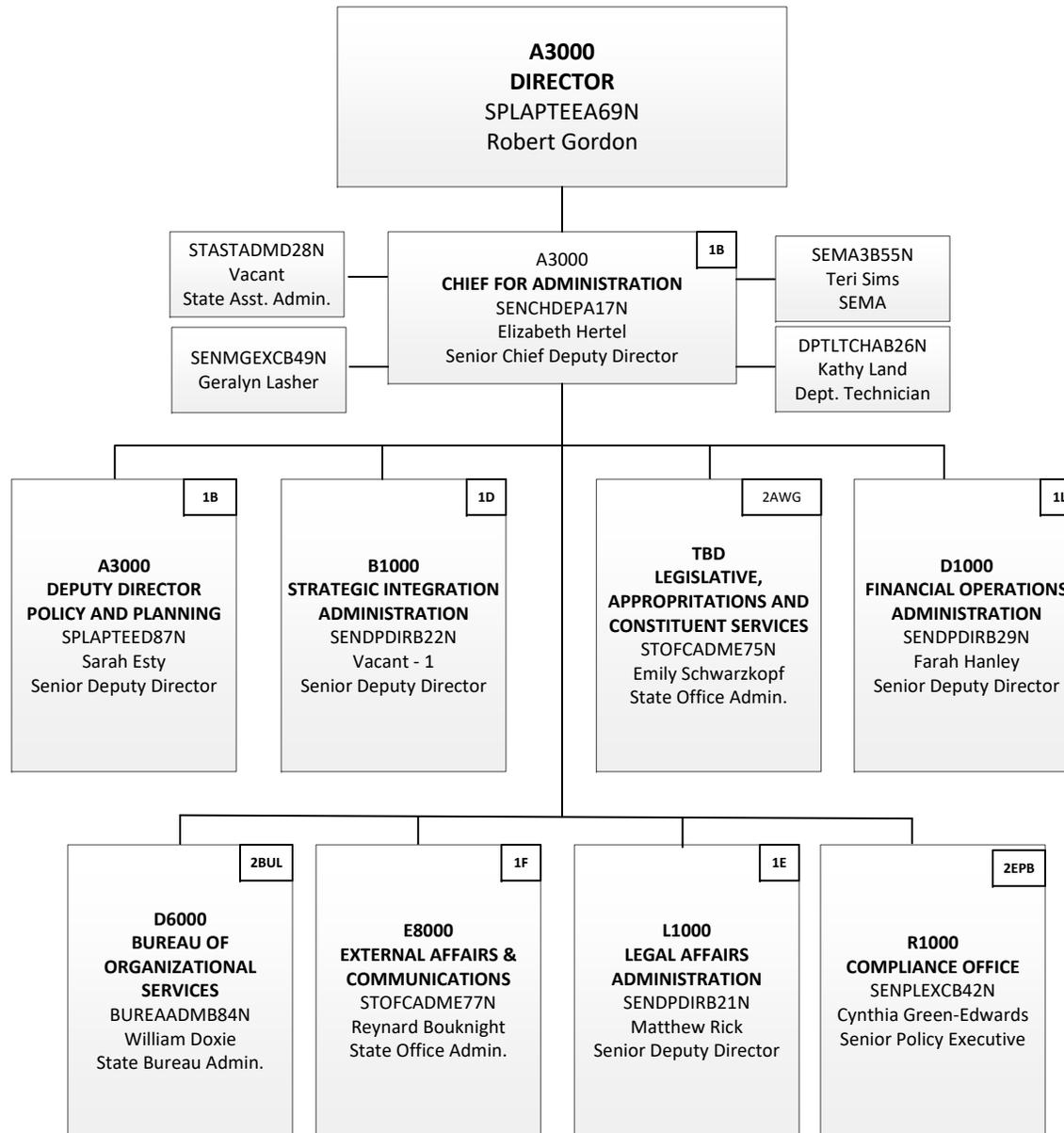
Answer 1. Employee 7 works in the "Unit 1" work unit. Employee 7 reports to Supervisor C, falls under department code A111. Therefore, the Home Unit of Employee 7 is 1AB.

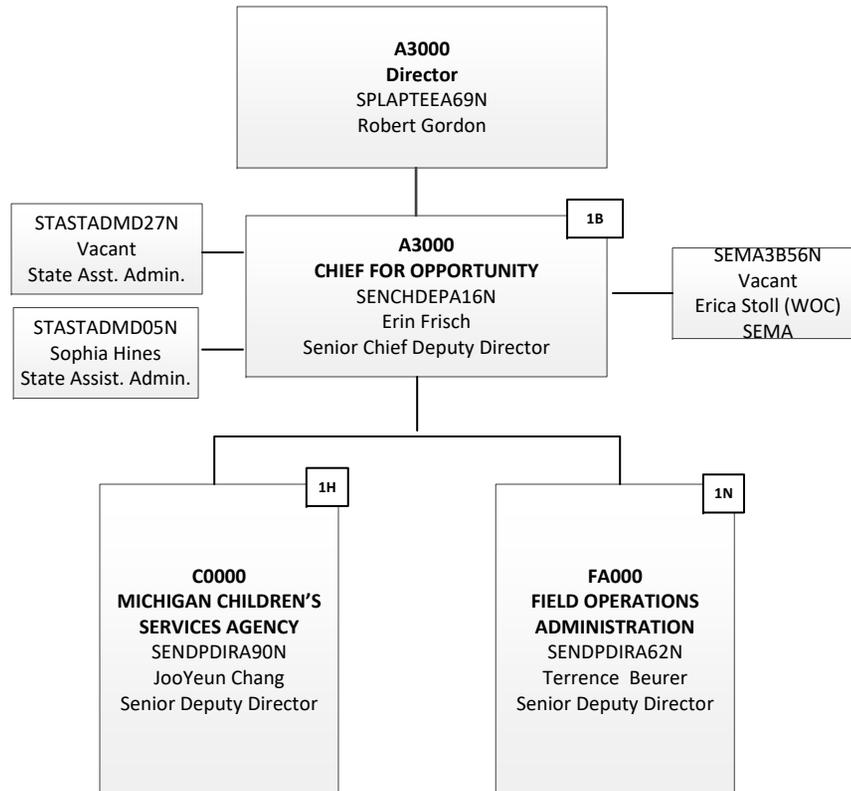
Question 2. What is the department code of Employee 1?

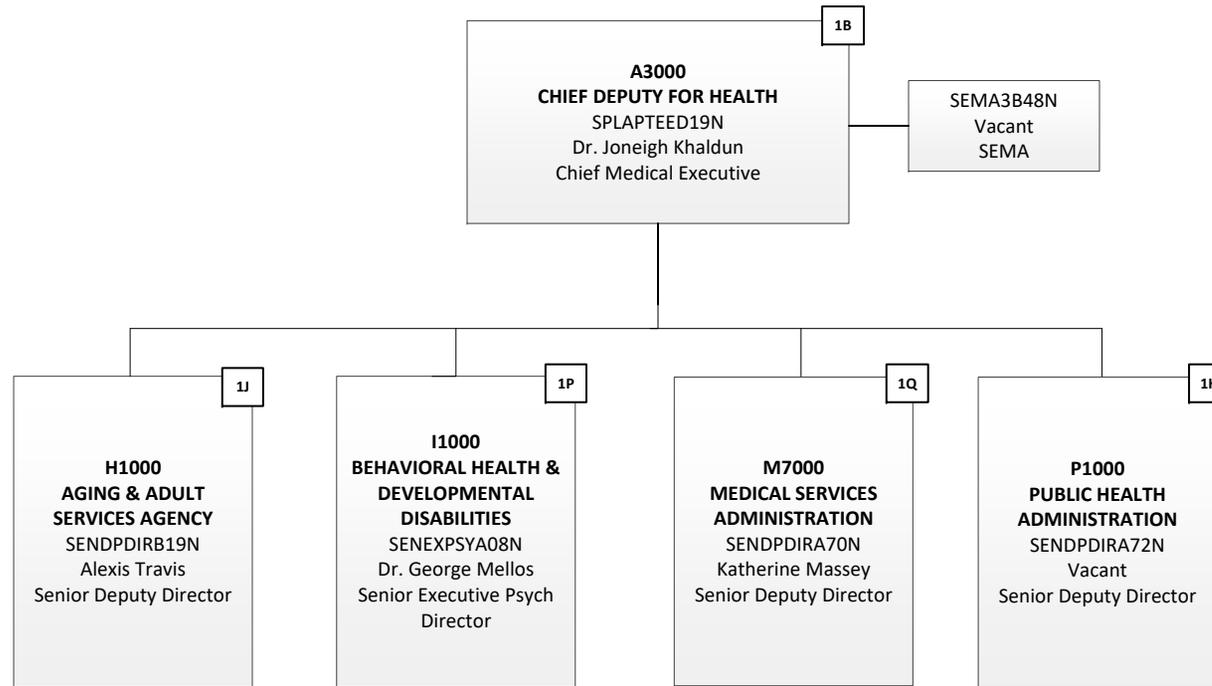
Answer 2. Employee 1 reports to Supervisor B. They both are on the home unit 2CD and on department code A2222.

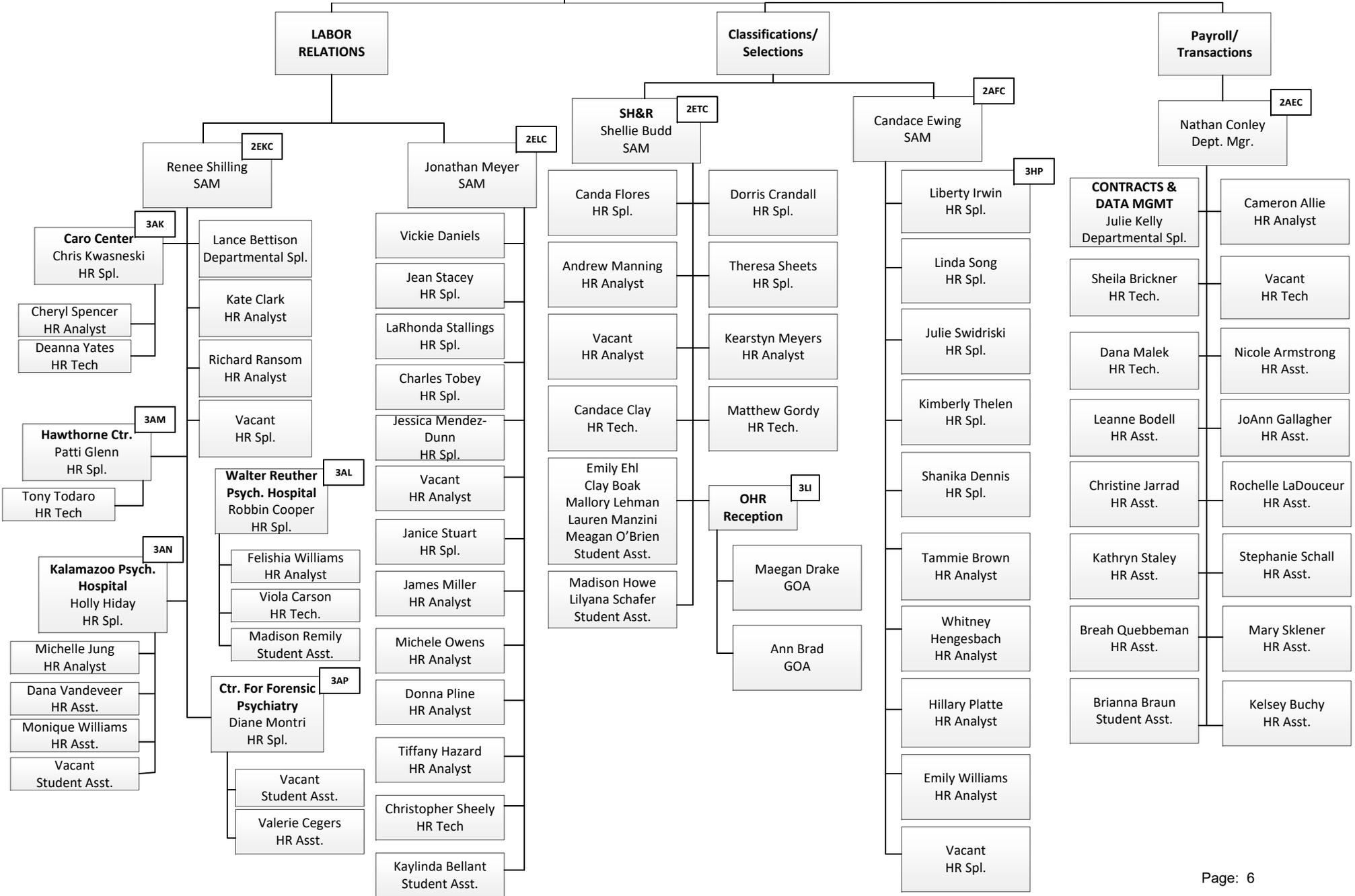
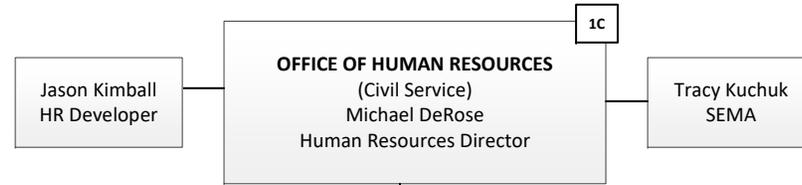


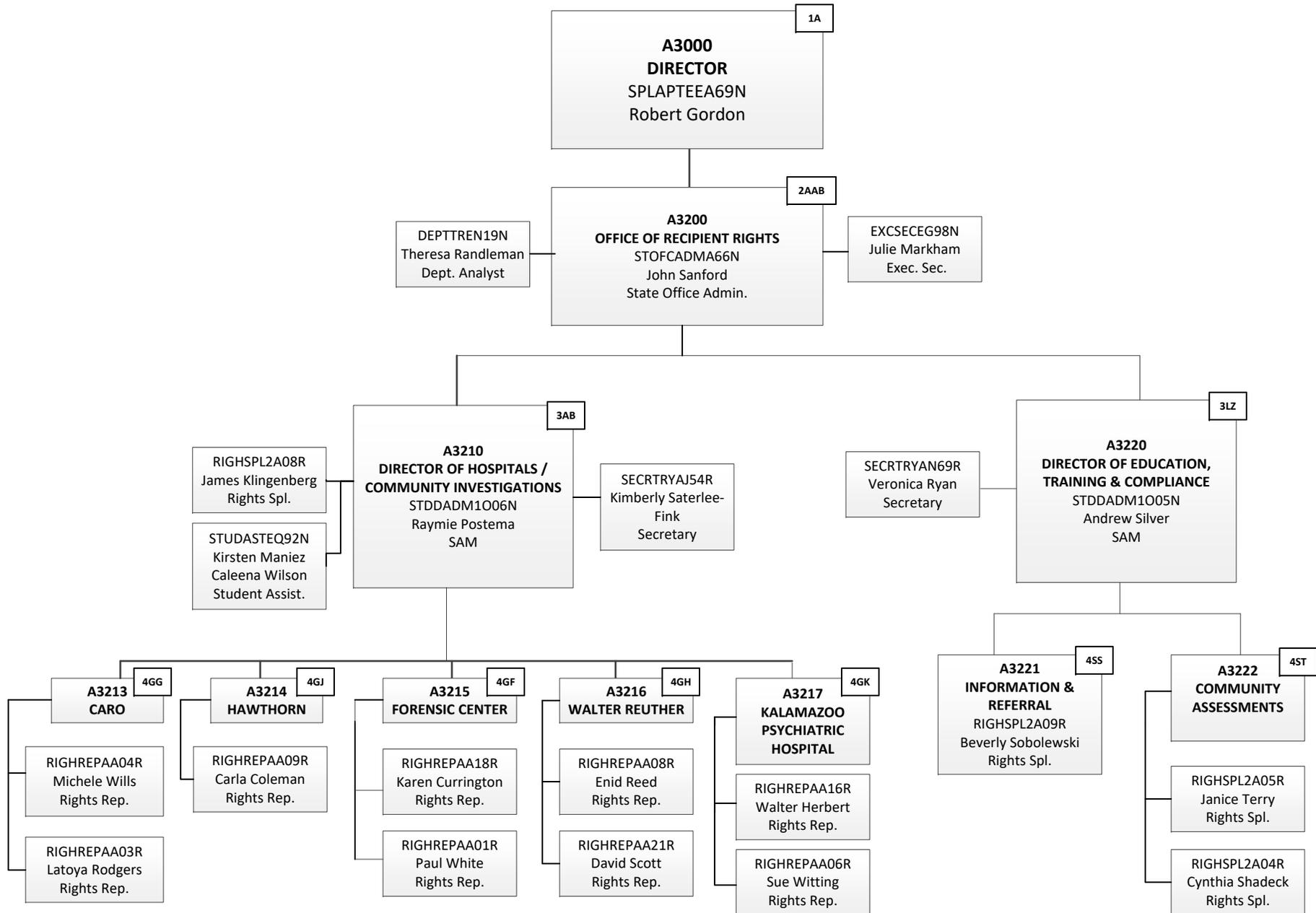


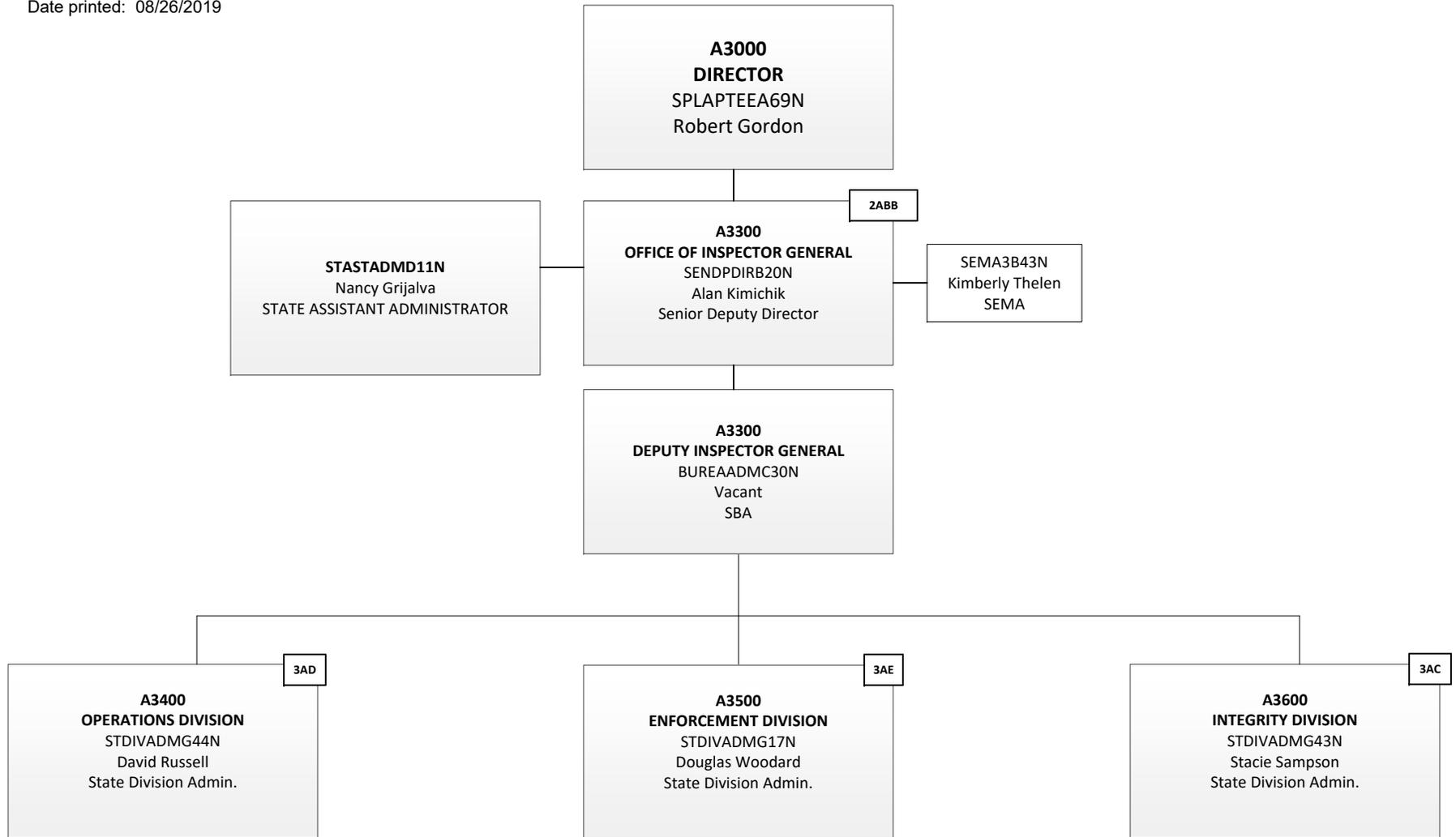


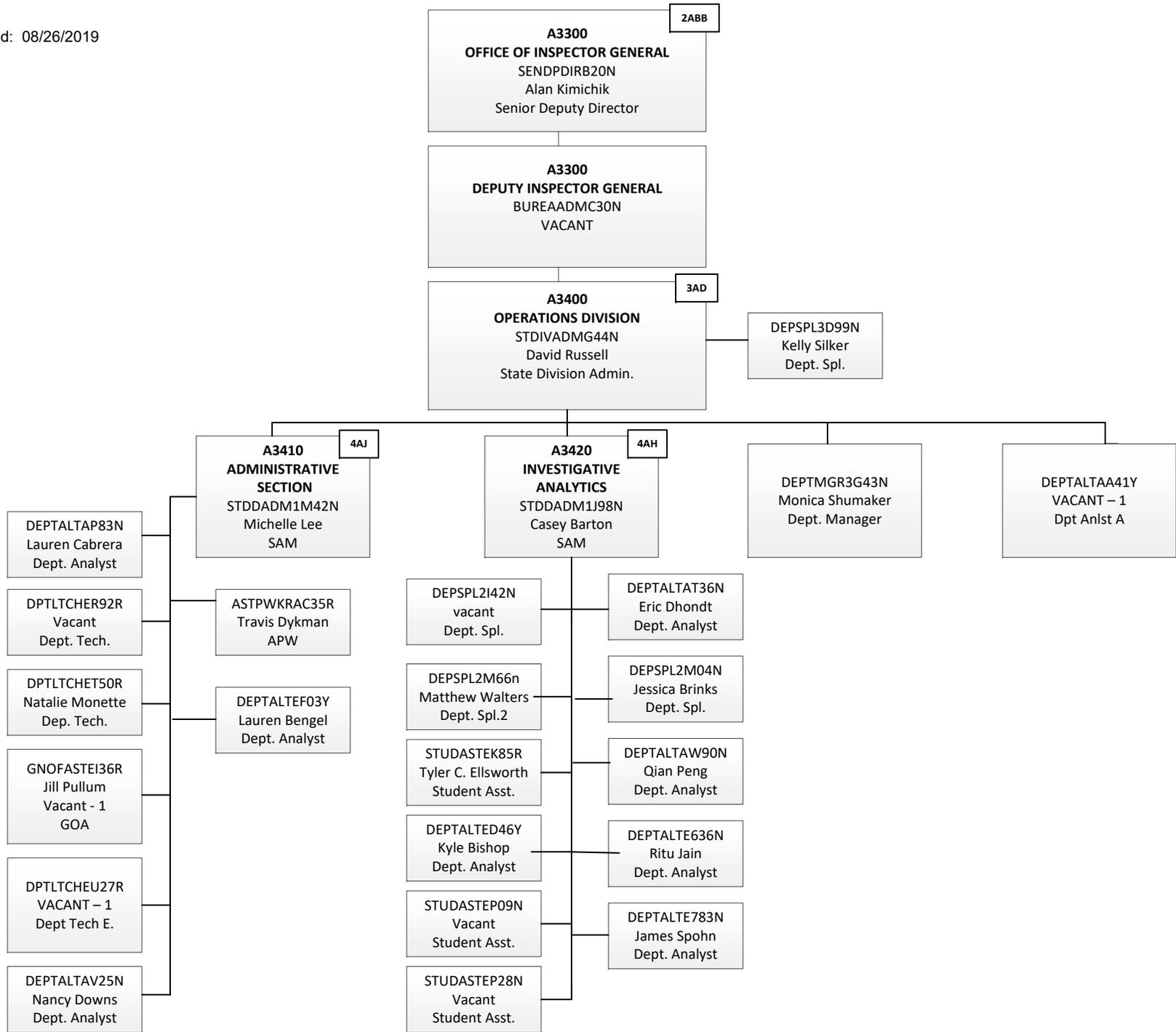


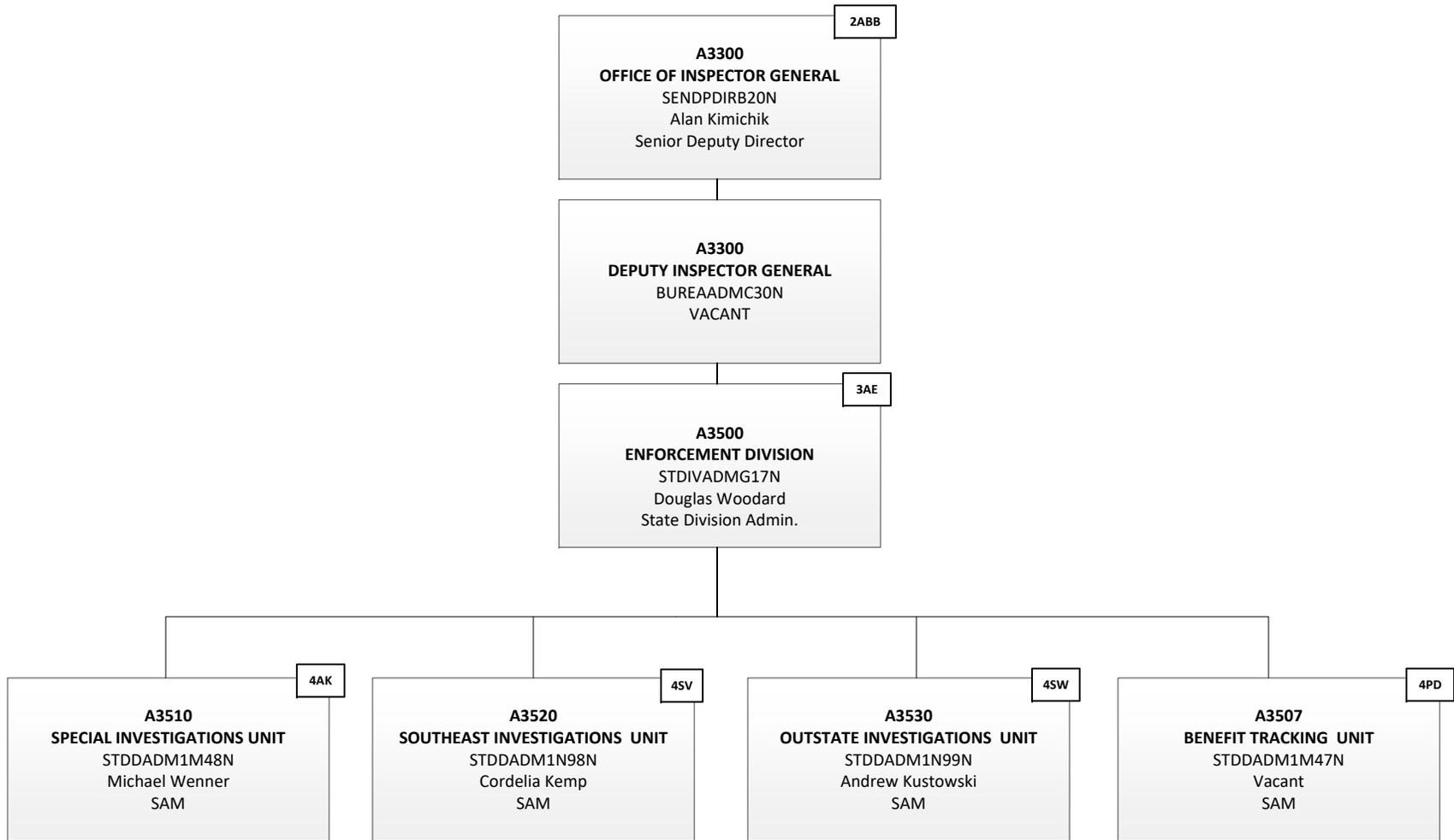


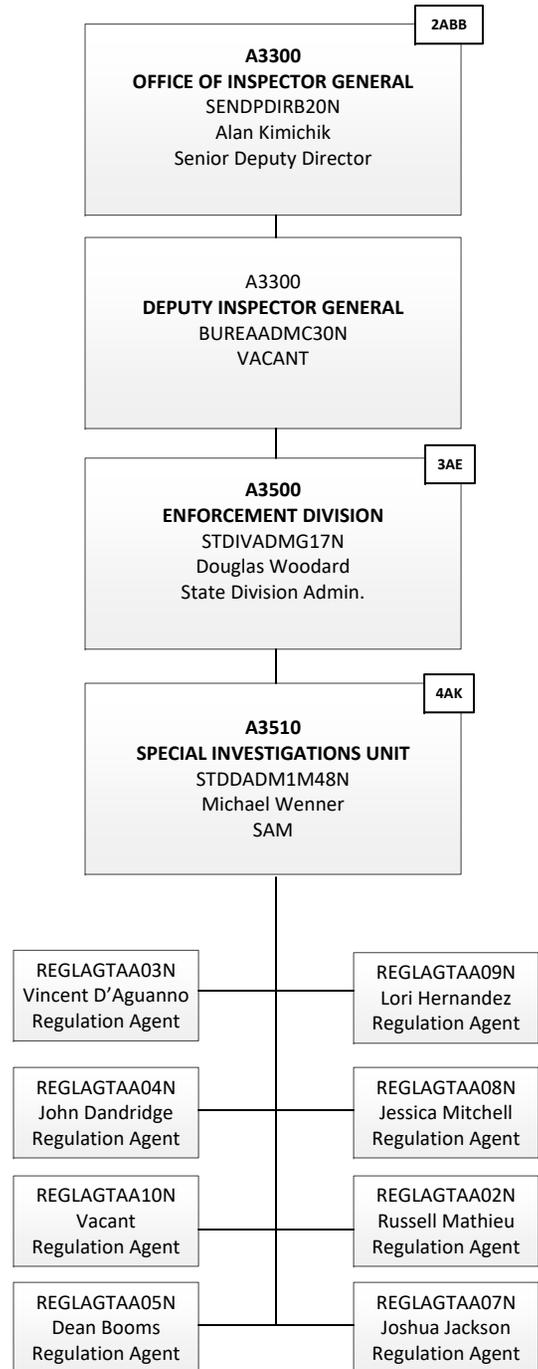


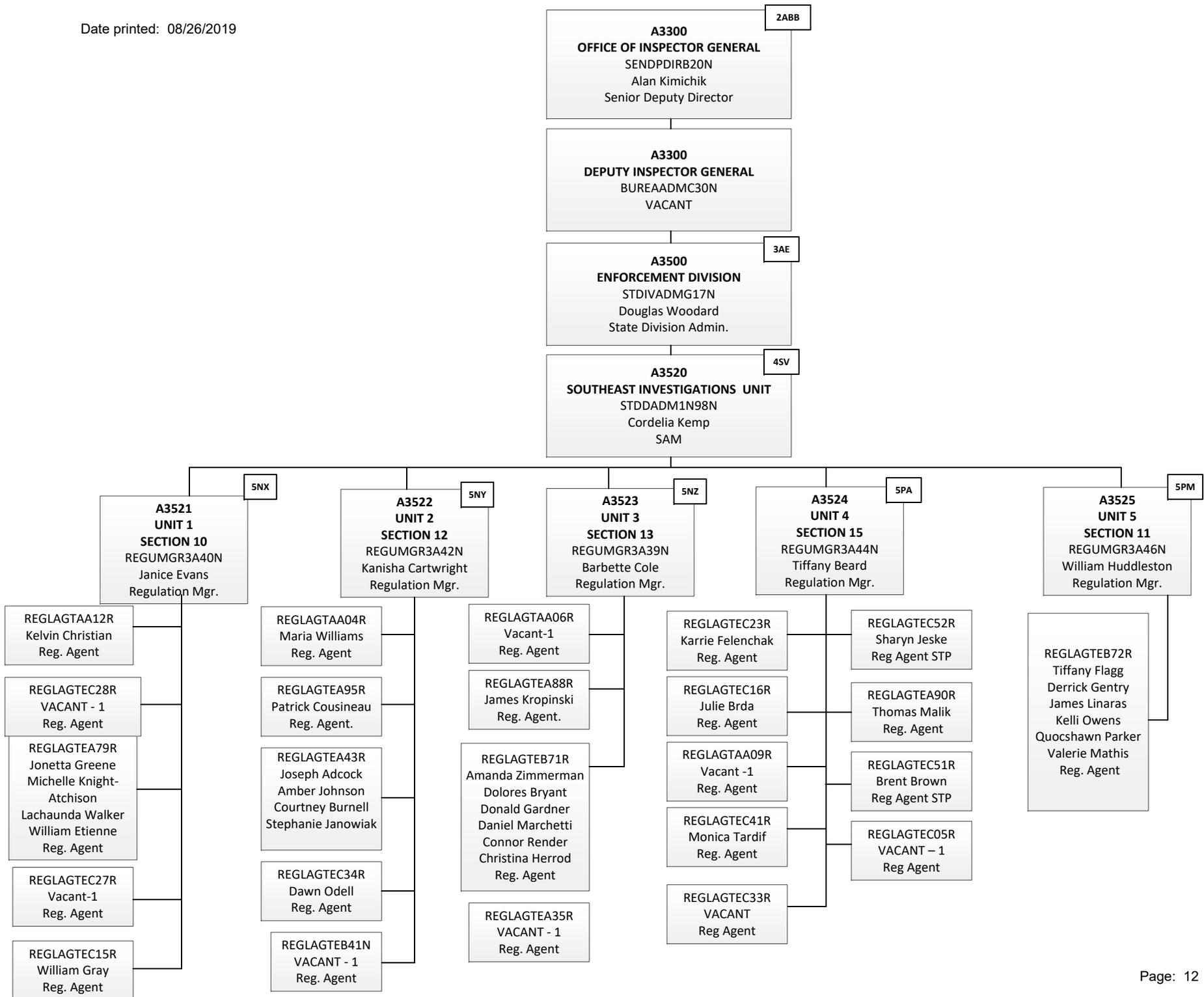


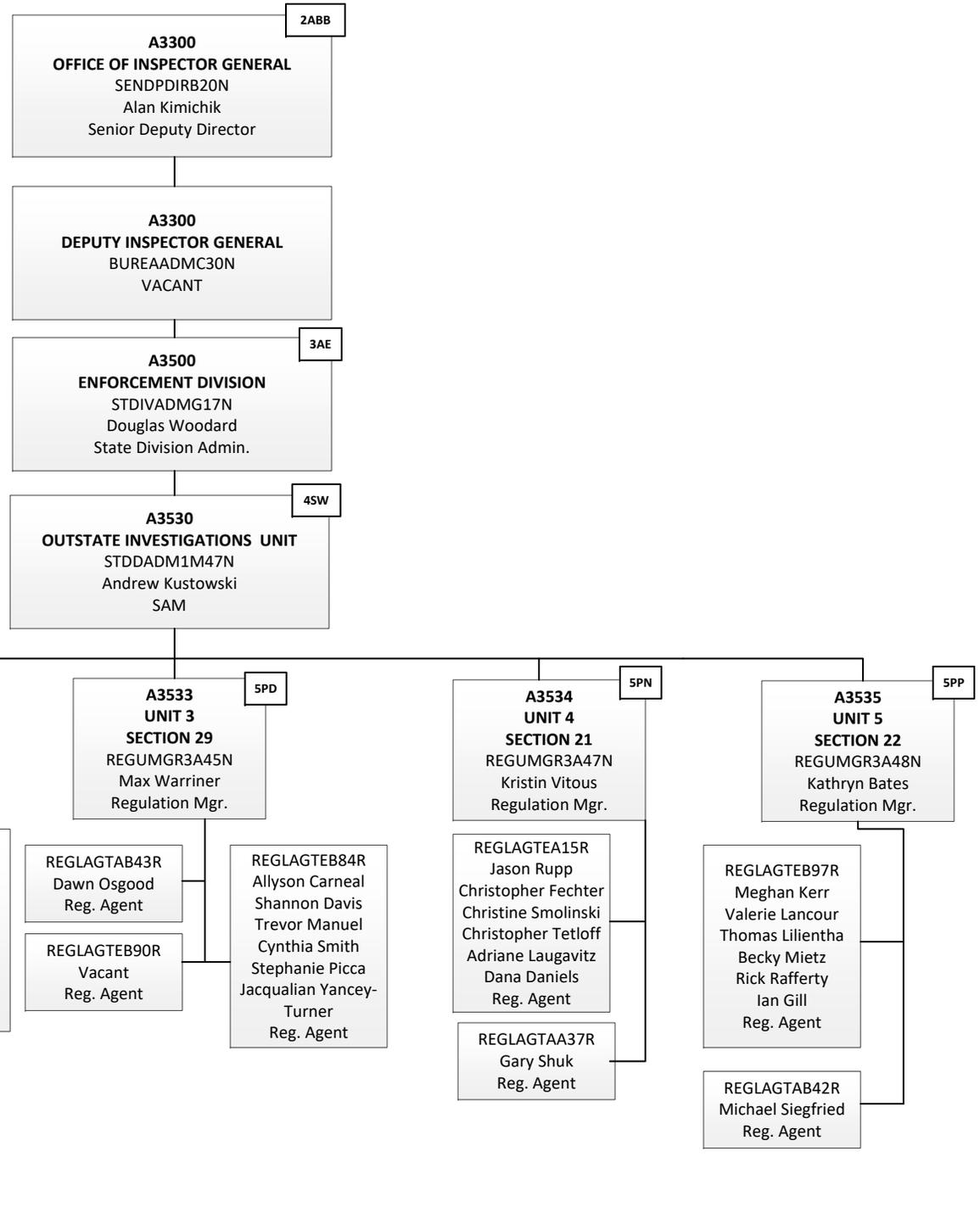


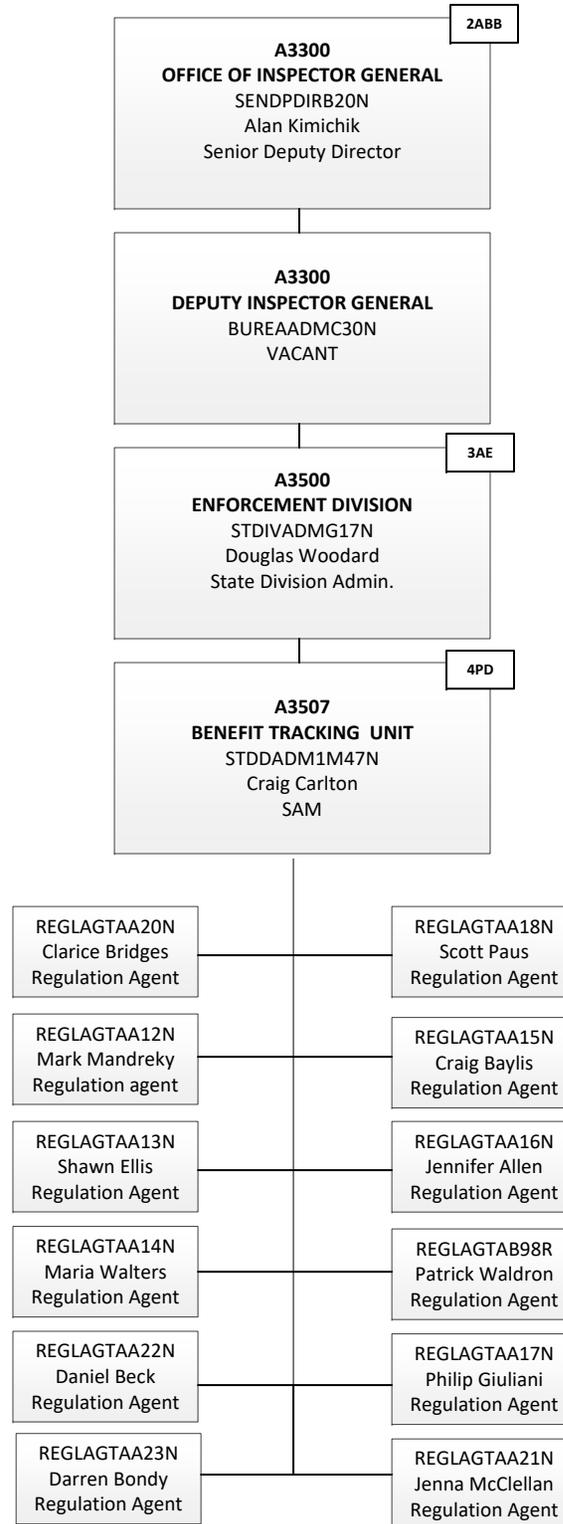


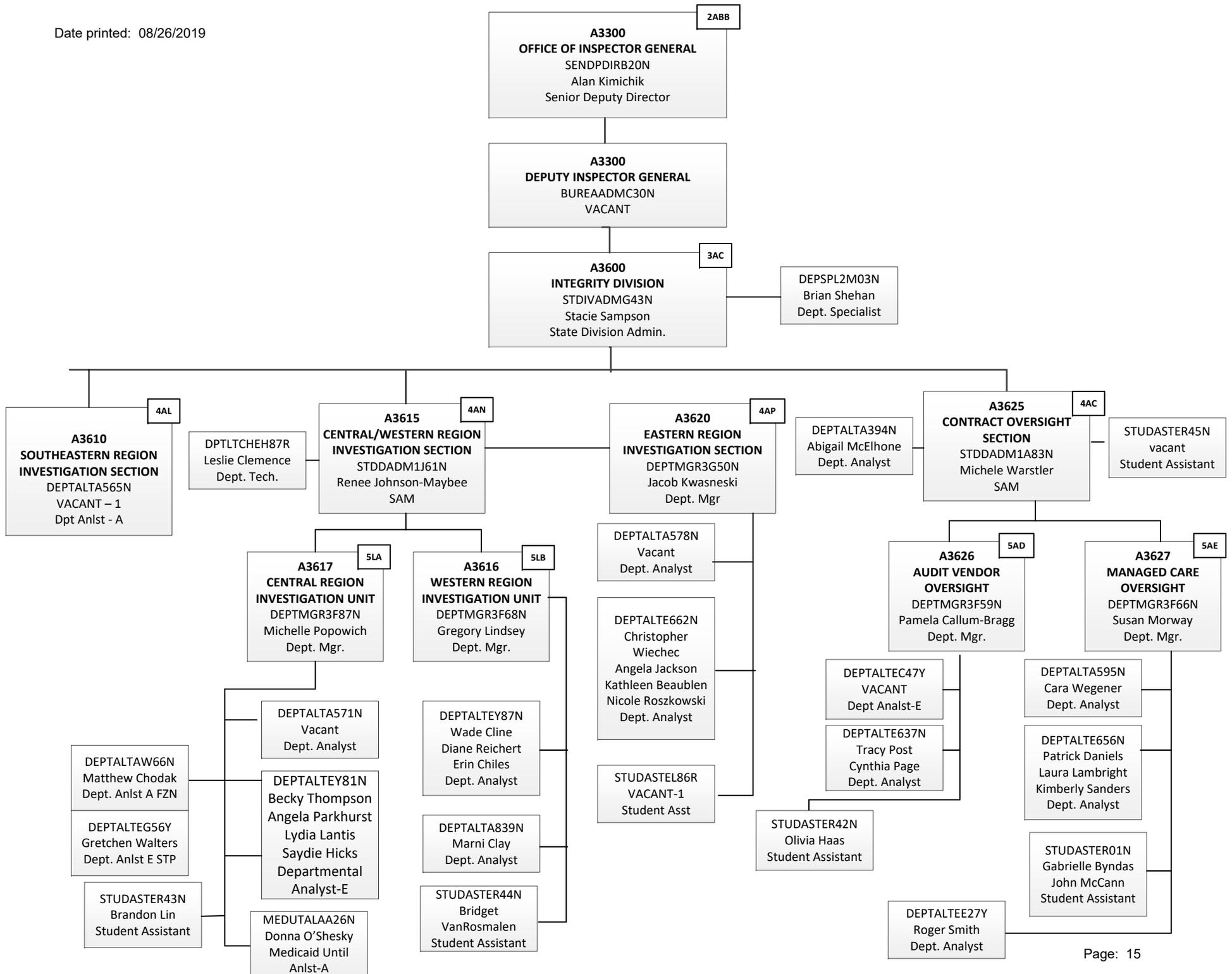


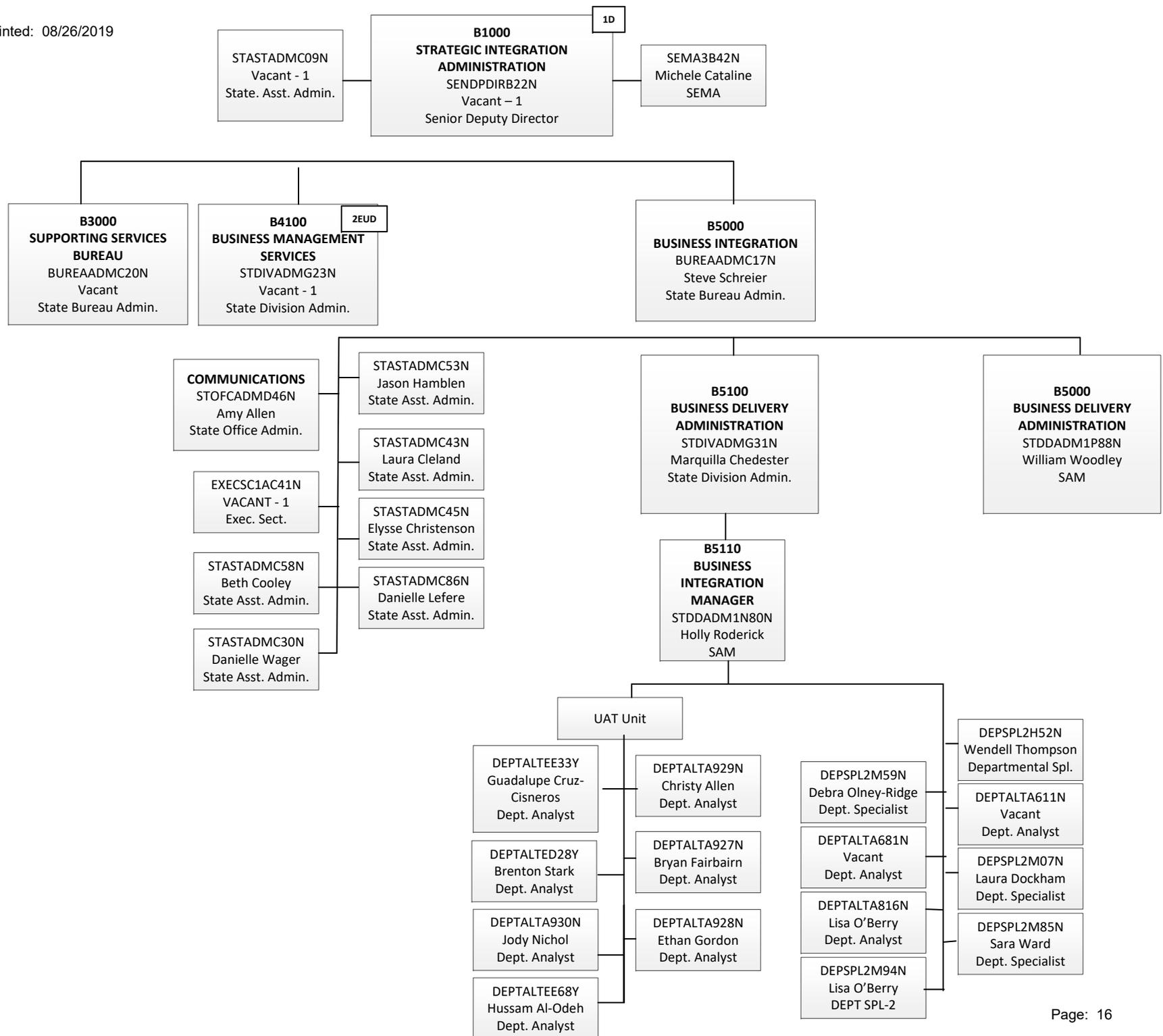


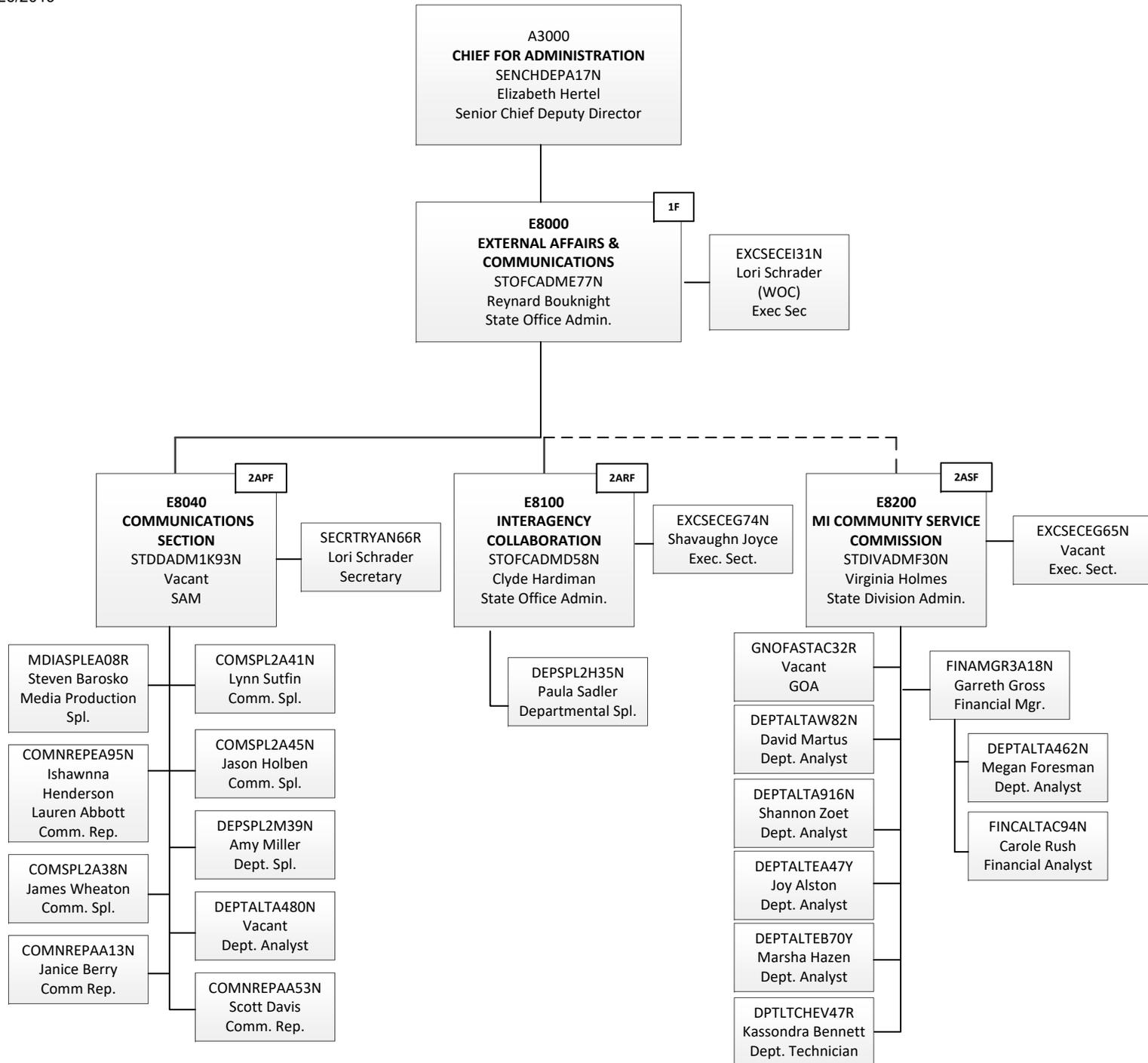


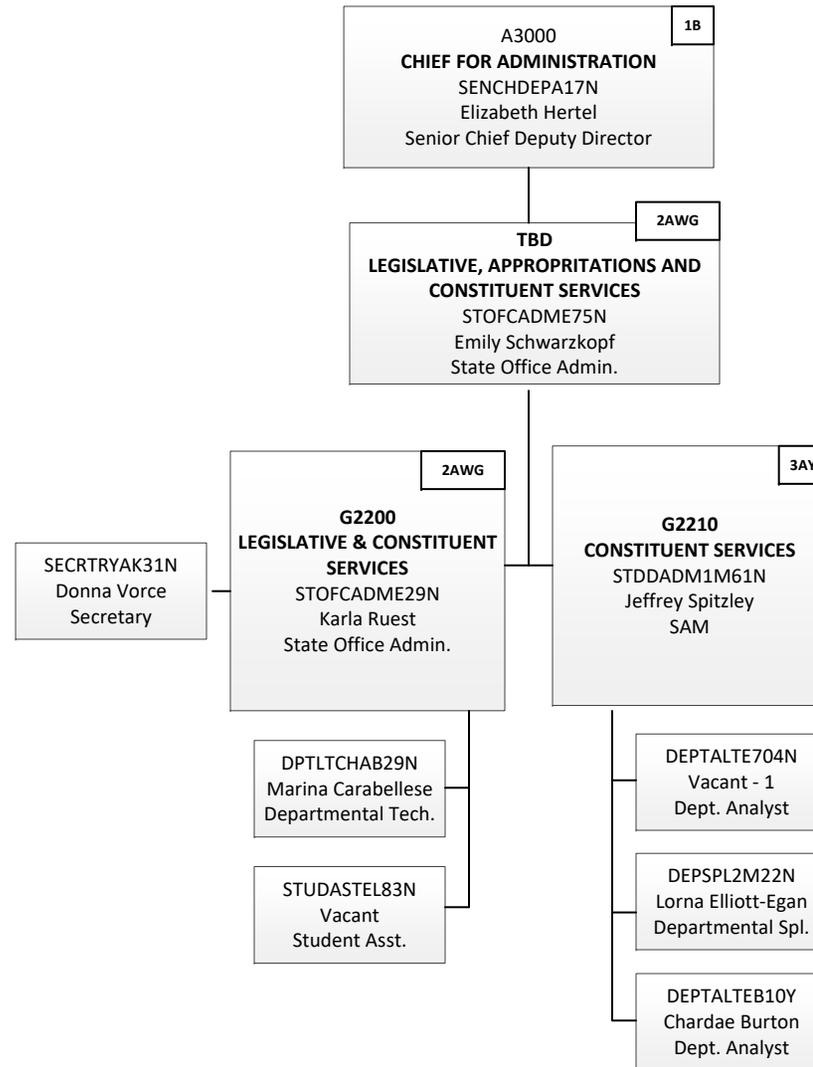


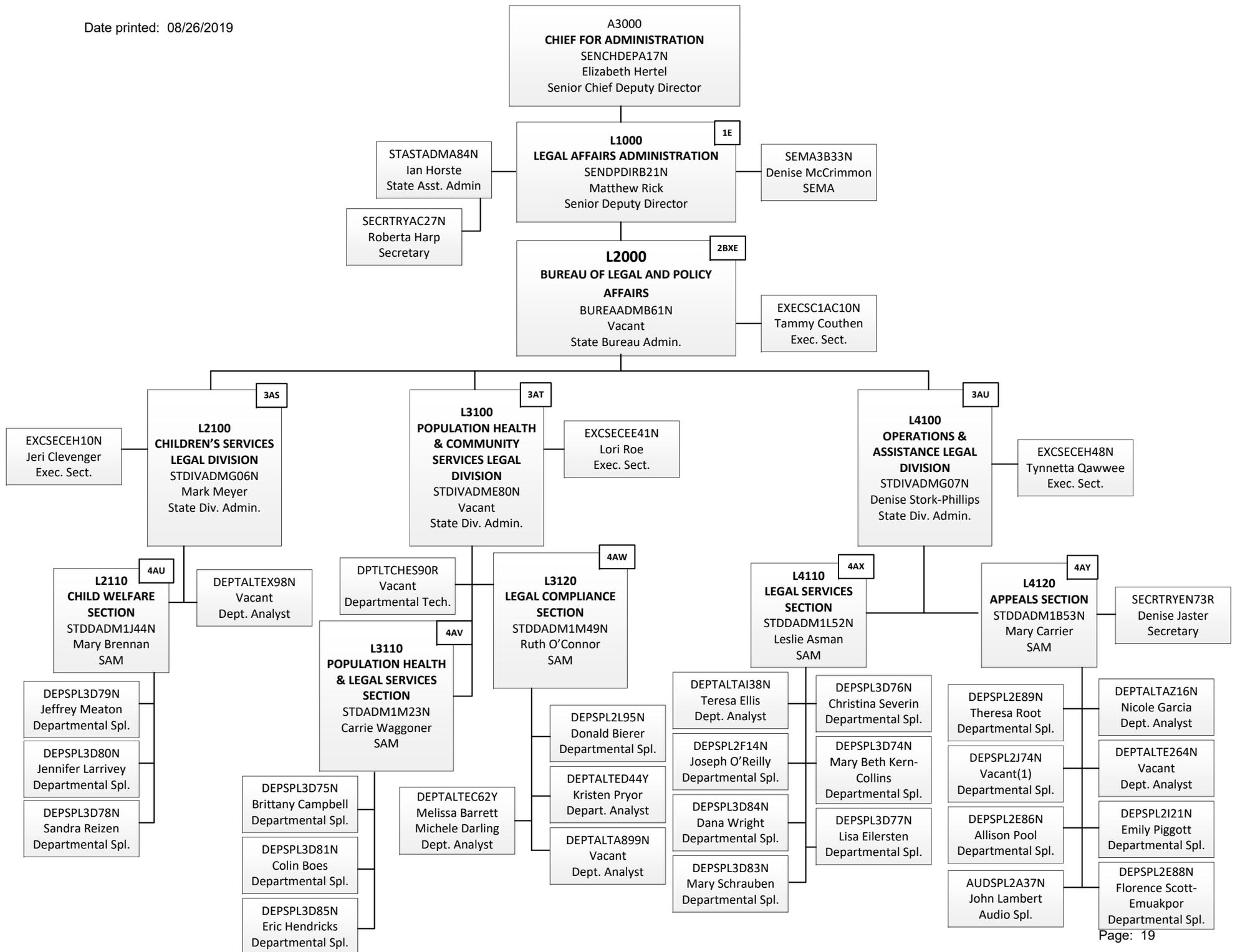


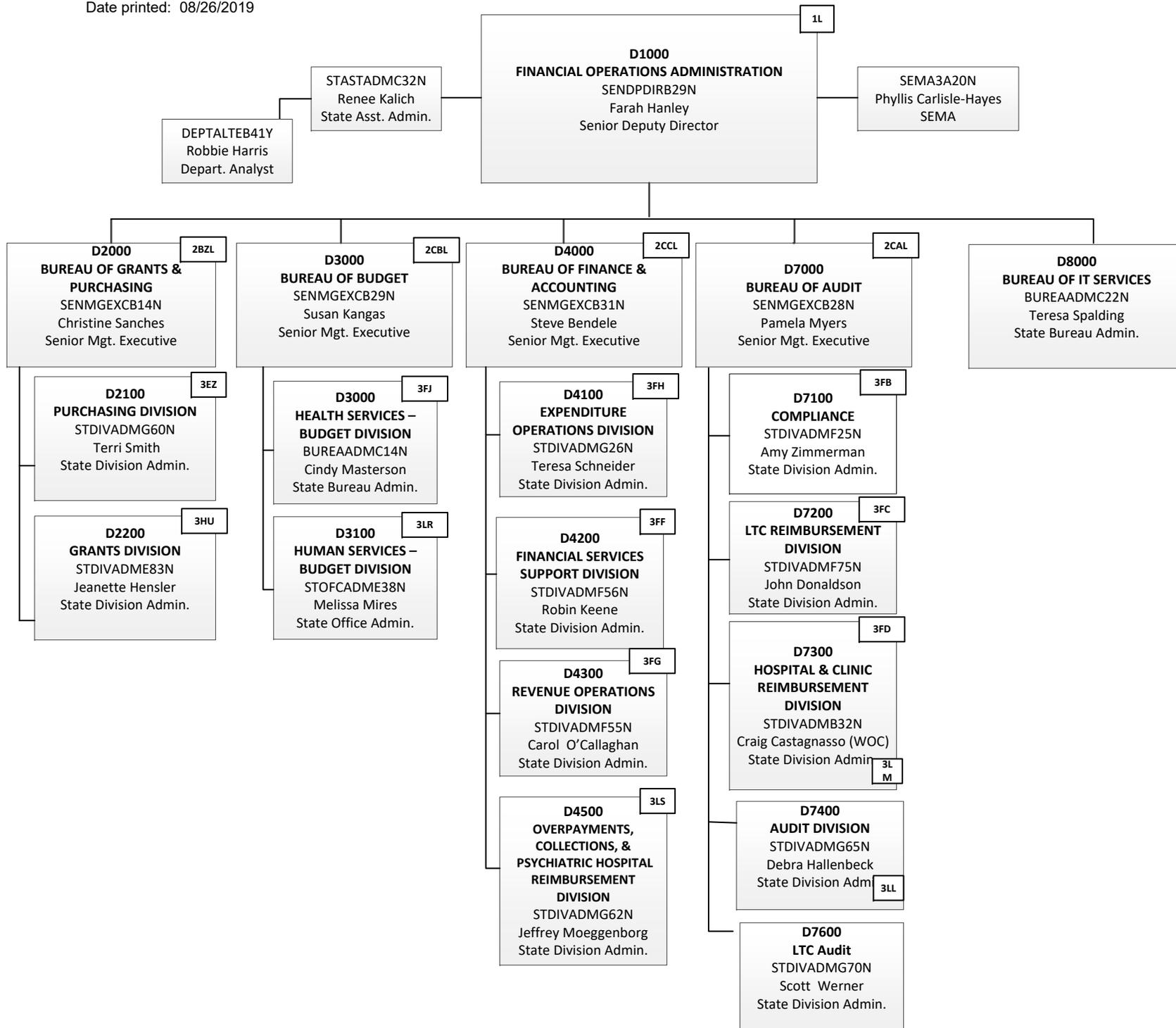


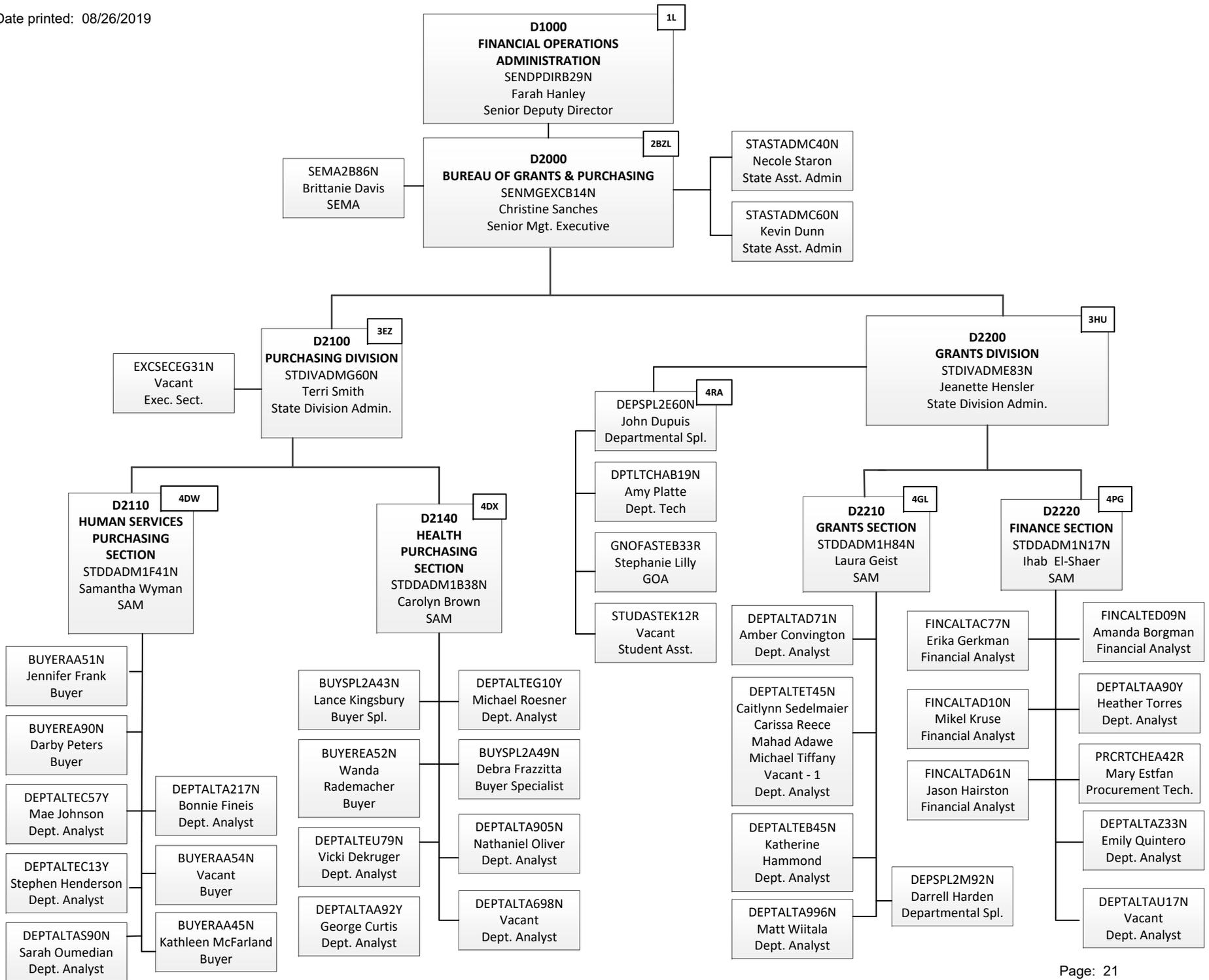


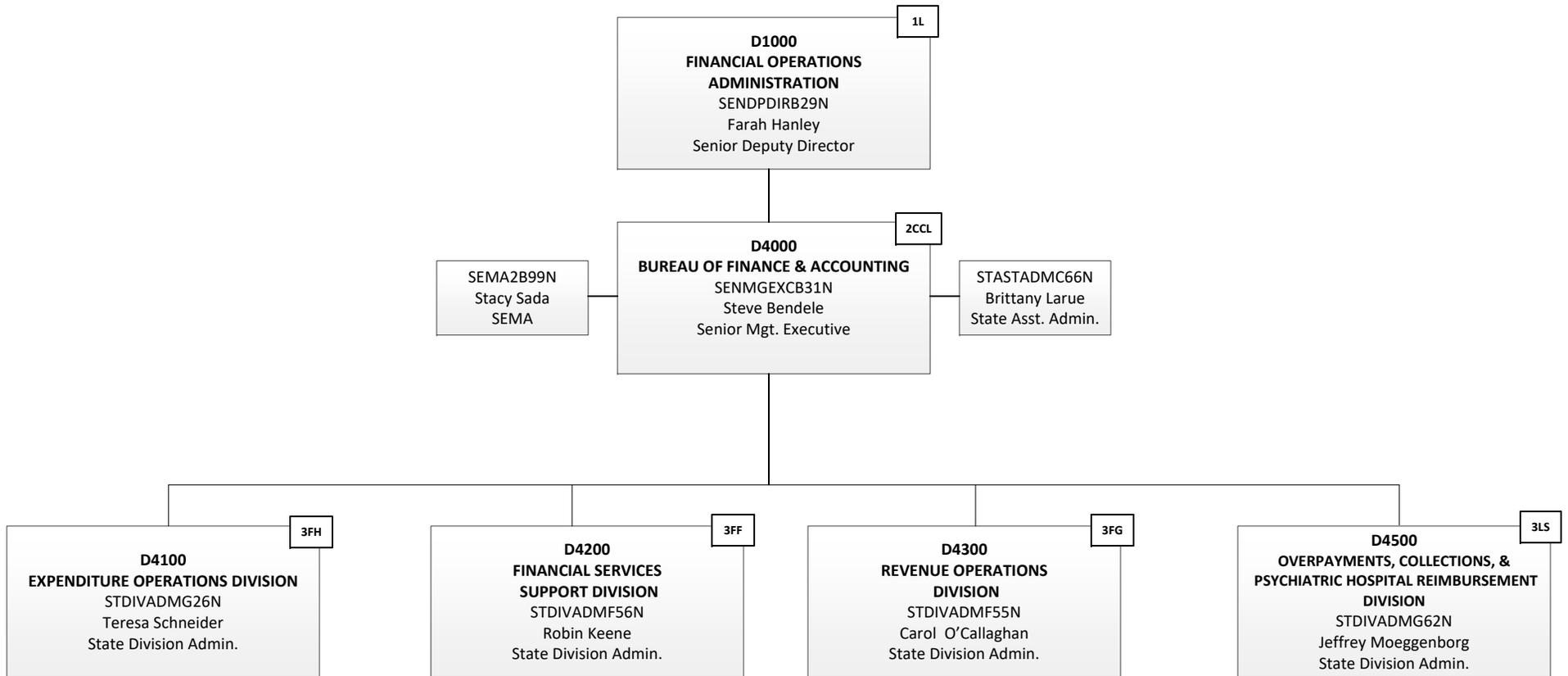


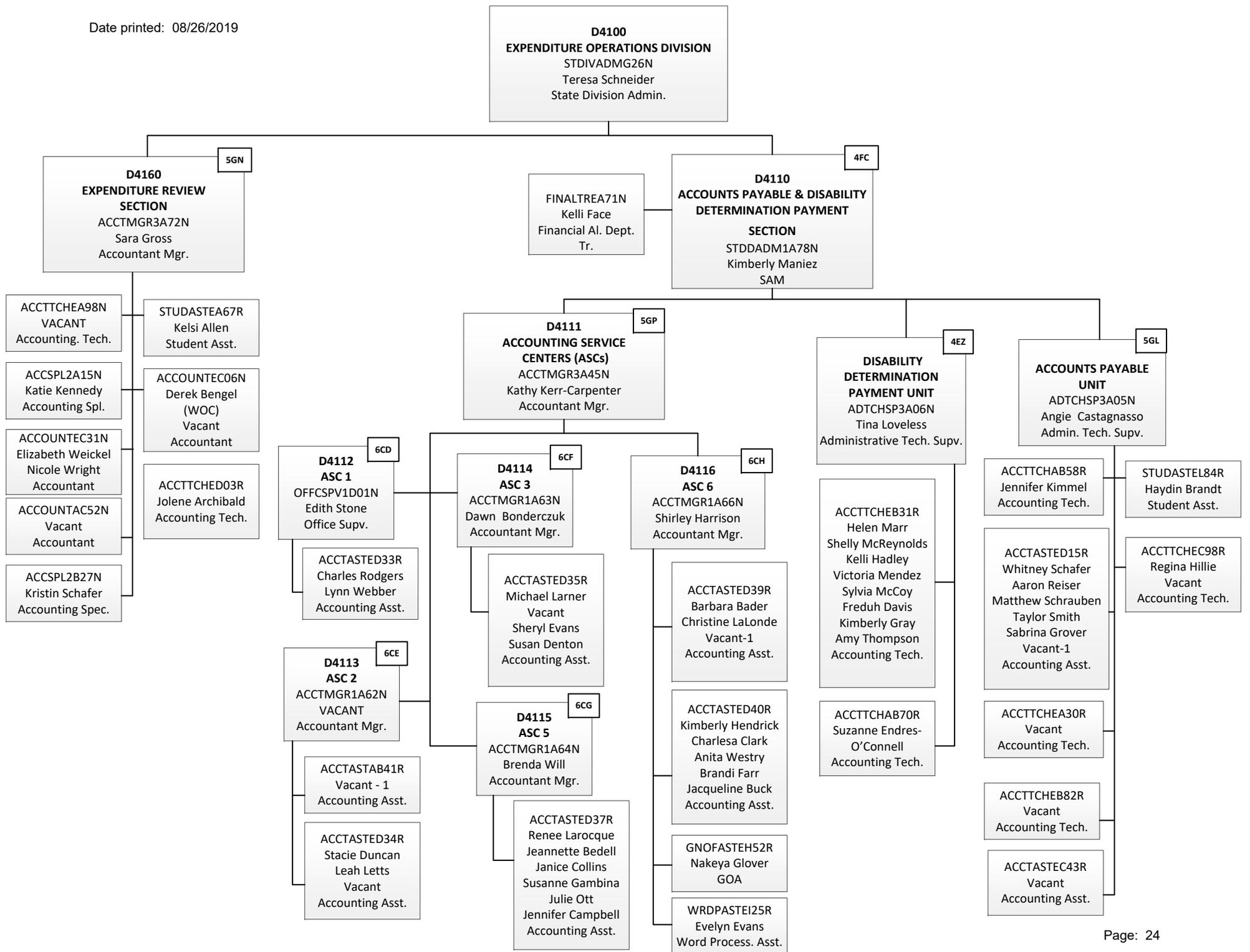


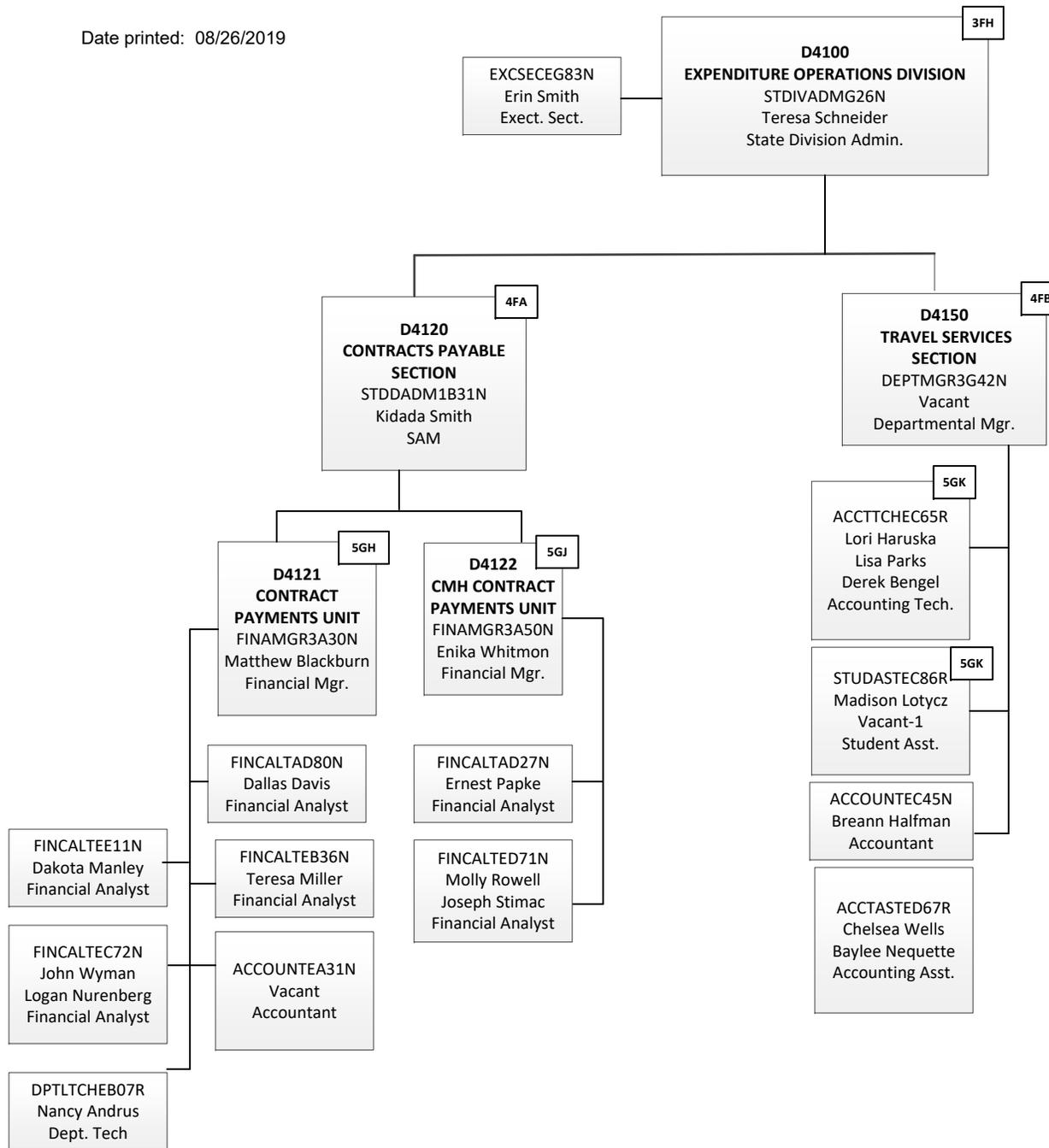


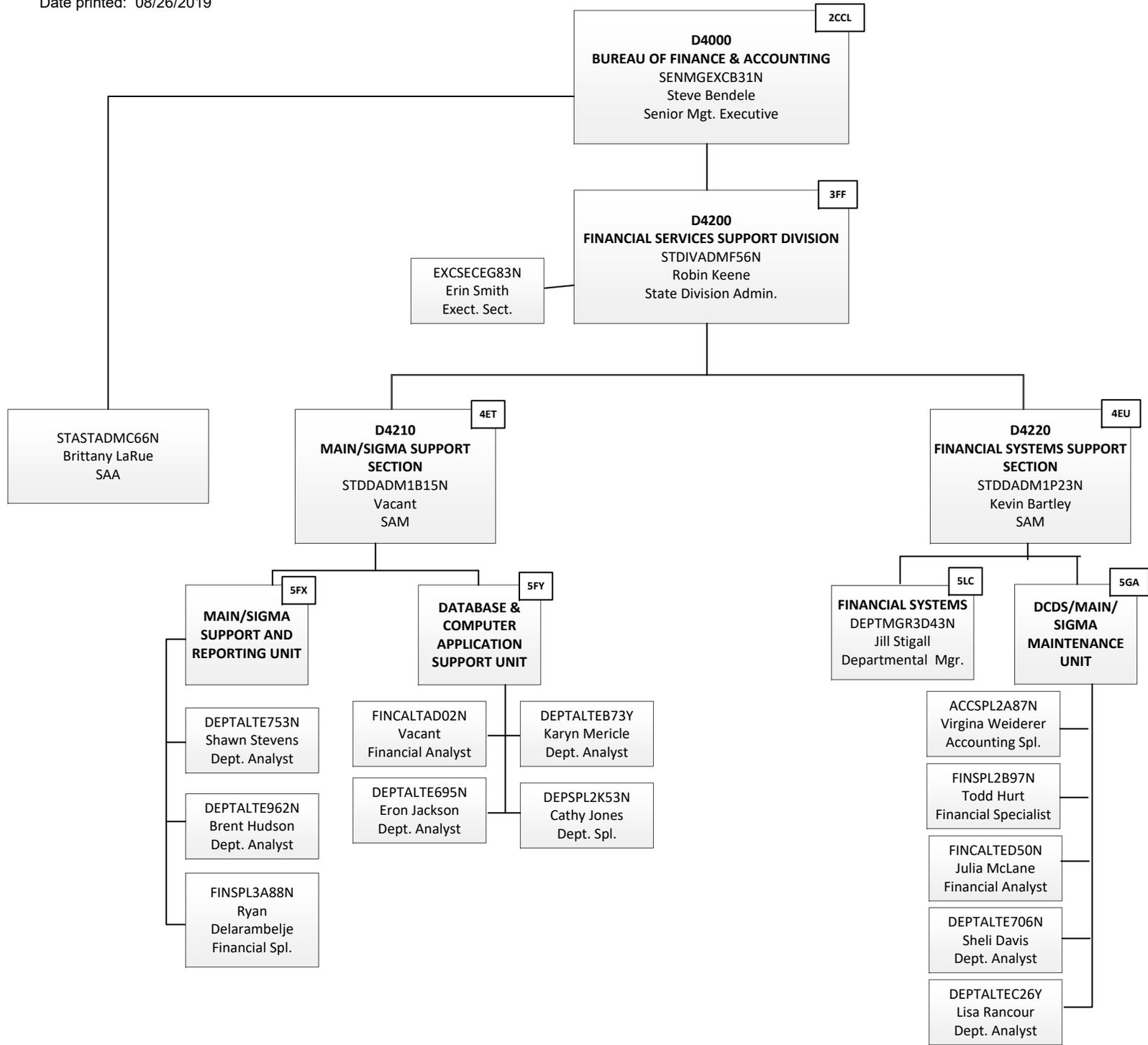


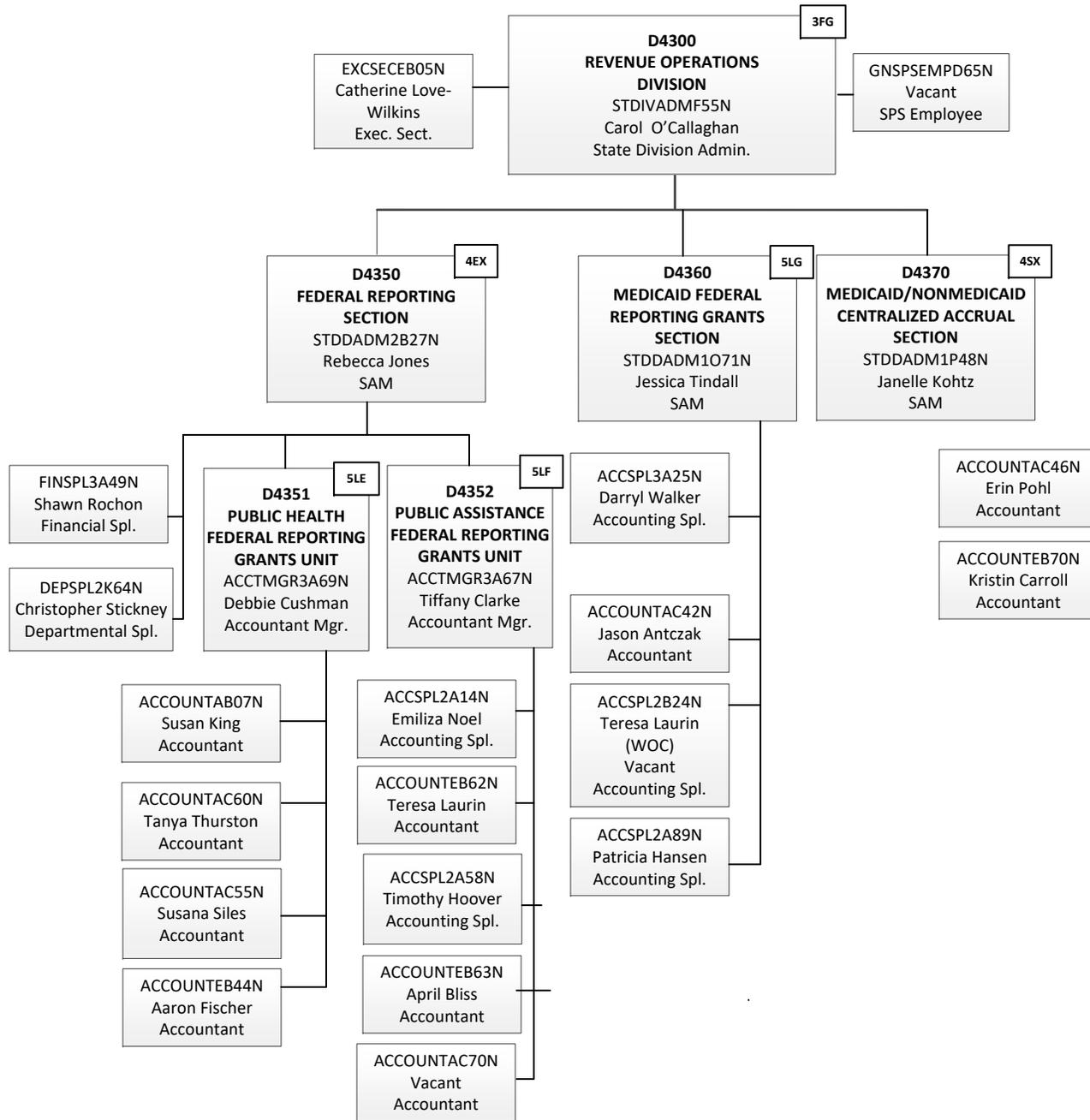


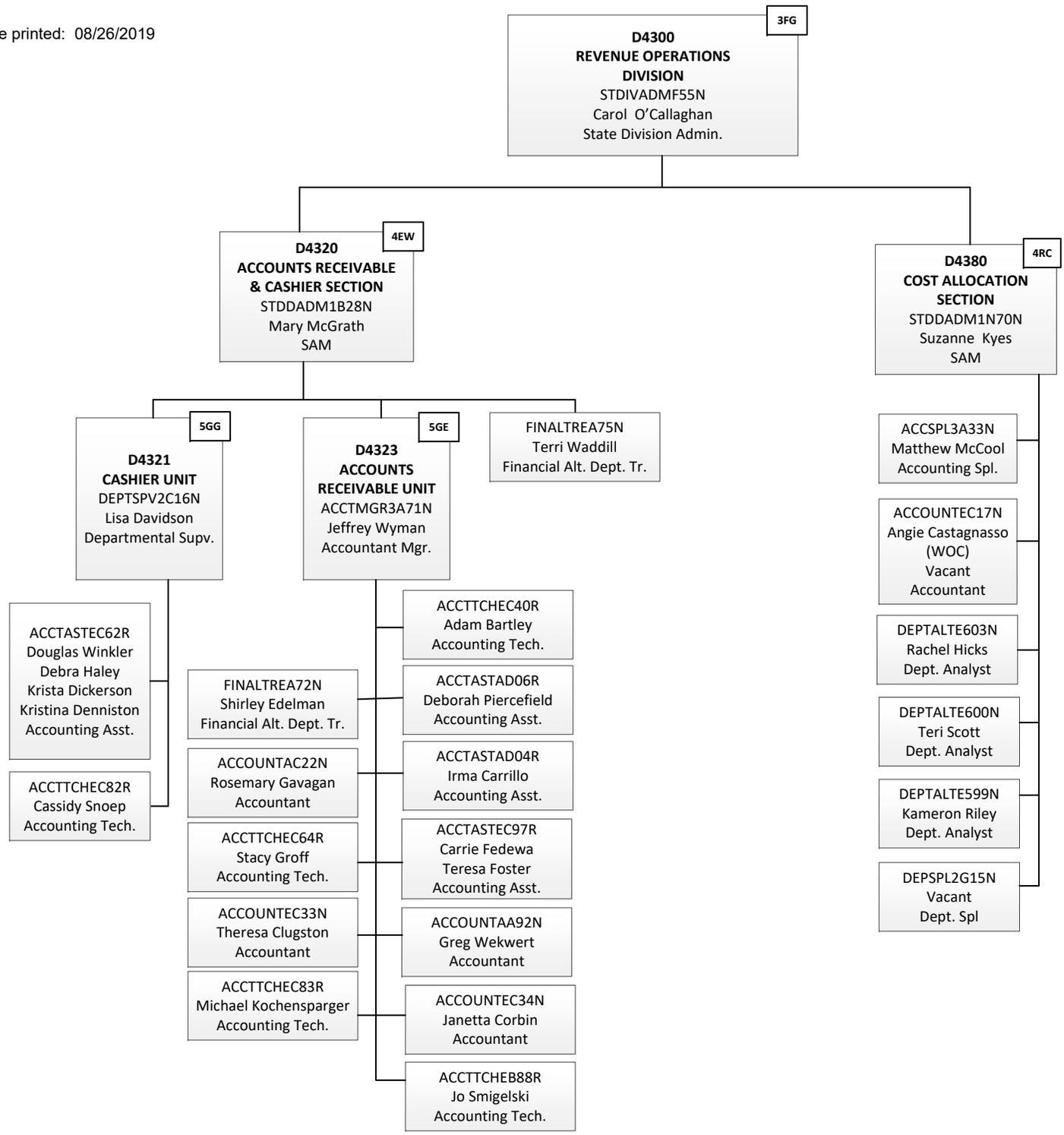


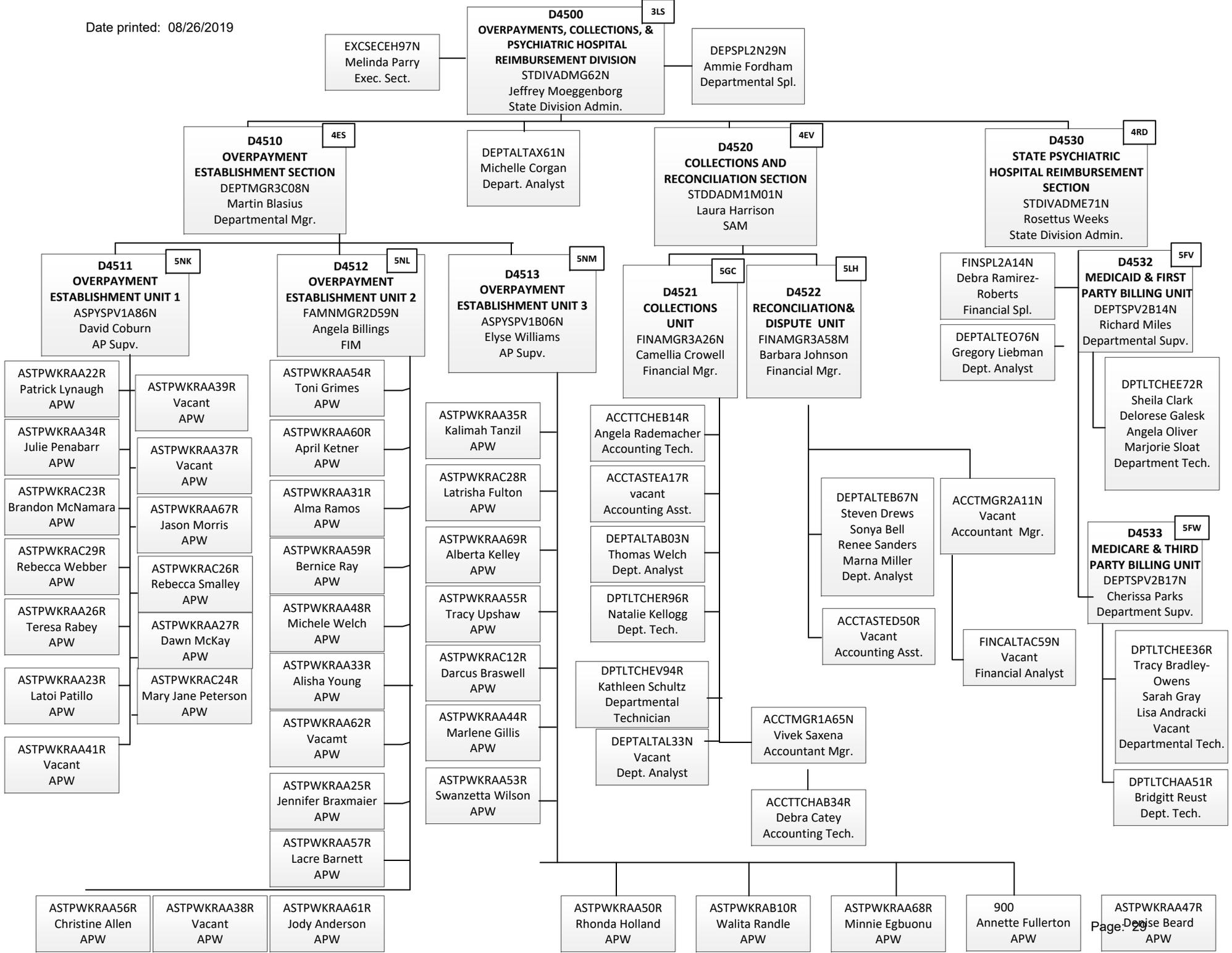


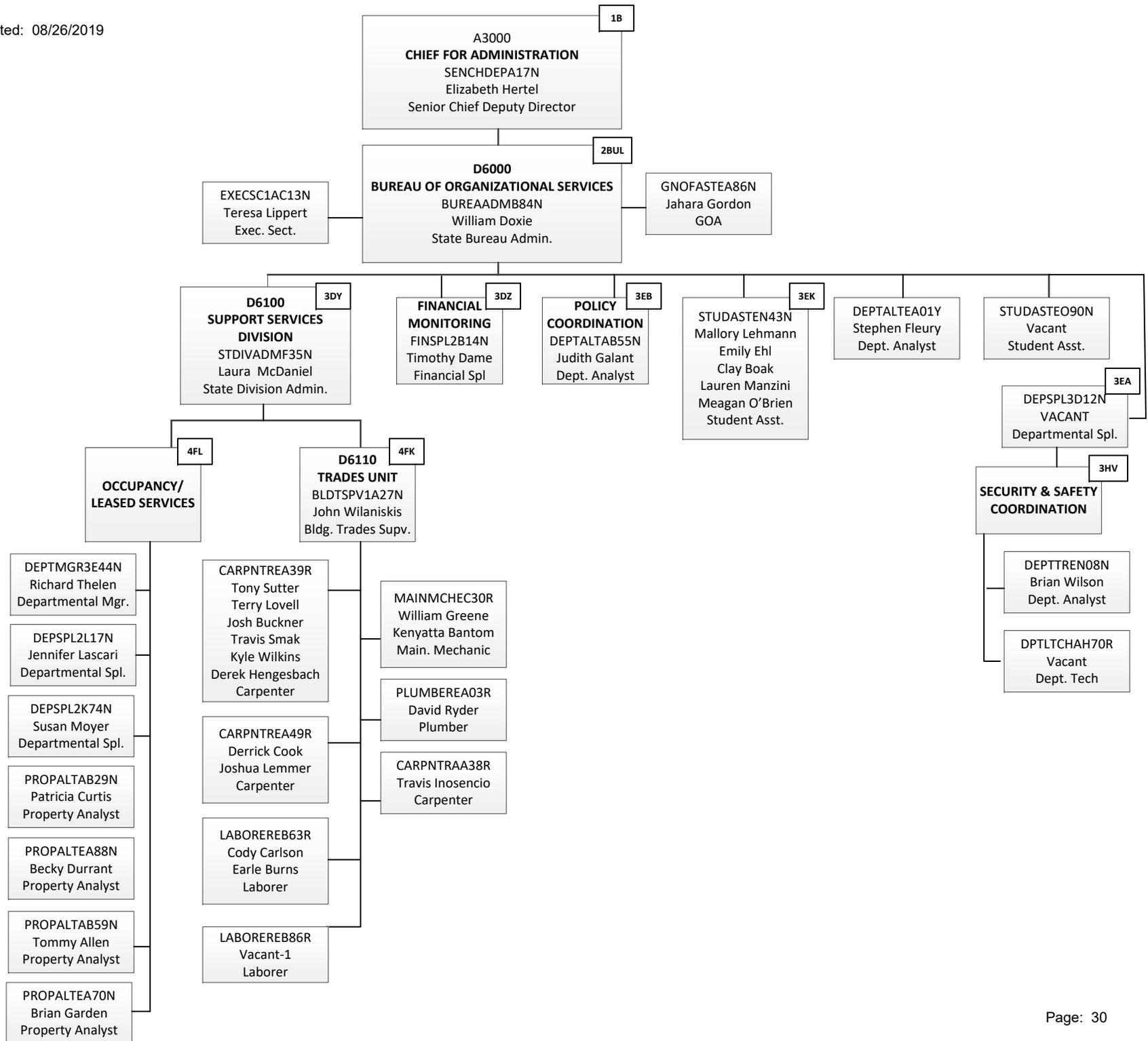


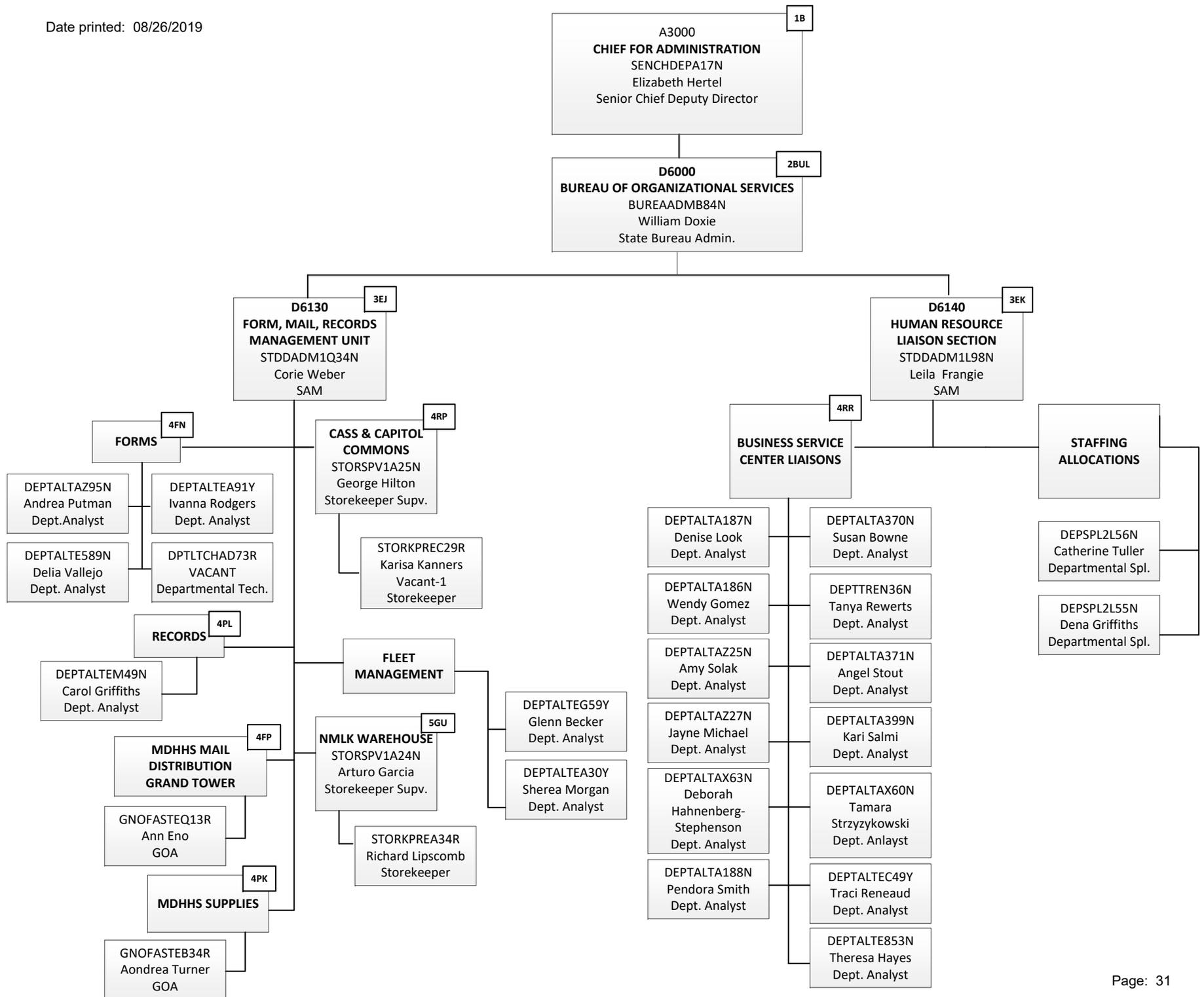


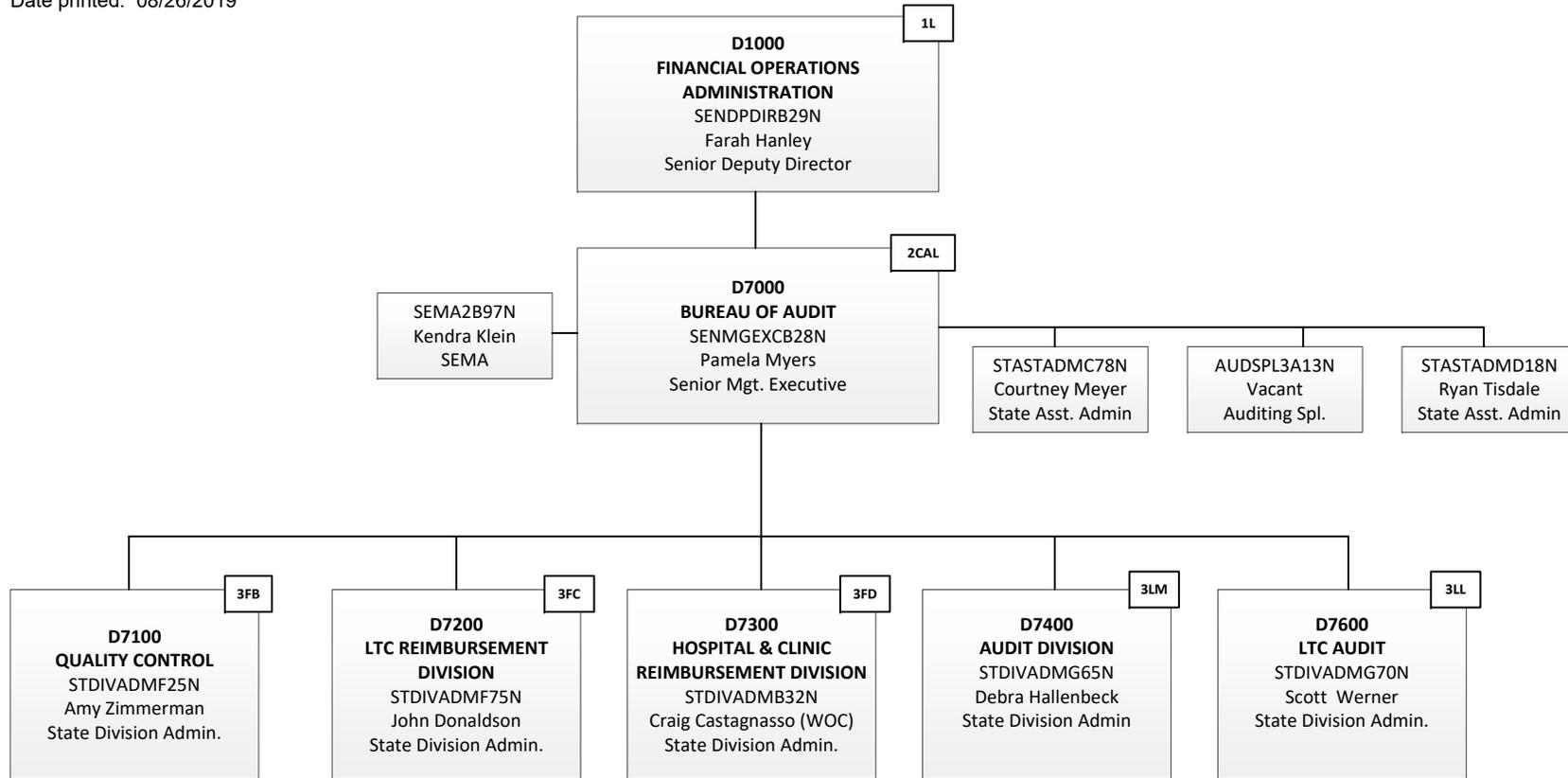


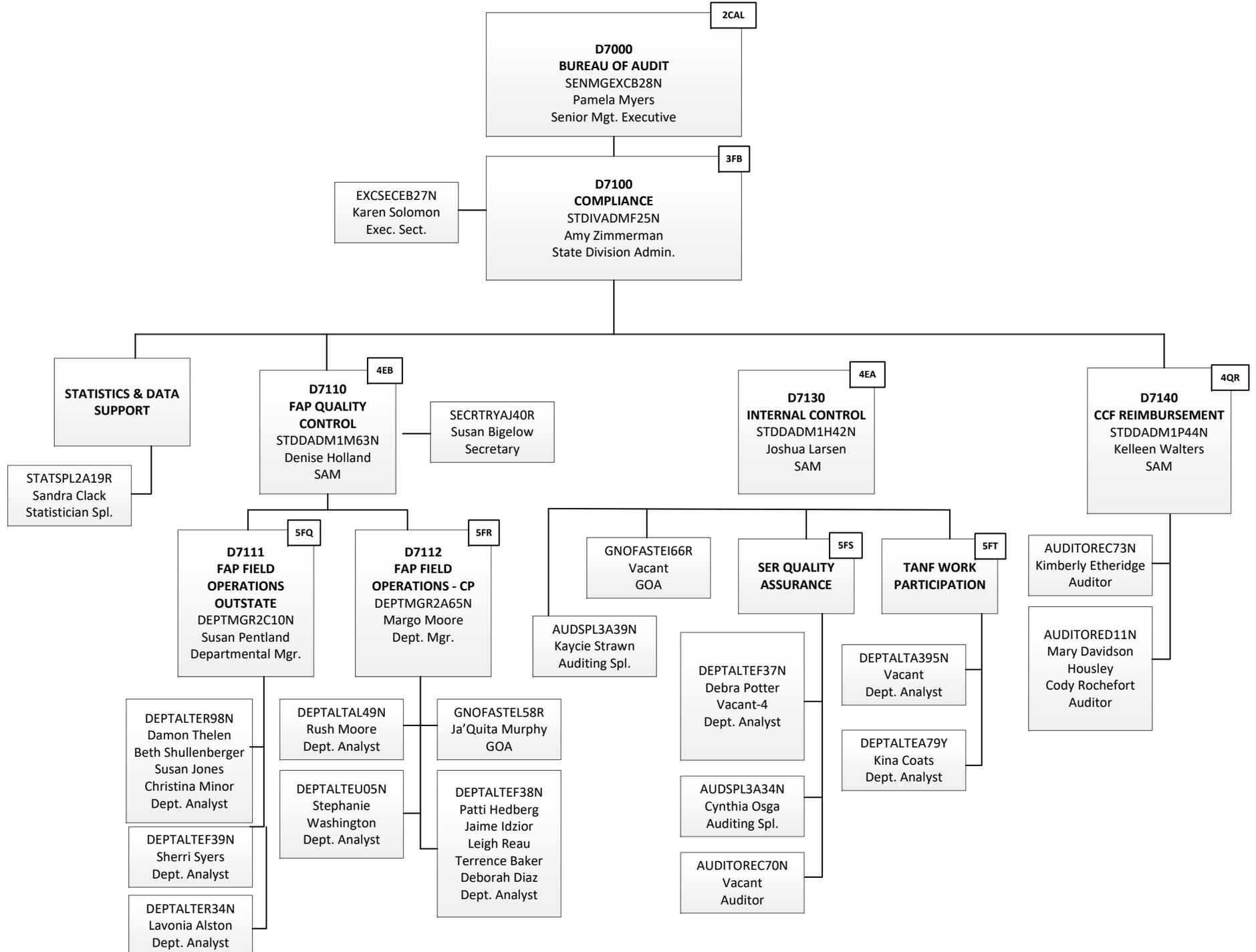


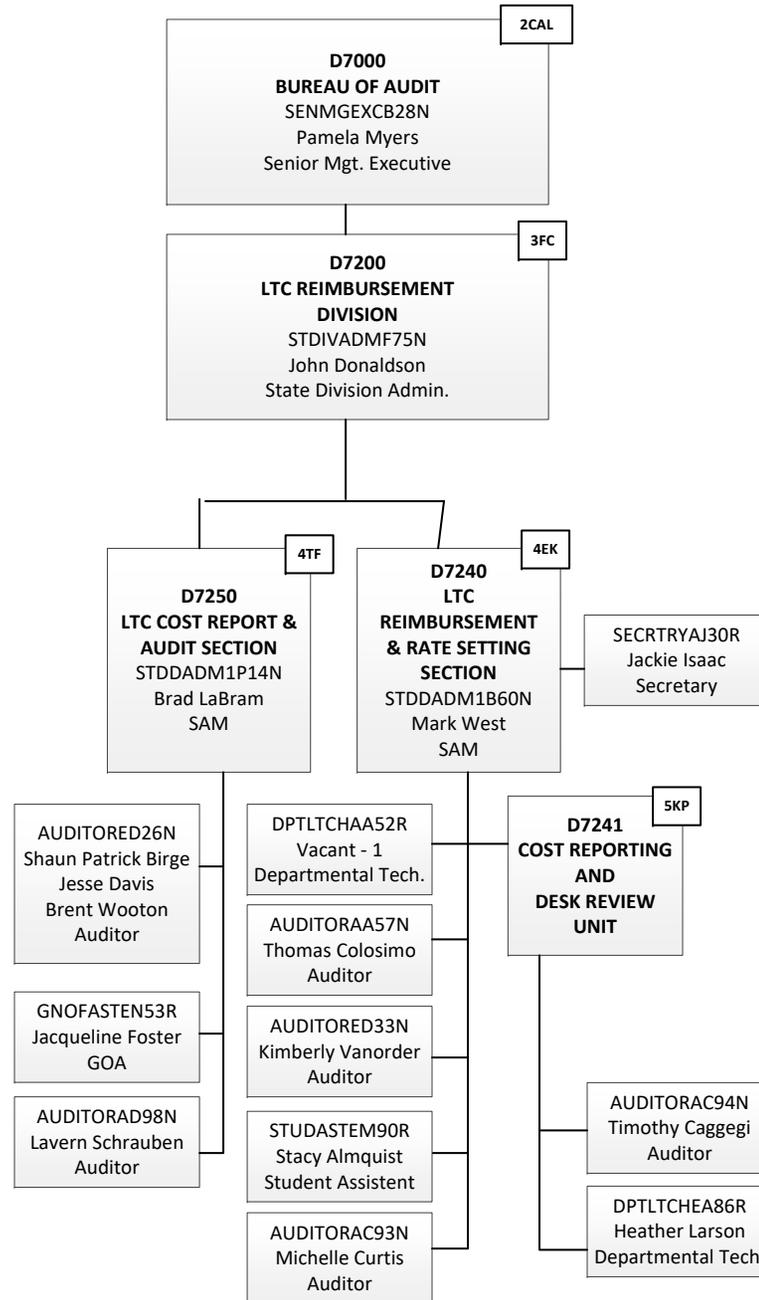


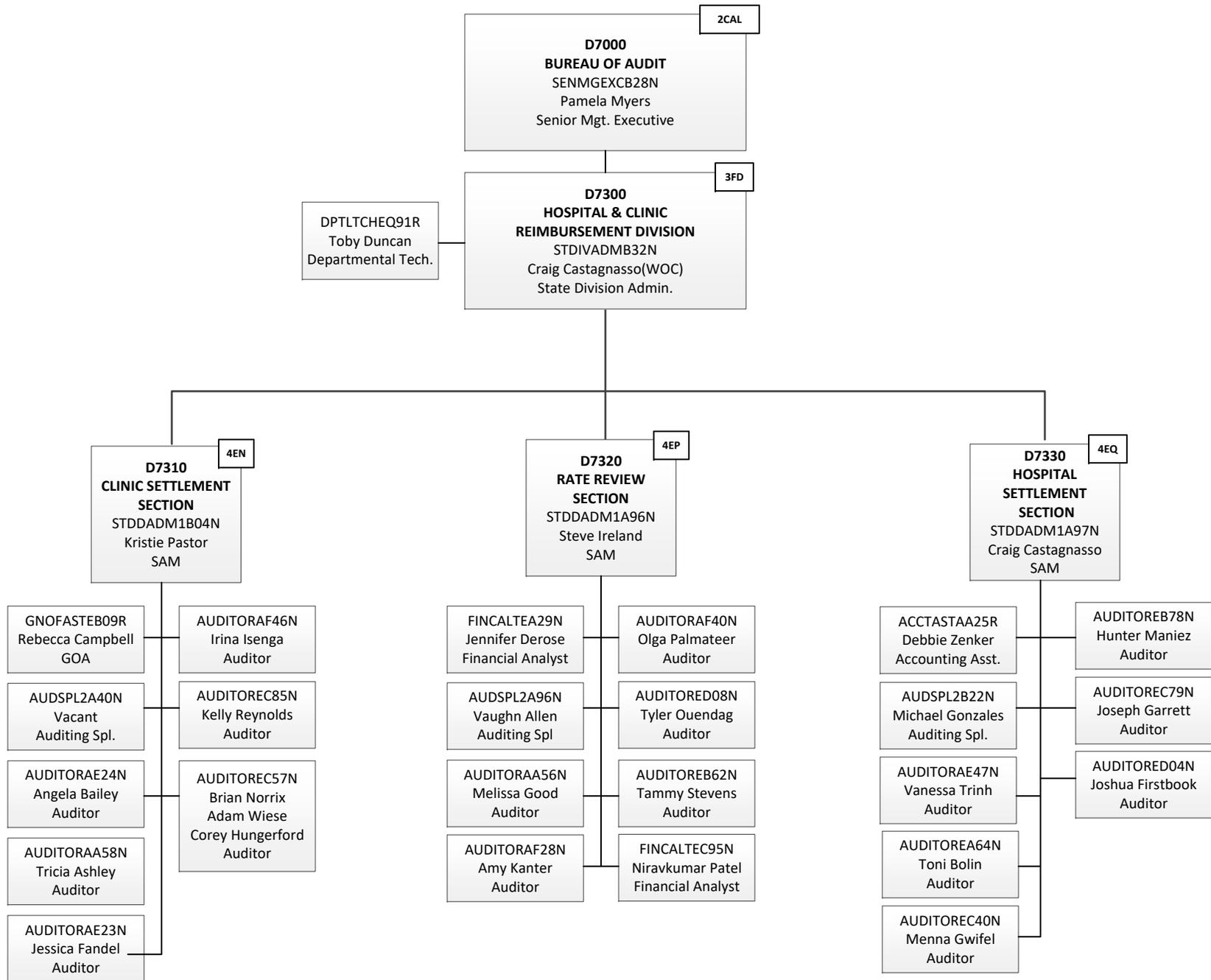


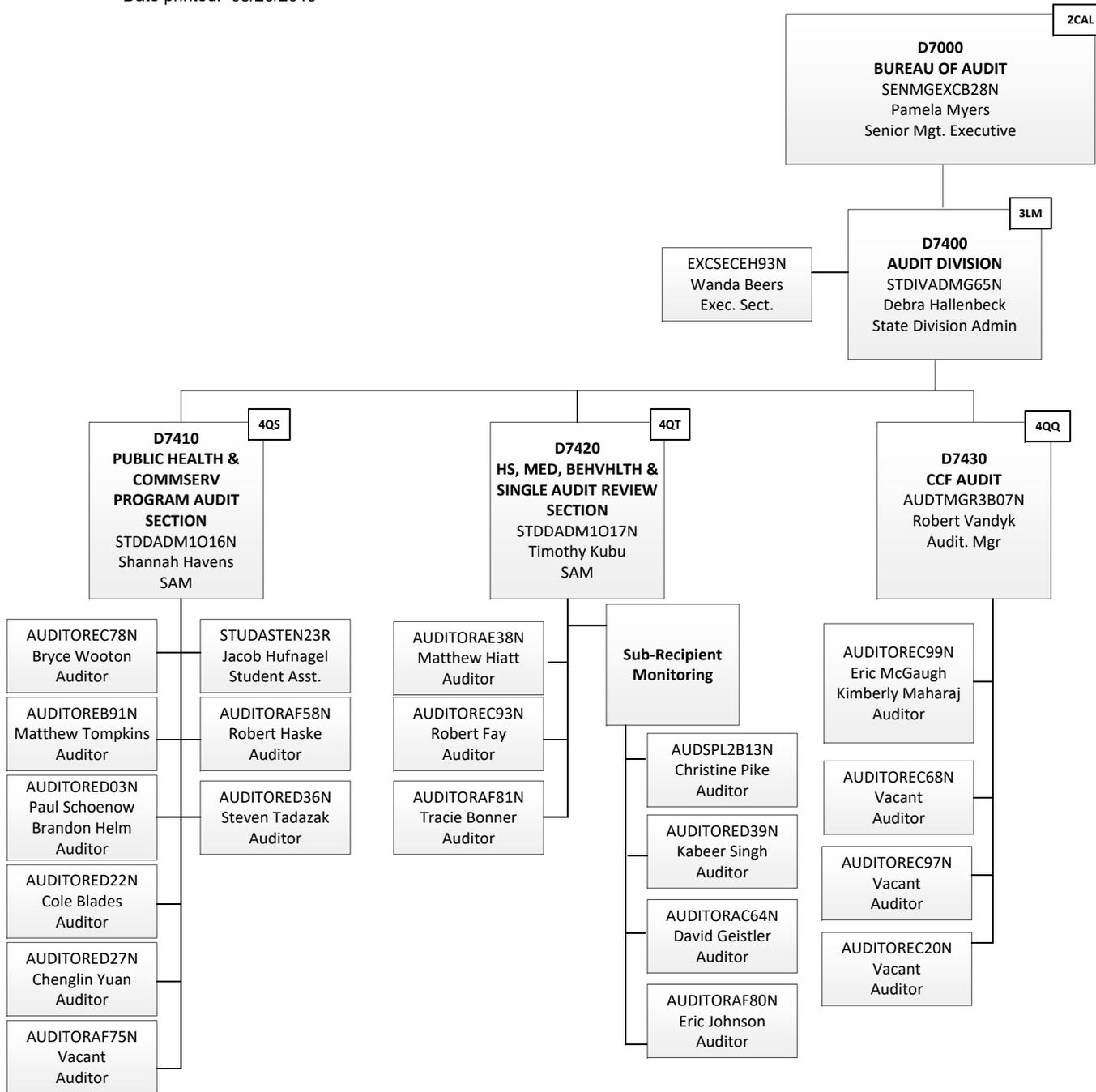


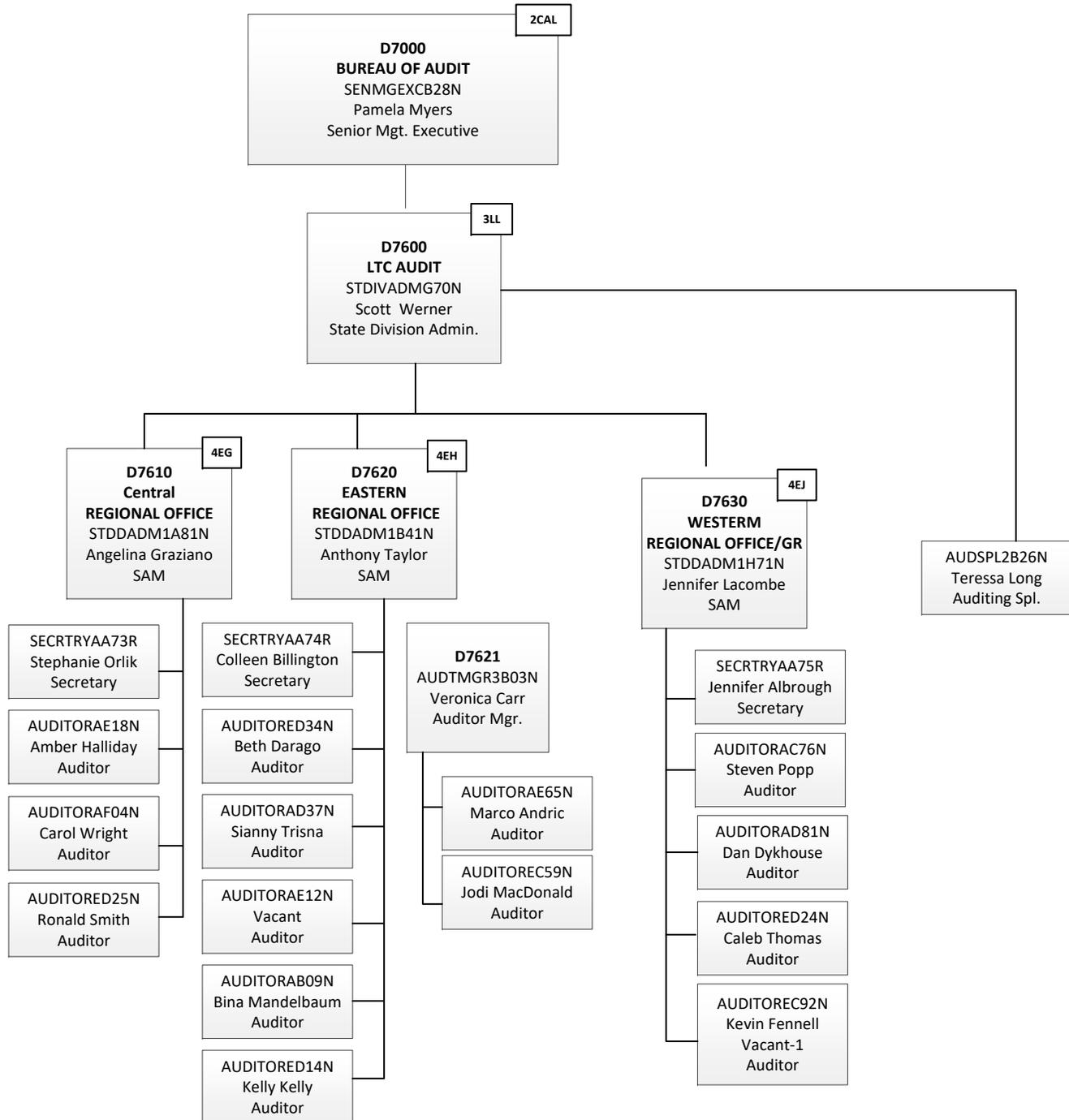


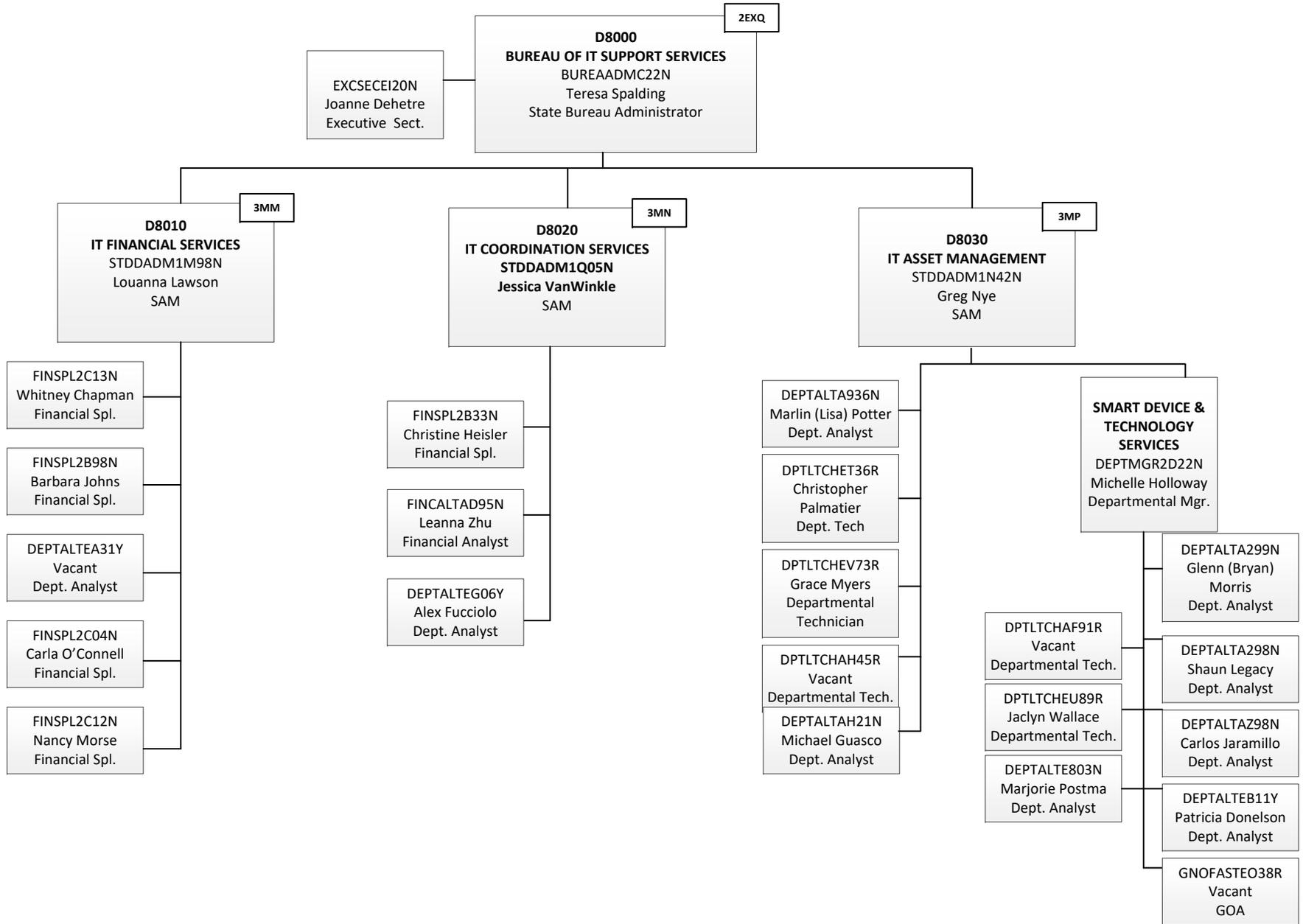


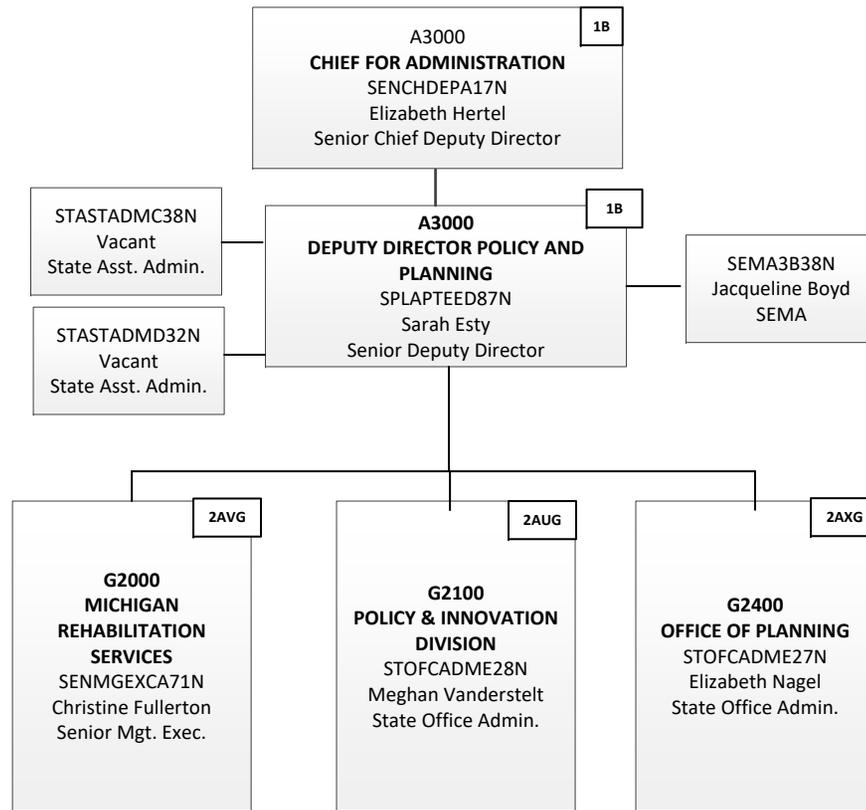


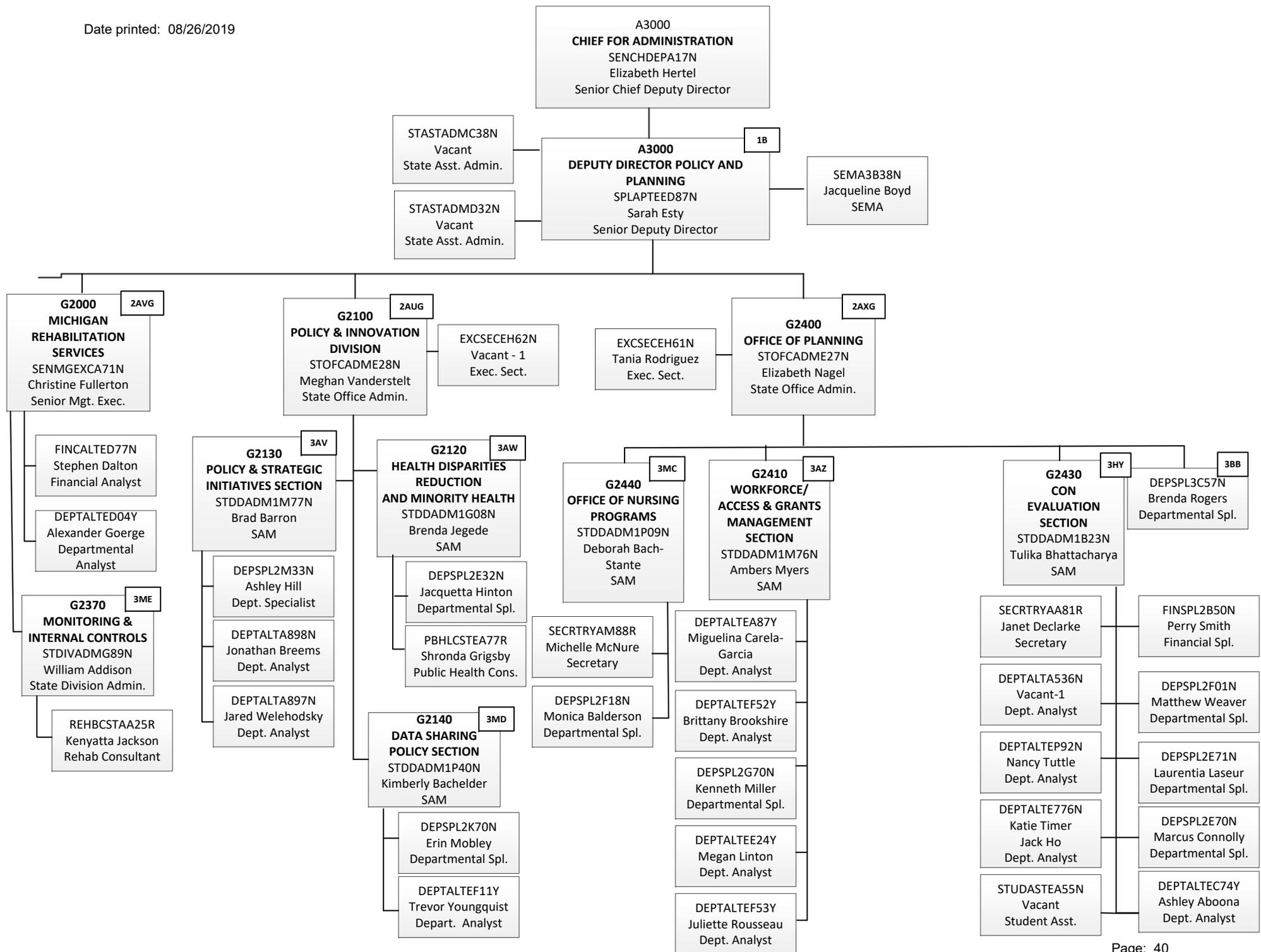




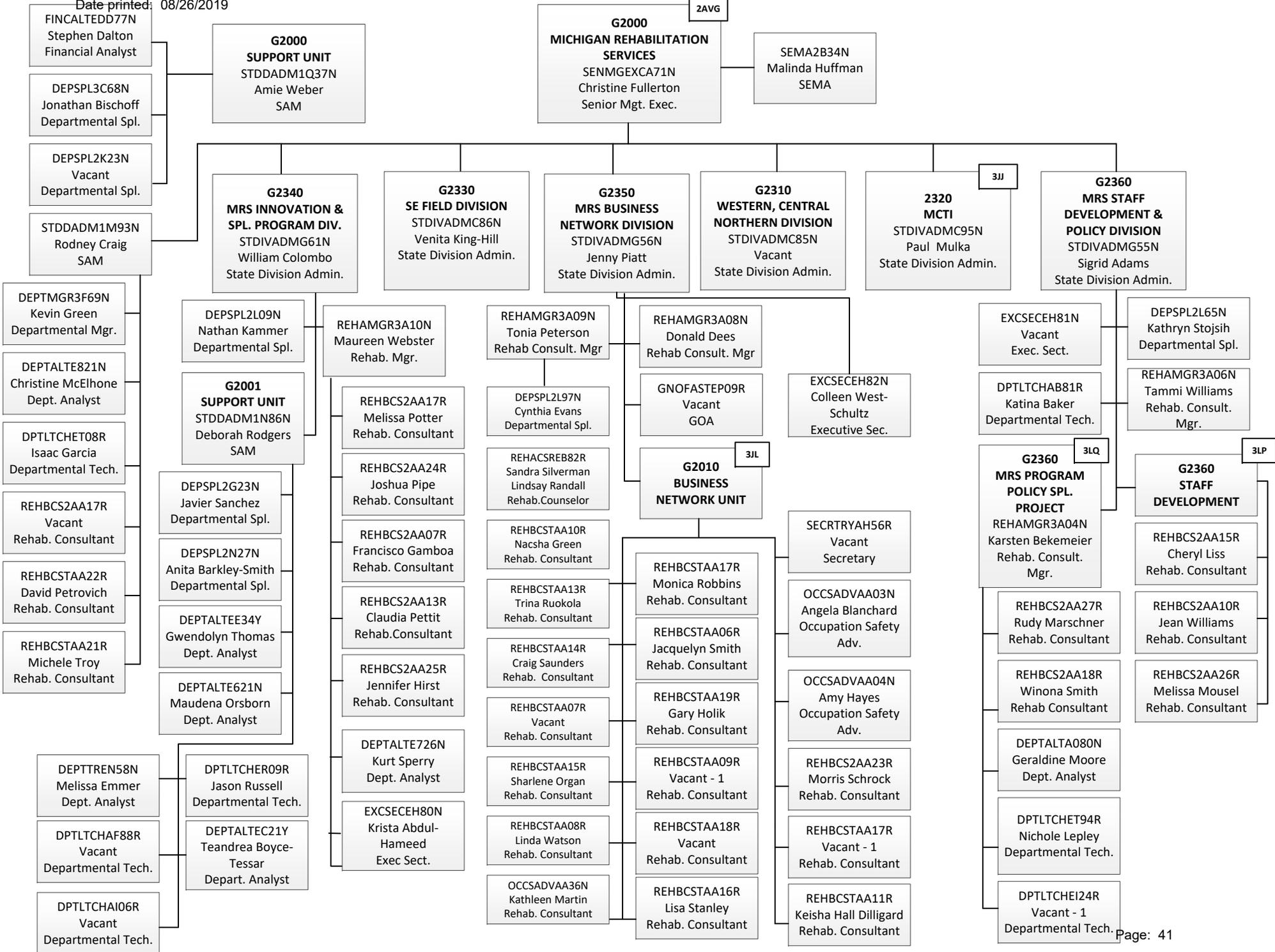


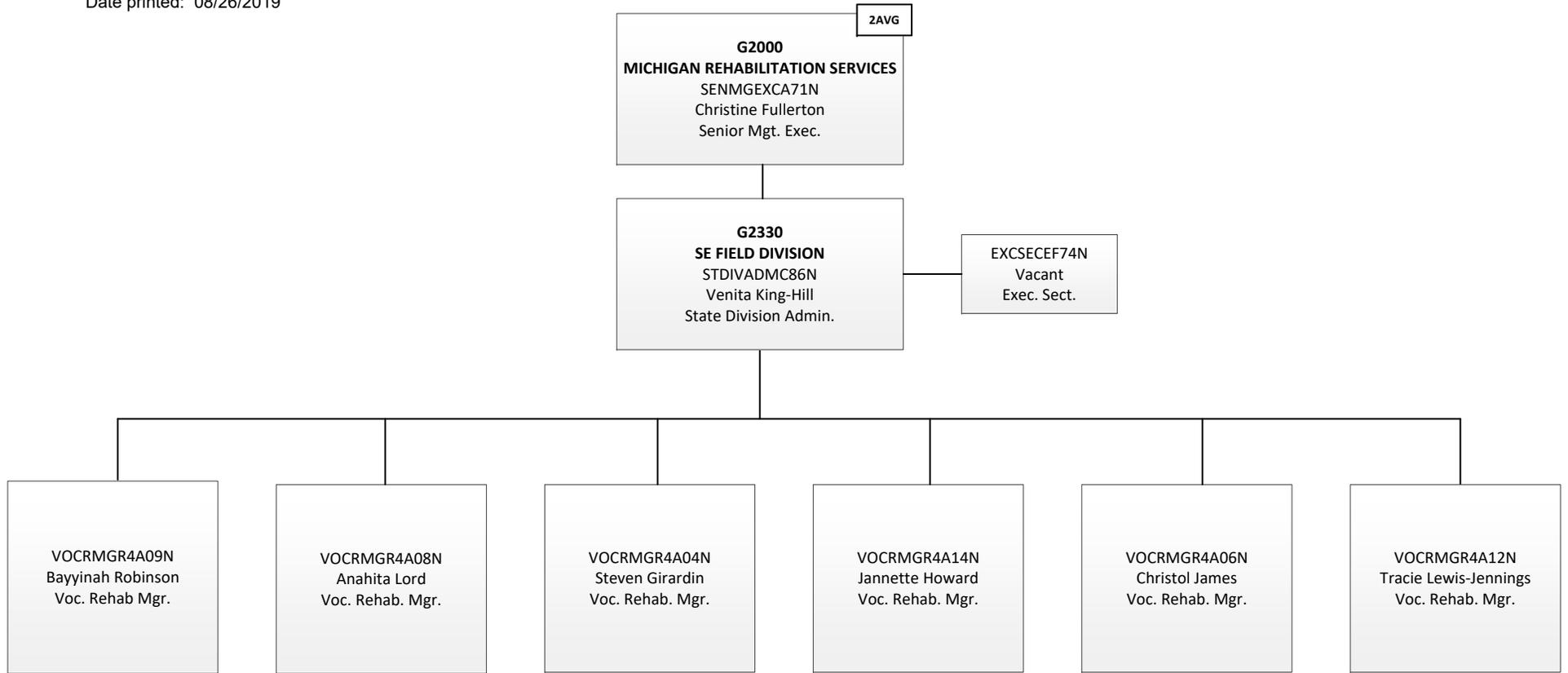


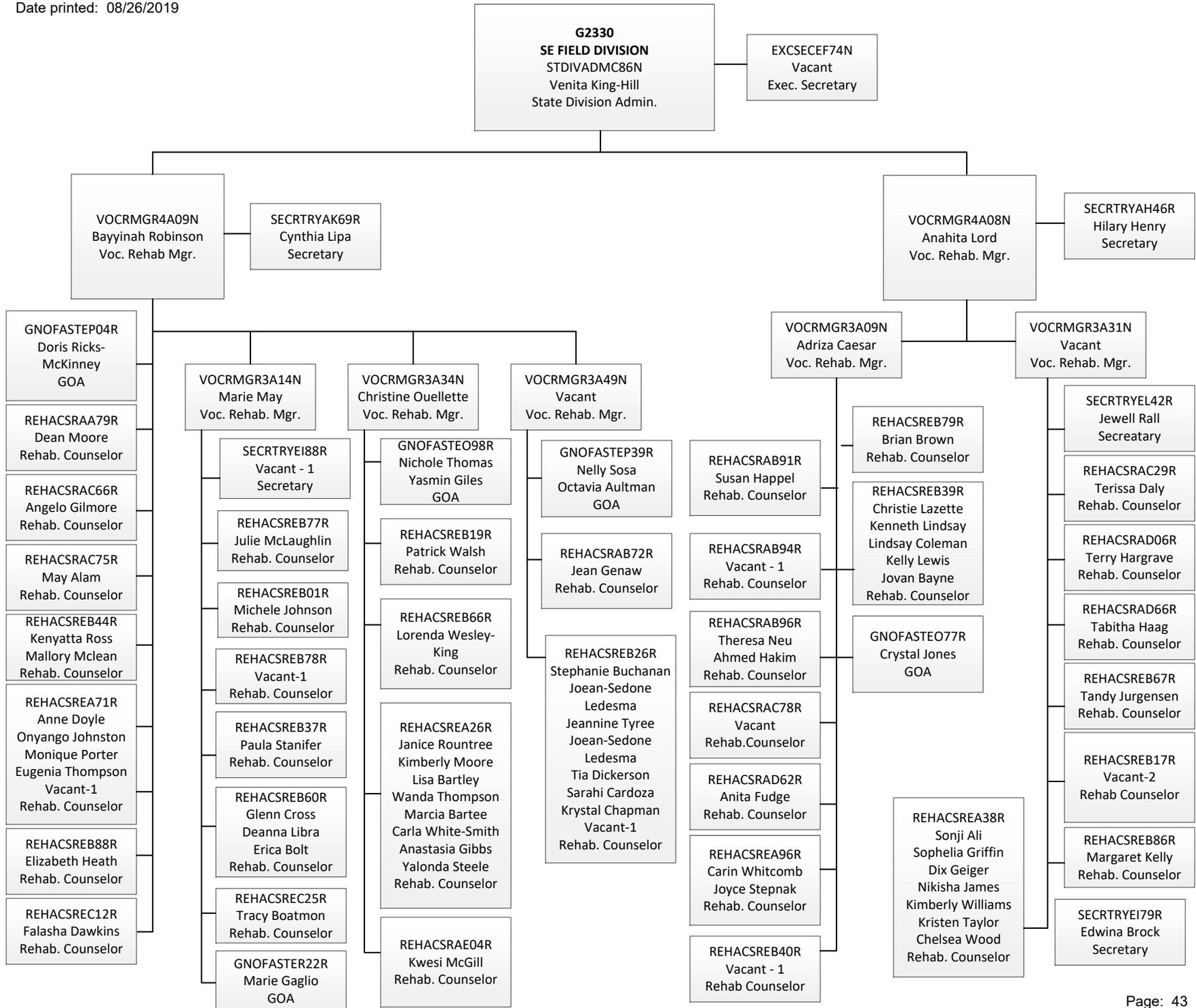


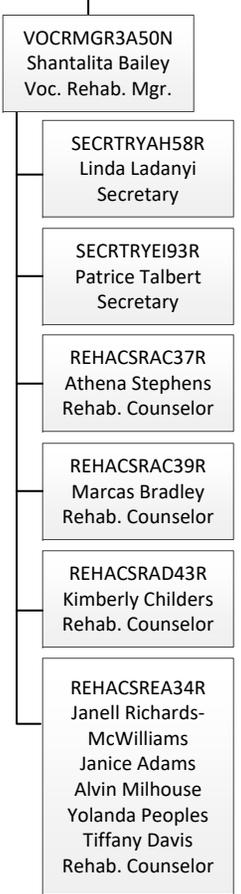
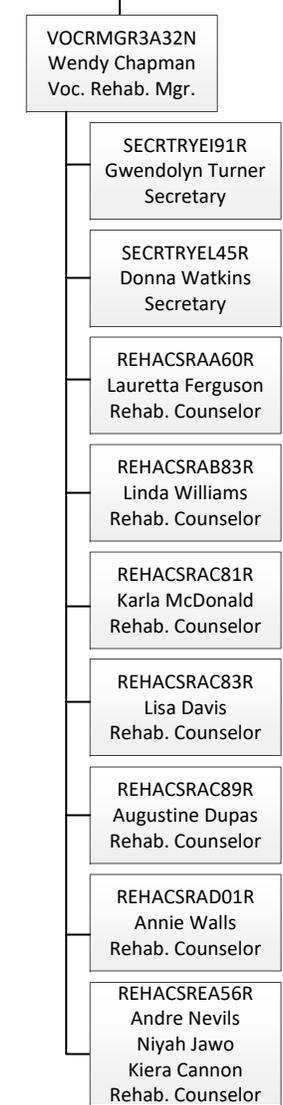
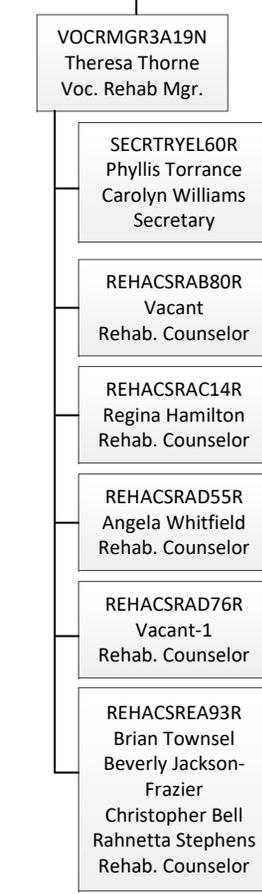
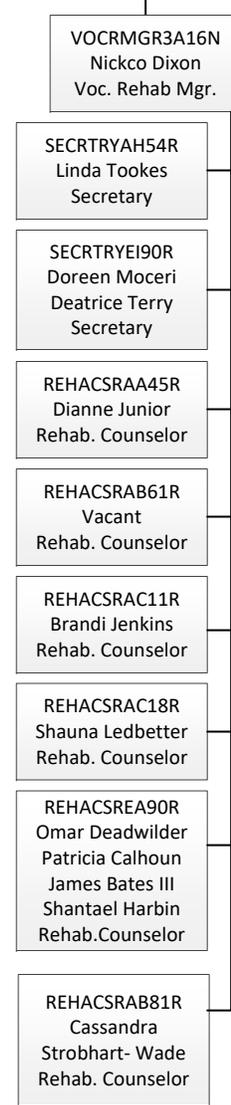
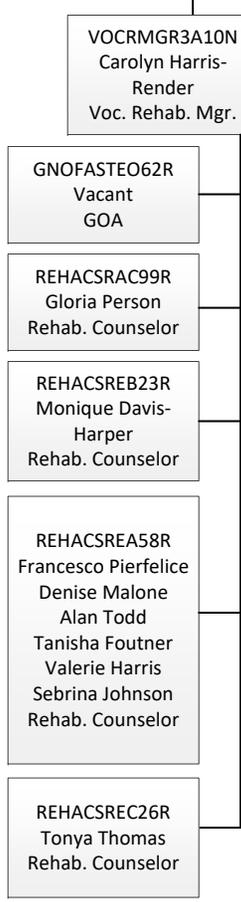
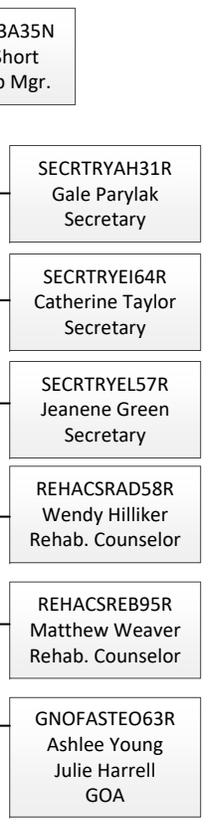
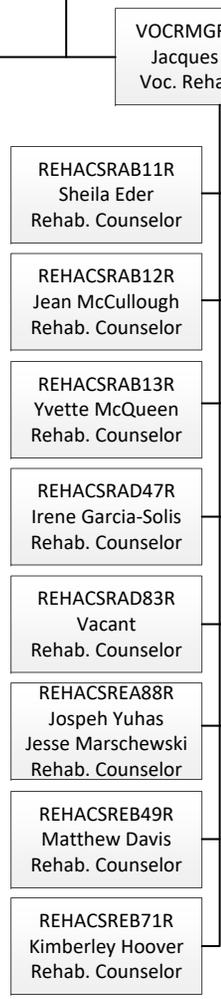
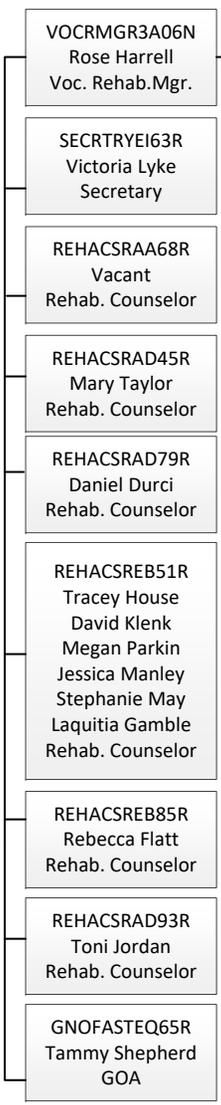
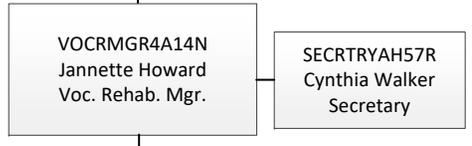
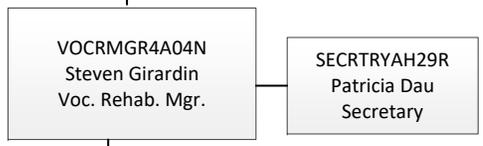
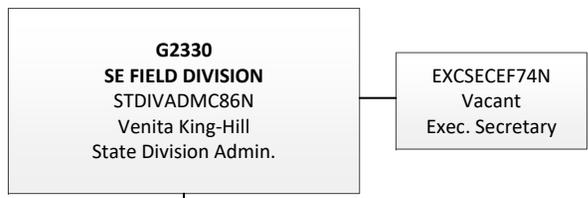


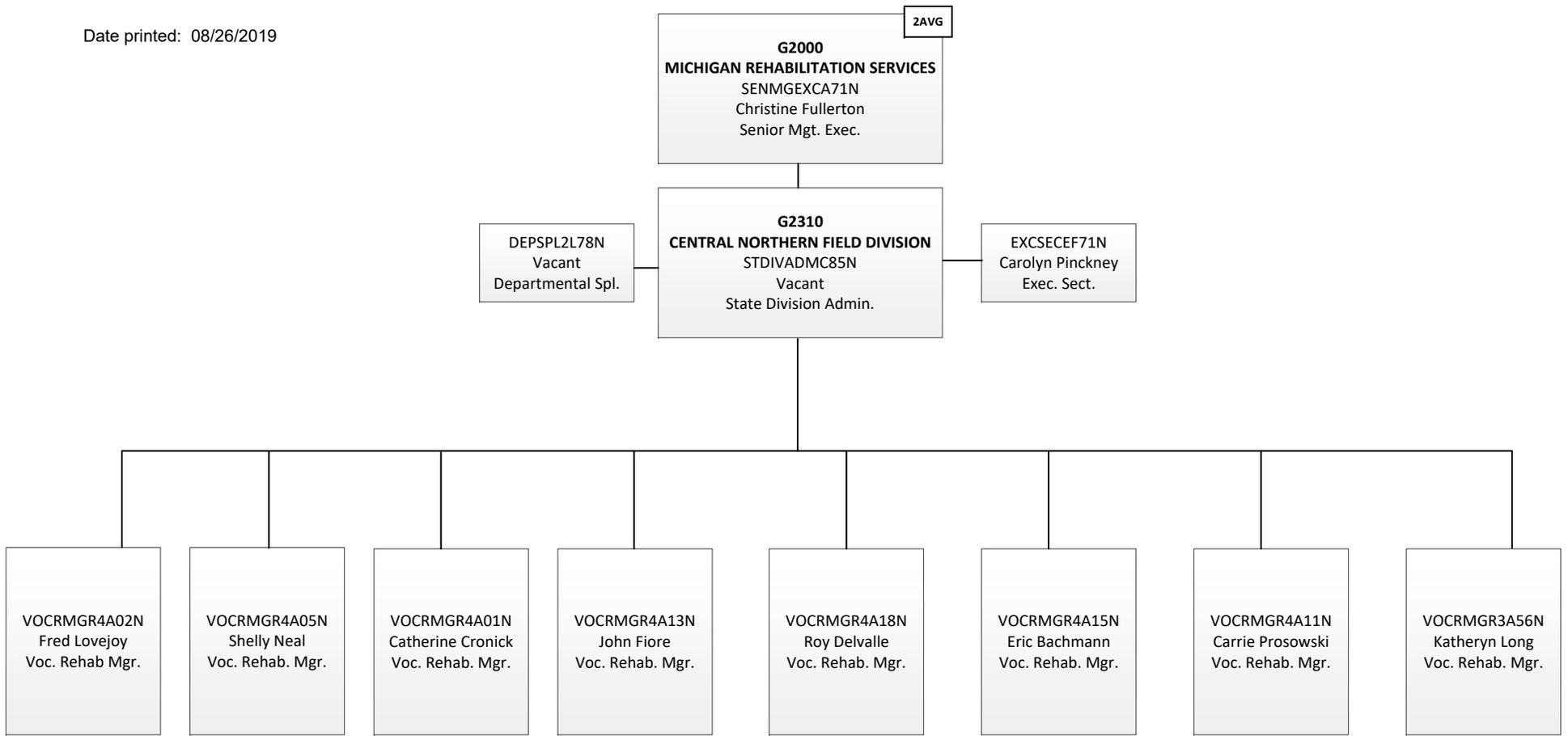
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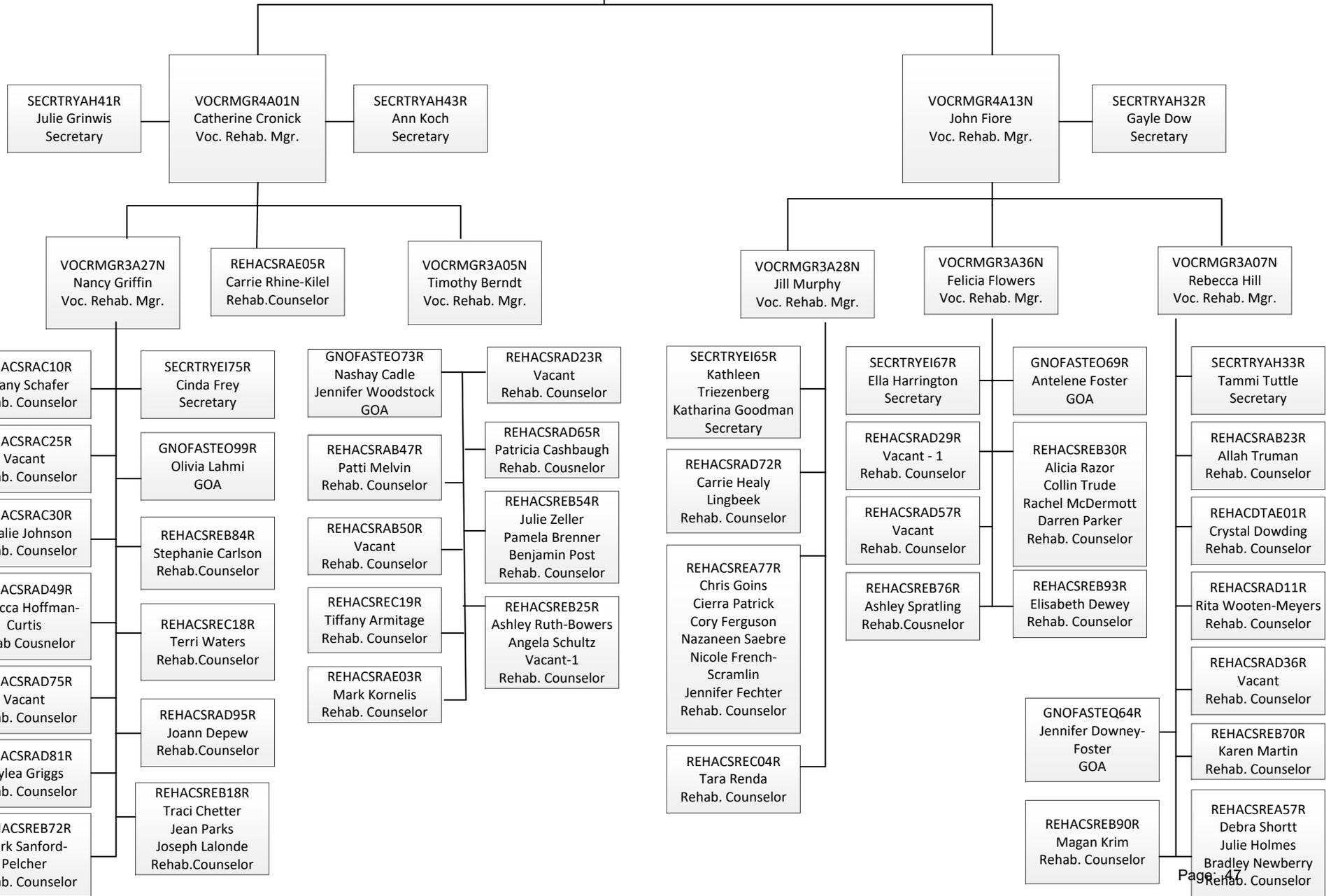






G2310
CENTRAL NORTHERN FIELD DIVISION
 STDIVADMC85N
 Vacant
 State Division Admin.

EXCSECE71N
 Carolyn Pinckney
 Exec. Sect.



G2310
CENTRAL NORTHERN FIELD DIVISION
 STDIVADMC85N
 Vacant
 State Division Admin.

EXCSECEF71N
 Carolyn Pinckney
 Exec. Sect.

SECRTRYAH28R
 Laurie Stacey
 Exec. Sect.

VOCRMGR4A02N
 Fred Lovejoy
 Voc. Rehab Mgr.

VOCRMGR4A05N
 Shelly Neal
 Voc. Rehab. Mgr.

SECRTRYAH27R
 Johanna White
 Exec. Sect.

VOCRMGR3A29N
 Karen Awe
 Voc. Rehab. Mgr.

VOCRMGR3A15N
 Joseph Champion
 Voc. Rehab. Mgr.

VOCRMGR3A12N
 Vanessa Neilley
 Voc. Rehab. Mgr.

REHACSRAA07R
 Kathleen Wever
 Rehab. Counselor

REHACSRAC19R
 Todd Sprunger
 Rehab. Counselor

REHACSRAC20R
 Stacy Metz
 Rehab. Counselor

REHACSRAC62R
 Nikia Belcher
 Rehab. Counselor

REHACSRAC65R
 Vacant
 Rehab. Counselor

REHACSRAD25R
 Eileen Cronk
 Rehab. Counselor

SECRTRYEL38R
 Diane Guzman
 Secretary

SECRTRYEI62R
 Kelly Glidden
 Secretary

REHACSRAD26R
 Vacant-1
 Rehab. Counselor

REHACSRAD63R
 Vacant
 Rehab. Counselor

REHACSRAD64R
 David Larson
 Rehab. Counselor

REHACSRAD68R
 Christine Hall
 Rehab. Counselor

REHACSREB02R
 Chelsey Morrison
 Vacant-2
 Rehab. Counselor

GNOFASTEO68R
 Susan Hartman
 Florence Karine
 Joyce Hopp
 GOA

REHACSREB02R
 Michael Kivinen
 Rehab. Counselor

REHACSRAB02R
 Chelsey Morrison
 Michael Kivinen
 Cassandra Wolf
 Rehab. Counselor

REHACSREB91R
 Tanya Adams
 Emily August
 Vacant-1
 Rehab. Counselor

REHACSREC03R
 Brittany Carter
 Rehab. Counselor

GNOFASTEO71R
 Erika Tate
 Stacie Cary
 Sidney Sauseda
 Vacant-1
 GOA

REHACSRAA56R
 Krista Miller
 Rehab. Counselor

REHACSRAA93R
 Vacant
 Rehab. Counselor

REHACSRAA94R
 Shawn Potter
 Rehab. Counselor

REHACSRAA96R
 Vacant-1
 Rehab. Counselor

REHACSRAD22R
 Vacant
 Rehab. Counselor

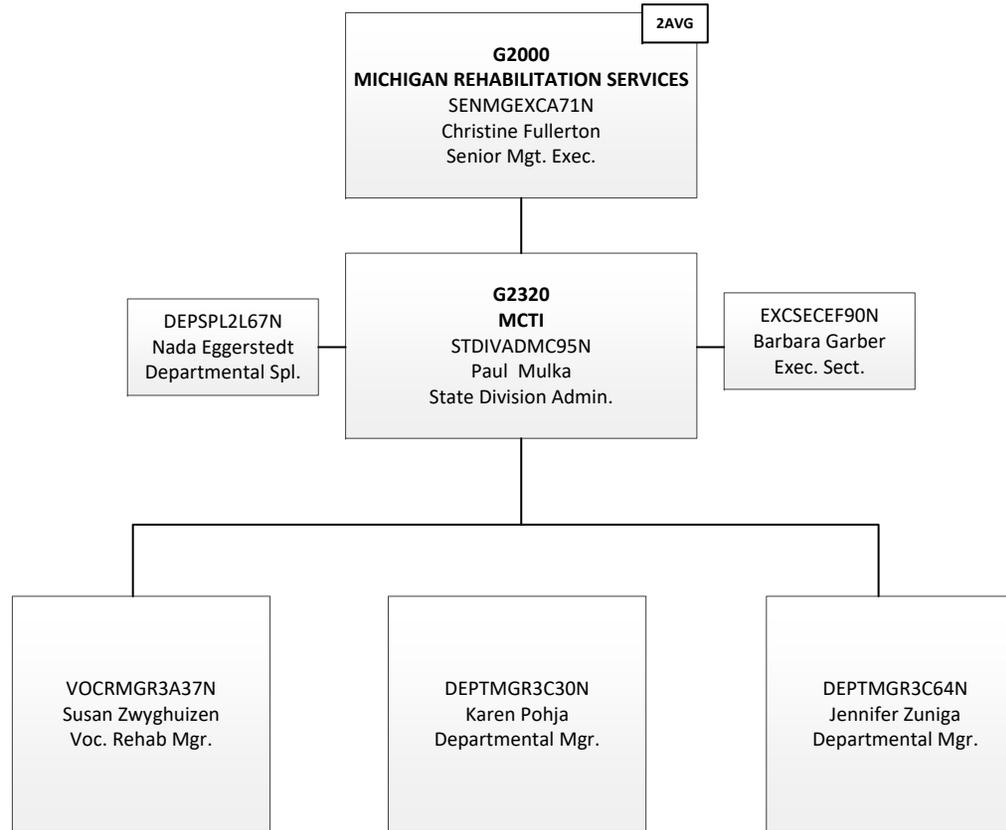
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 Rehab. Counselor

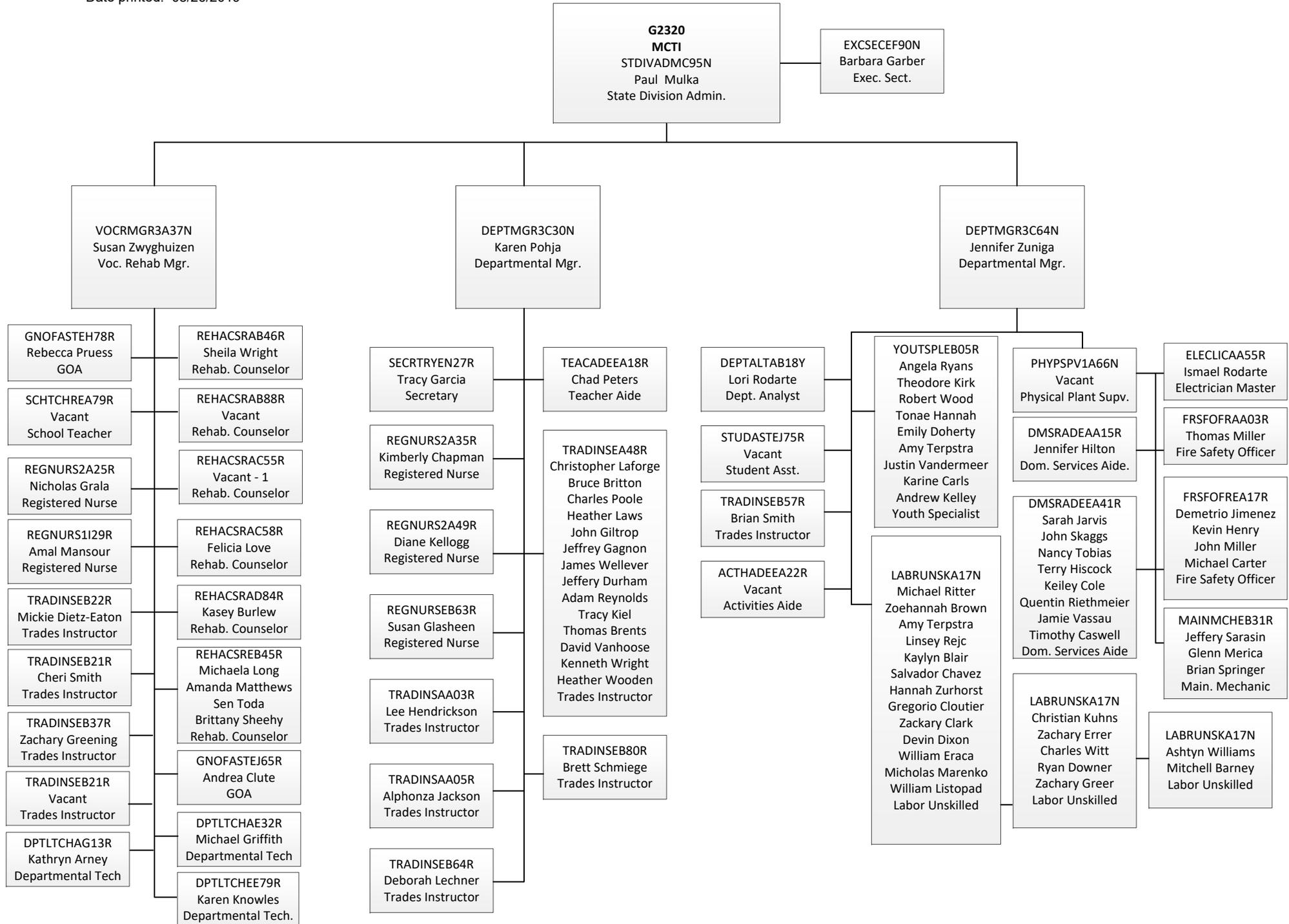
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 Rehab. Counselor

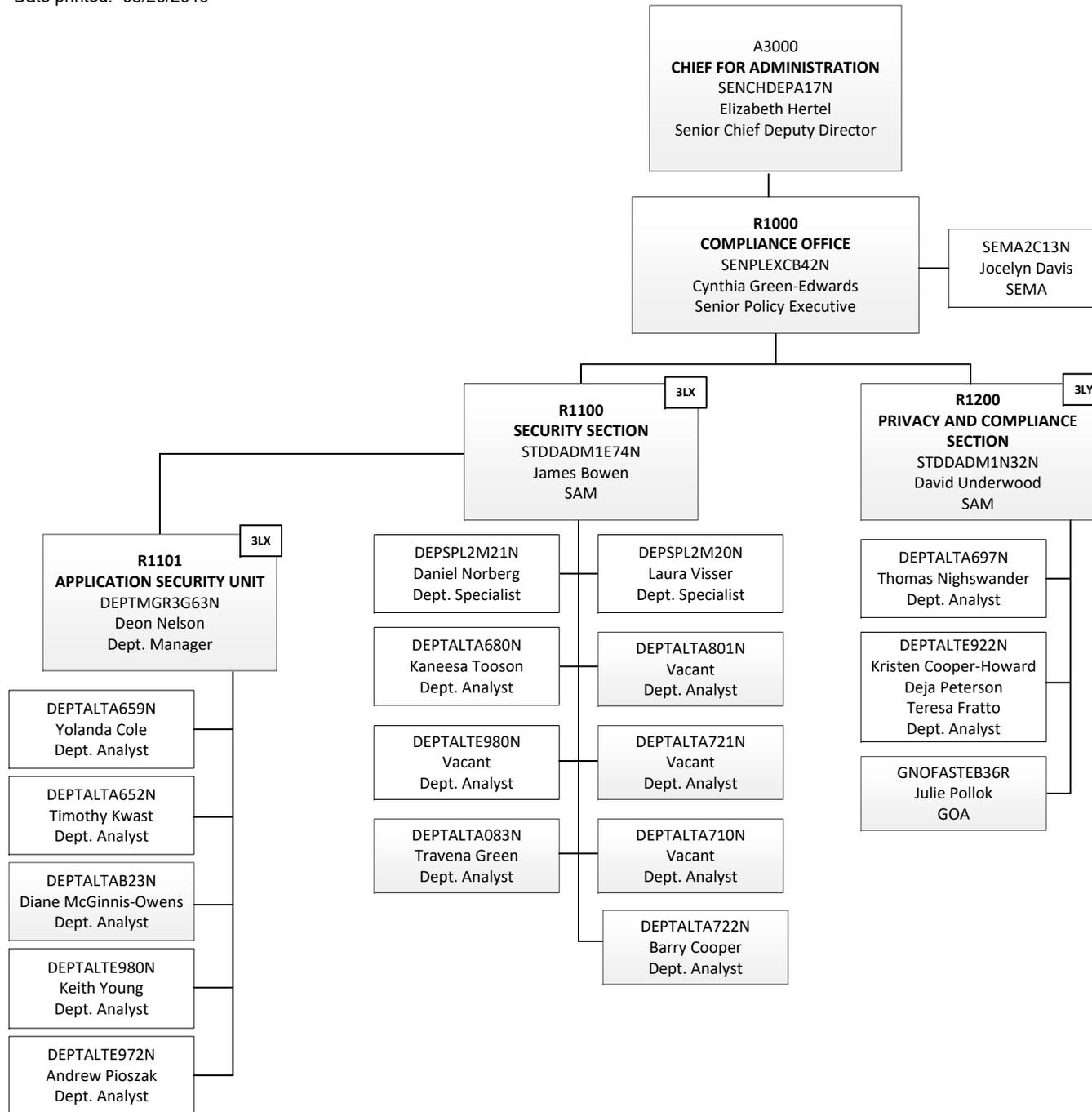
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 Mallory Godin
 Anna-Marie
 Warbach
 Molly Biondo
 Katherine Mantay
 Justine Bond
 Monica Cremins
 Hannah Balder
 Rachel Bentley
 Rehab. Counselor

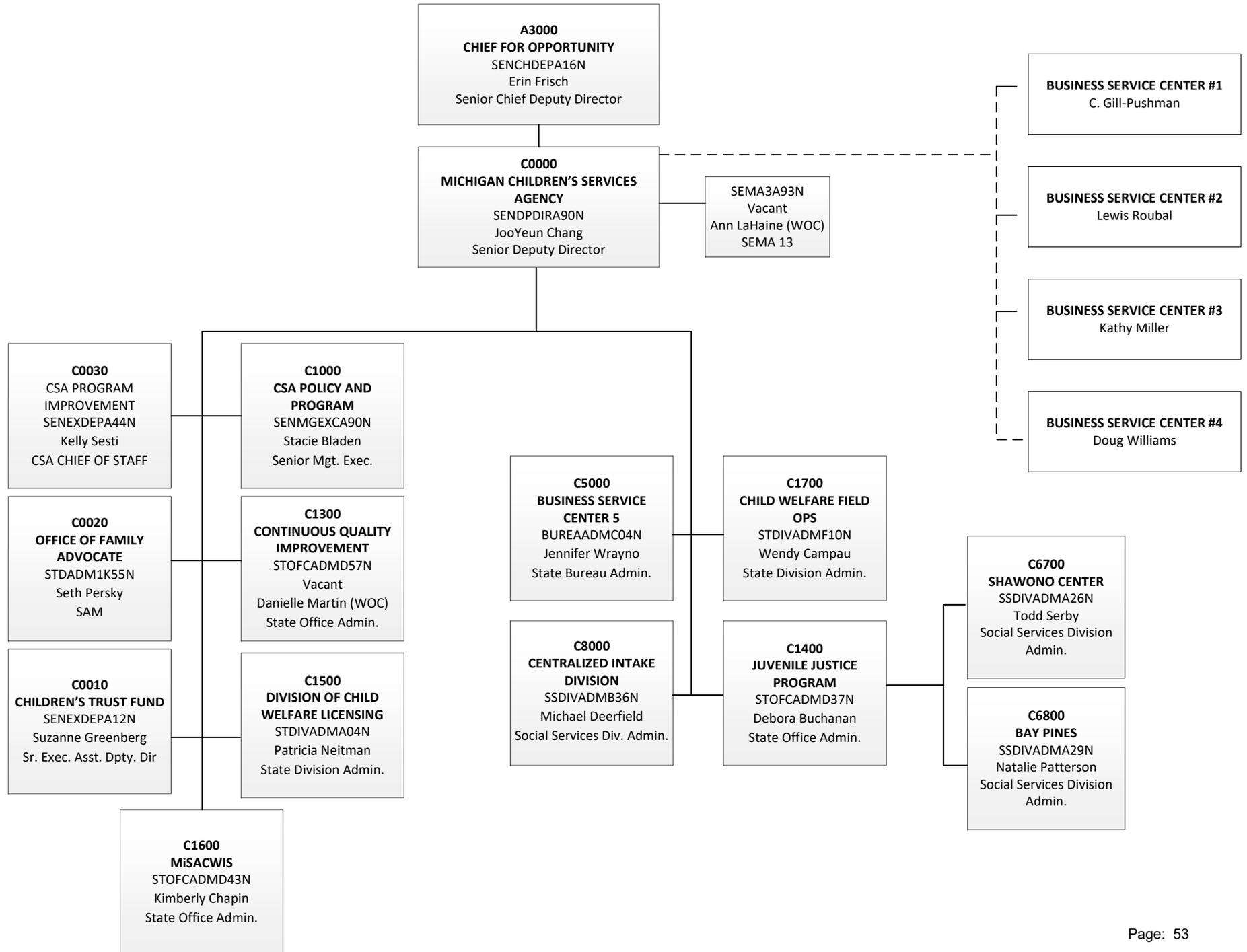
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 Cassandra Halder
 Rehab. Counselor

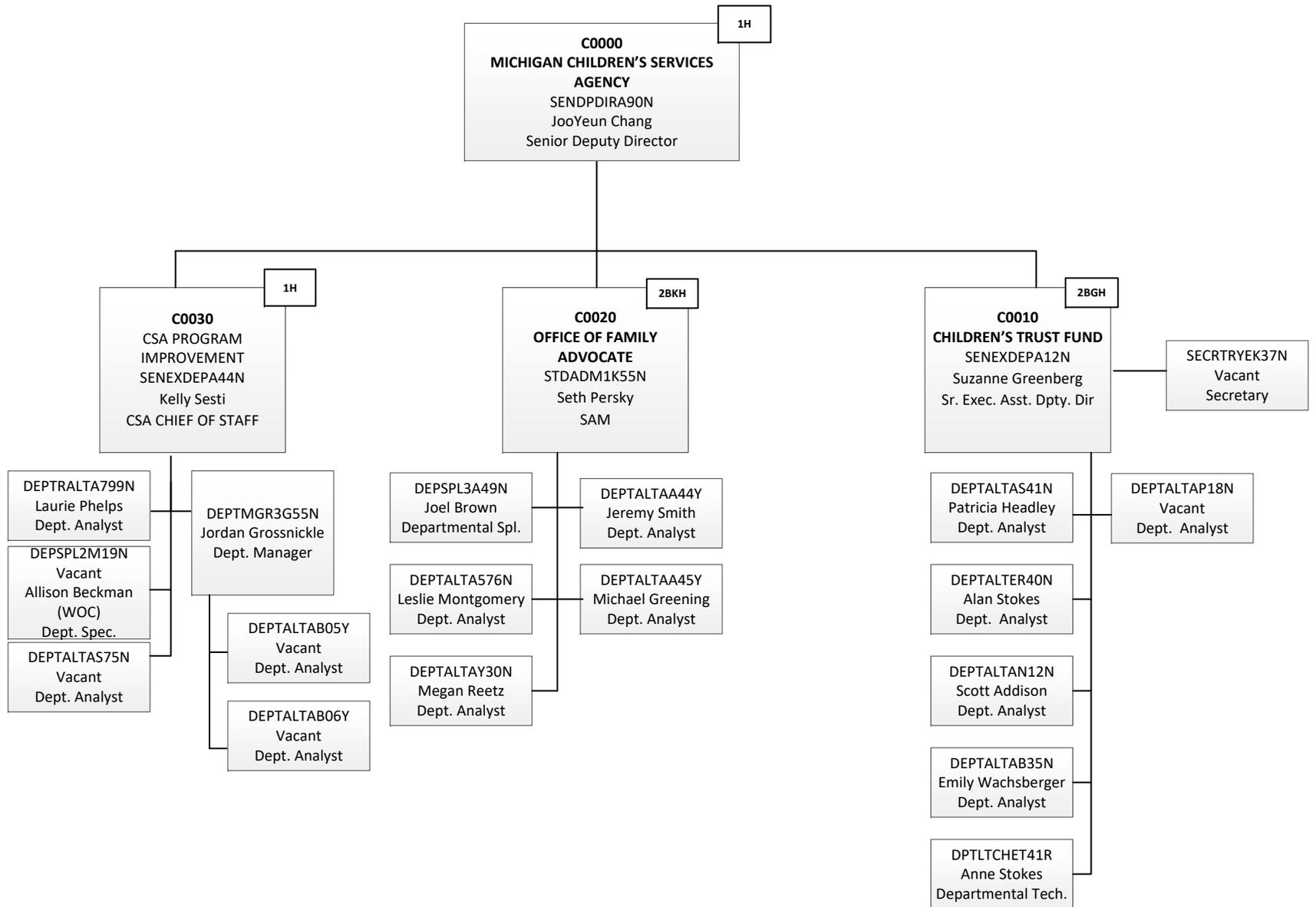
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 Amanda Wortley
 Rehab. Counselor

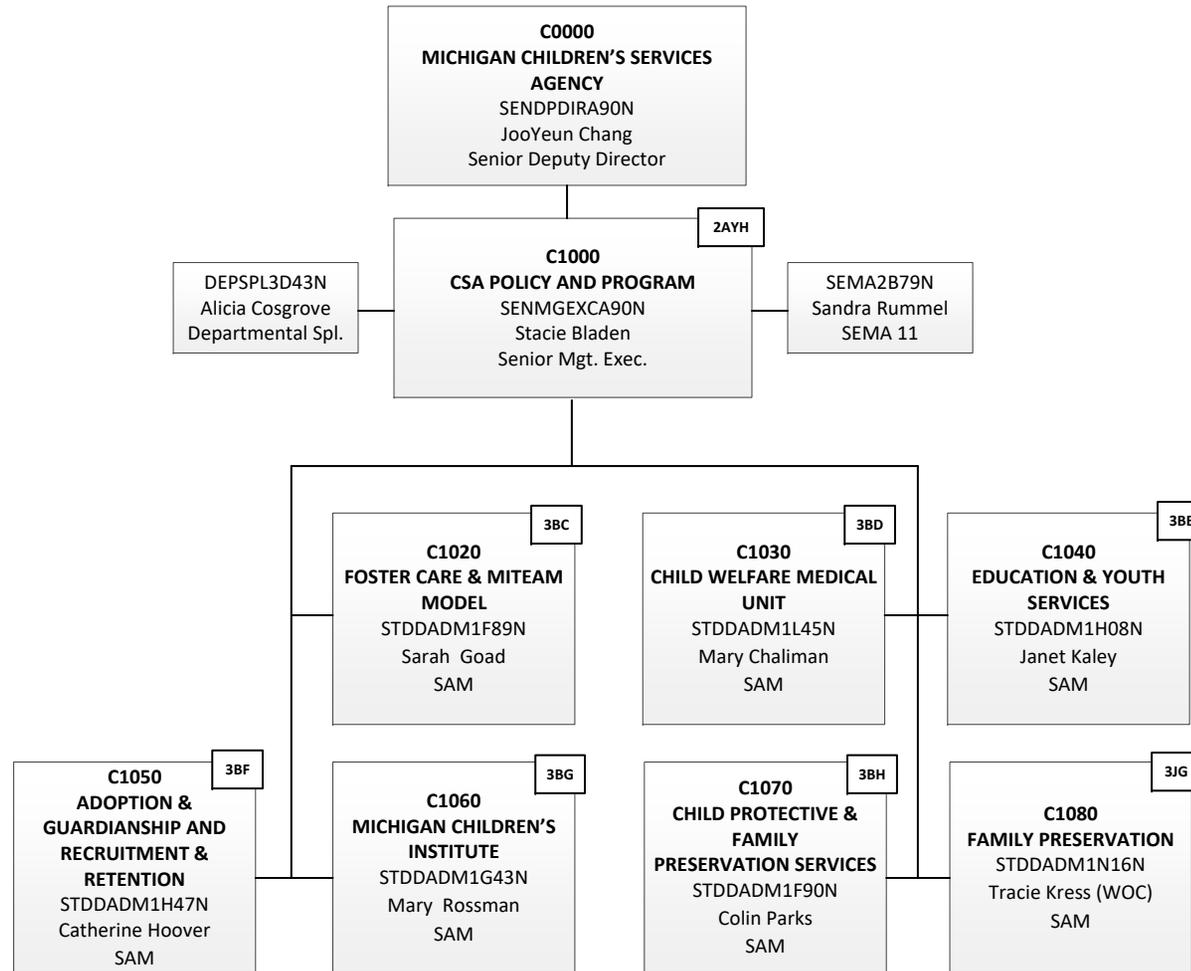


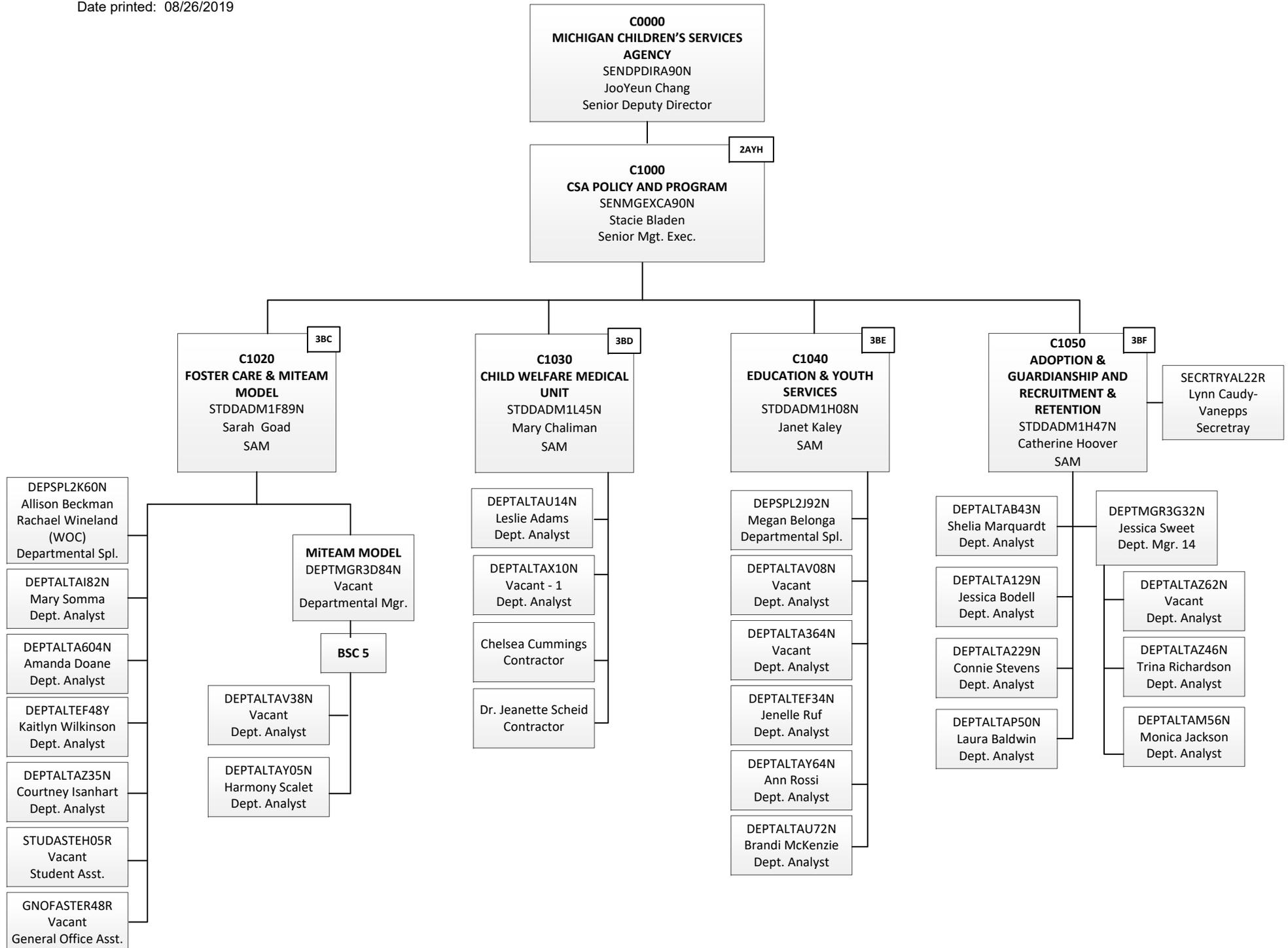


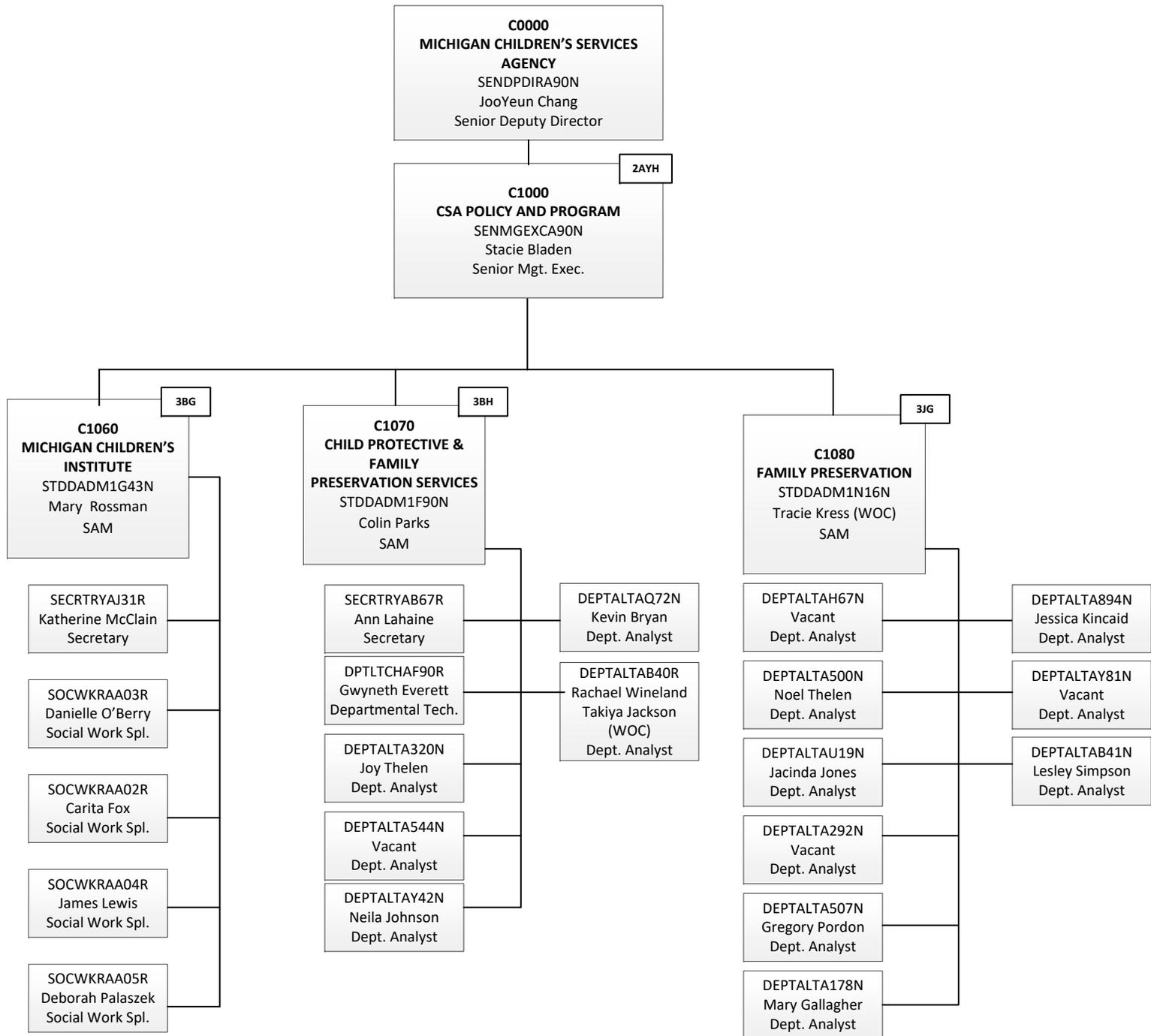


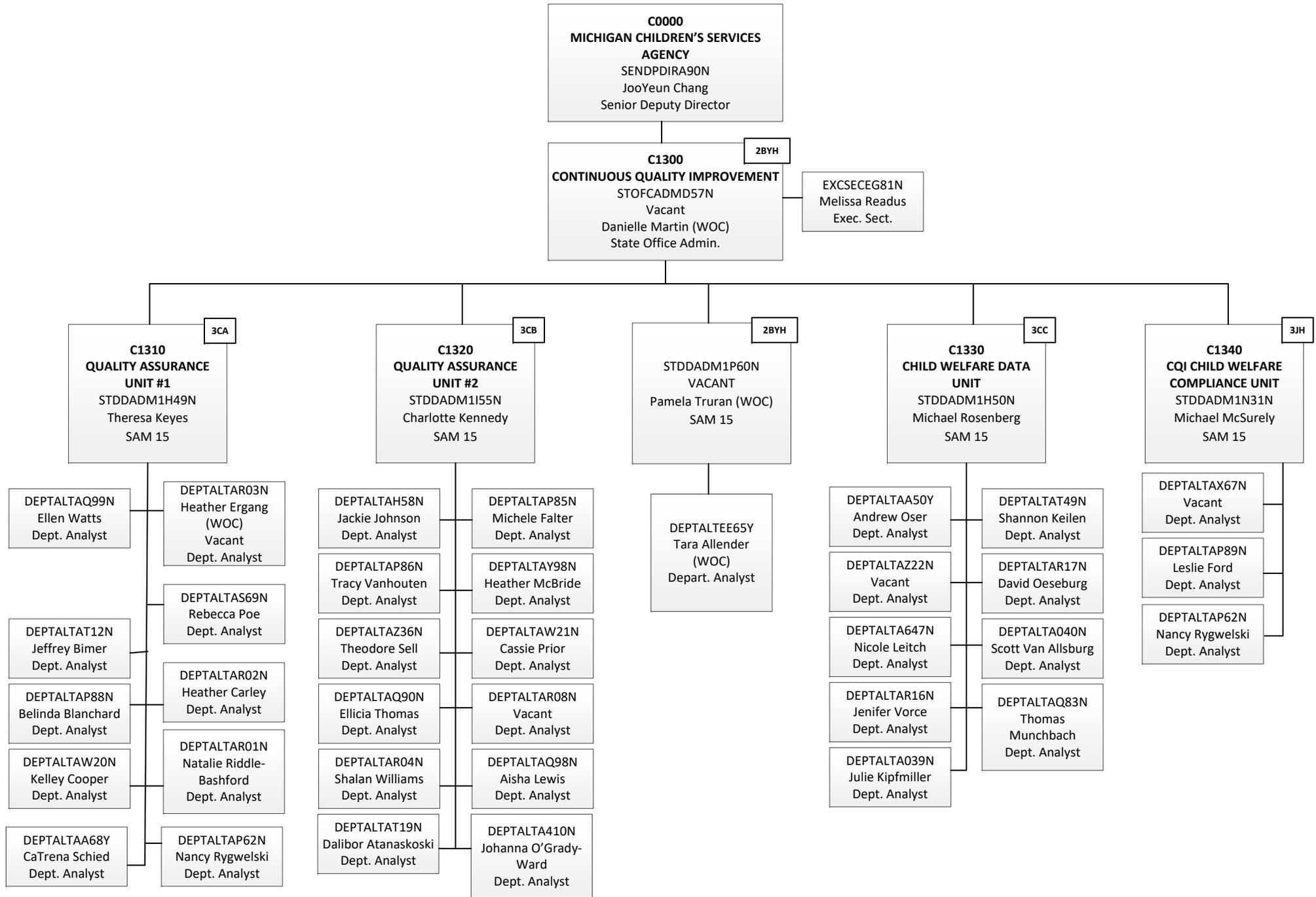


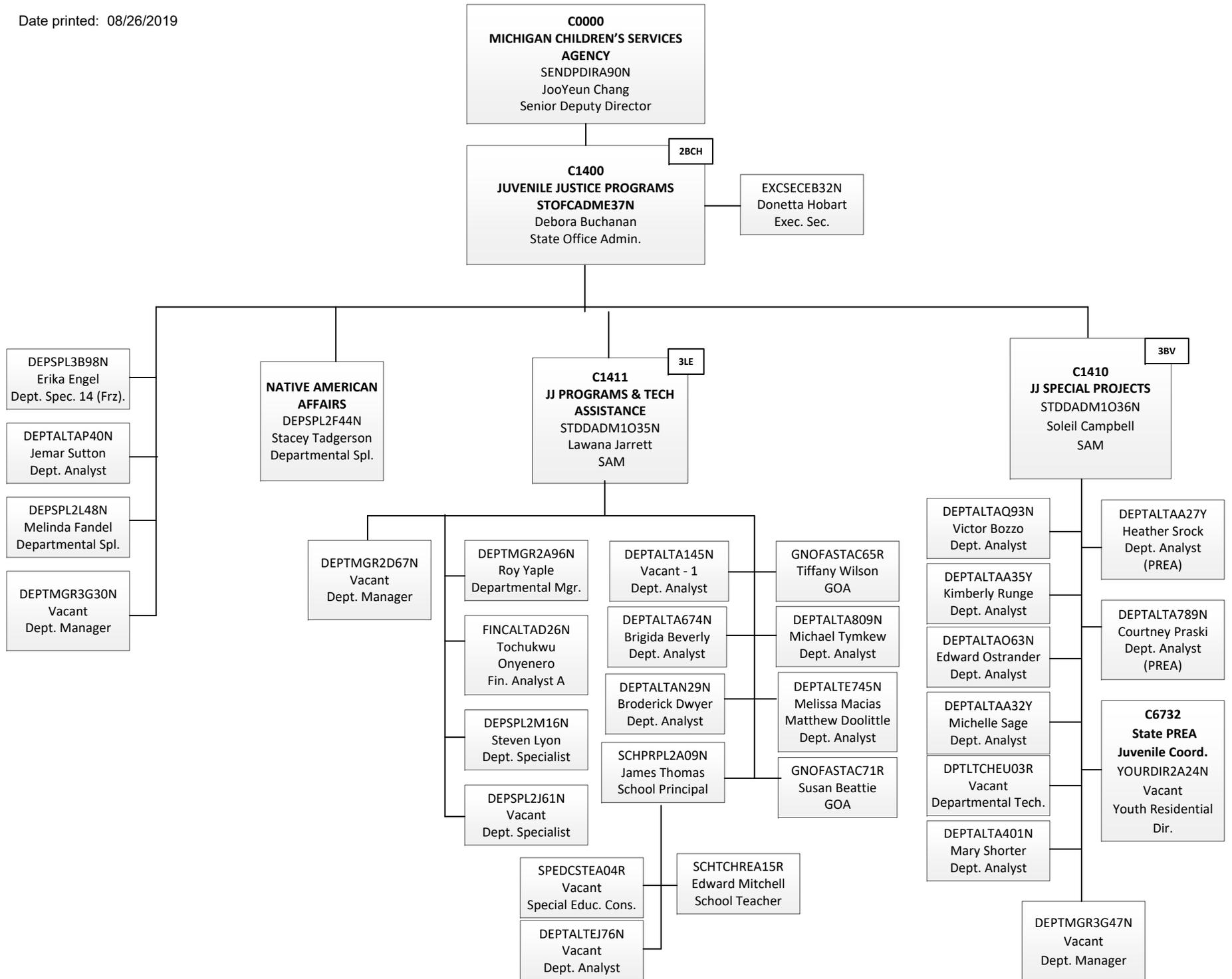


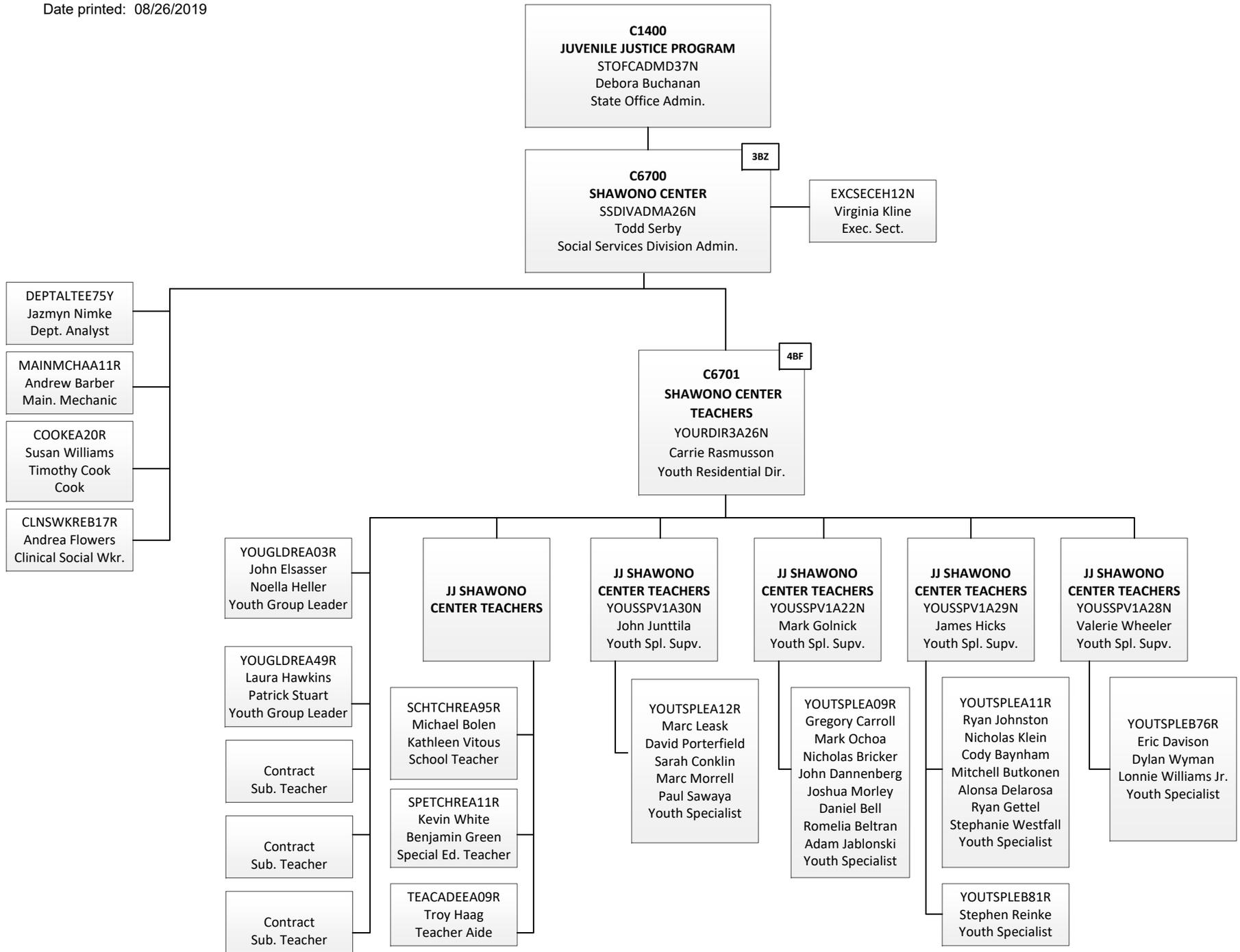












C1400
JUVENILE JUSTICE PROGRAM
 STOFCADMD37N
 Debora Buchanan
 State Office Admin.

C6800
BAY PINES
 SSDIVADMA29N
 Natalie Patterson
 Social Services Division Admin.

3BY

SECRTRYAA66N
 Pamela Mlostek
 Secretary

GNOFASTEB89R
 Amanda Adams
 GOA

MAINMCHEC45R
 Shane Wallin
 Main. Mechanic

SCHTCHREB20R
 Dale Harris
 School Teacher

C6801
JJ BAY PINES
TEACHERS

4BE

TRADINSEB41R
 Vacant
 Trades Instructor

SPETCHREA10R
 Jill Strahl
 Vance Hiney
 Joshua Mileski
 Special Ed. Teacher

C6810
JJ BAY PINES YRD
 YOURDIR3A27N
 Jennifer Pastorickl
 Youth Residential Dir.

4BD

YOUTSPLAA45R
 Tony Kobasic
 Youth Specialist

CLNSWKREB71R
 Tammy Heeres
 Pamela Aalto
 Clinical Social
 Worker

C6811
JJ BAY PINES
GROUP LEADERS

5AG

YOUGLDREA45R
 Vacant-1
 Youth Group Leader

YOUGLDREA01R
 Carey Kutha
 Tyler Hanson
 Vacant-1
 Youth Group Leader

C6812
BAY PINES UNIT 1
 YOUSSPV1A25N
 Aaron Spalding
 Youth Spl. Supv.

5LR

YOUTSPLEB60R
 Youth Specialist

YOUTSPLEA04R
 Rebecca Barnhart
 Bianca Bohlen
 Brock Mercier
 James Sanville
 Vacant-3
 Youth Specialist

C6813
BAY PINES UNIT 2
 YOUSSPV1A26N
 Keith Swille
 Youth Spl. Supv.

5LS

YOUTSPLEB66R
 Youth Specialist

YOUTSPLEA06R
 Mark Polishak
 Rhonda Way
 Kristine Micheau
 Vacant-2
 Youth Specialist

YOUTADEEA23R
 Courtney Emanuelson
 Cheri Robinson
 Vacant-1
 Youth Aide

C6814
BAY PINES UNIT 3
 YOUSSPV1A36N
 Jason Braun
 Youth Spl. Supv.

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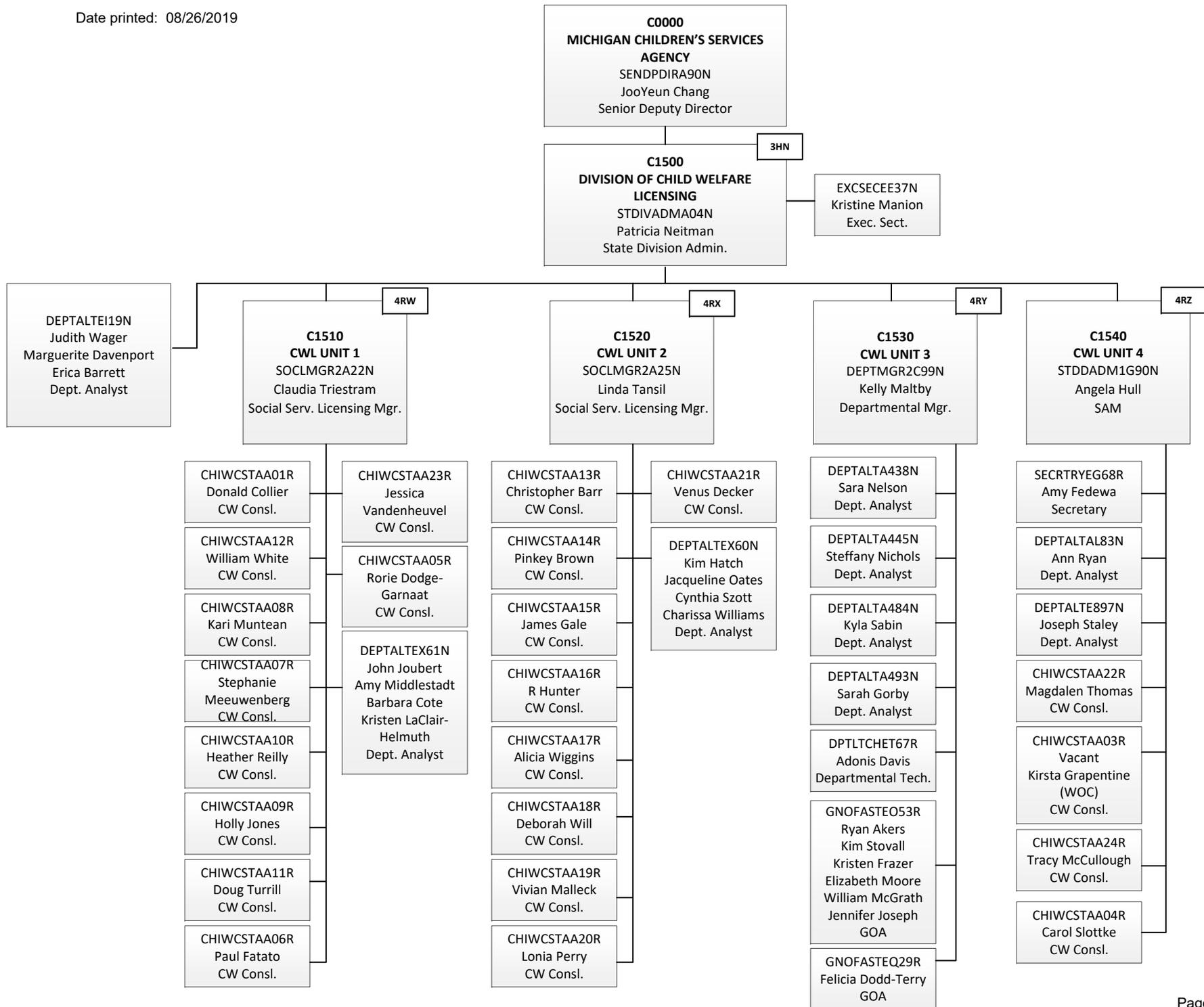
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 JaynaRae Ray
 Jacob VandeWiele
 Cynthia Pouliot
 Vacant-1
 Youth Specialist

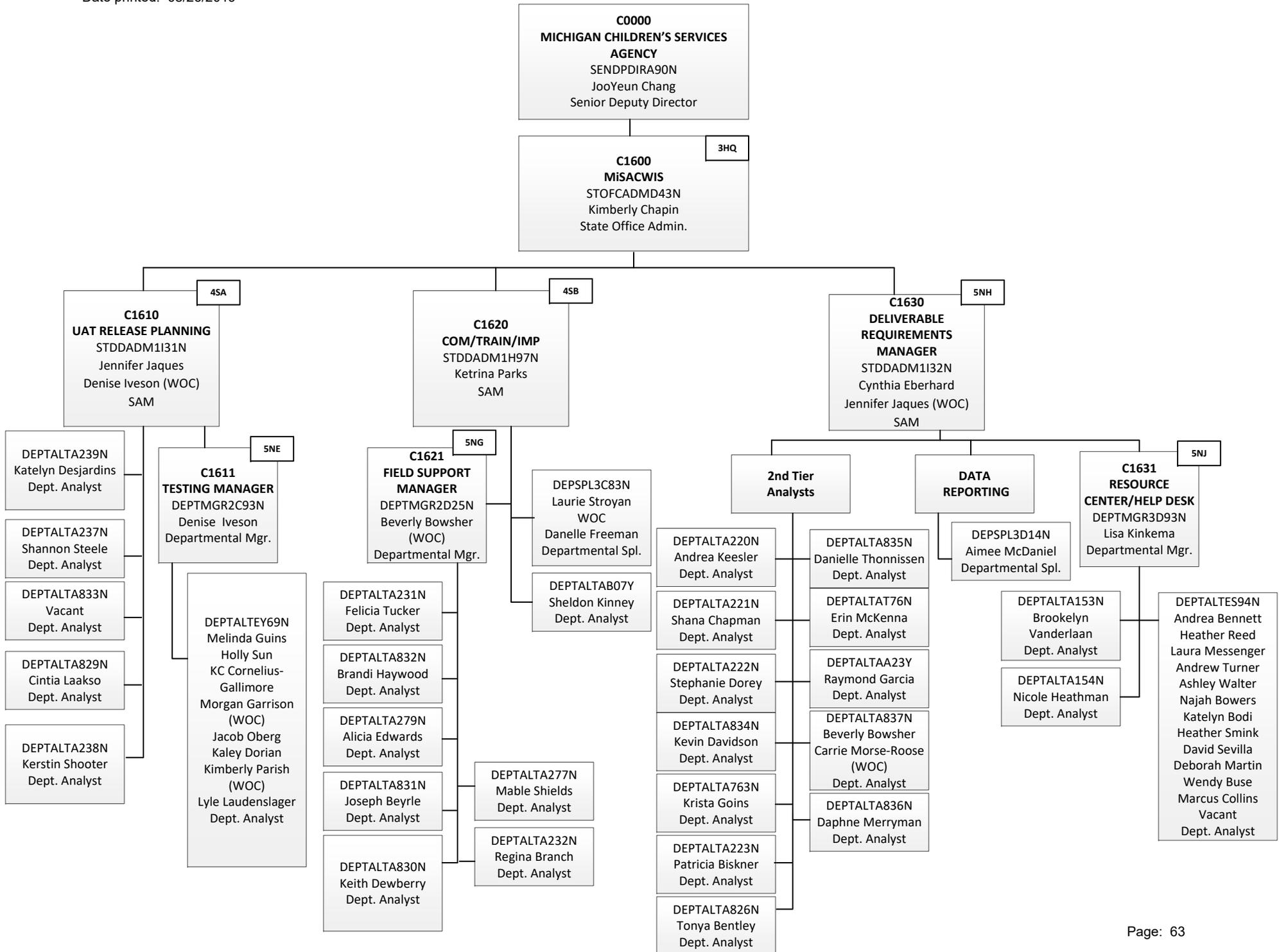
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 YOUSSPV1B02N
 Patrick McKeage
 Youth Spl. Supv.

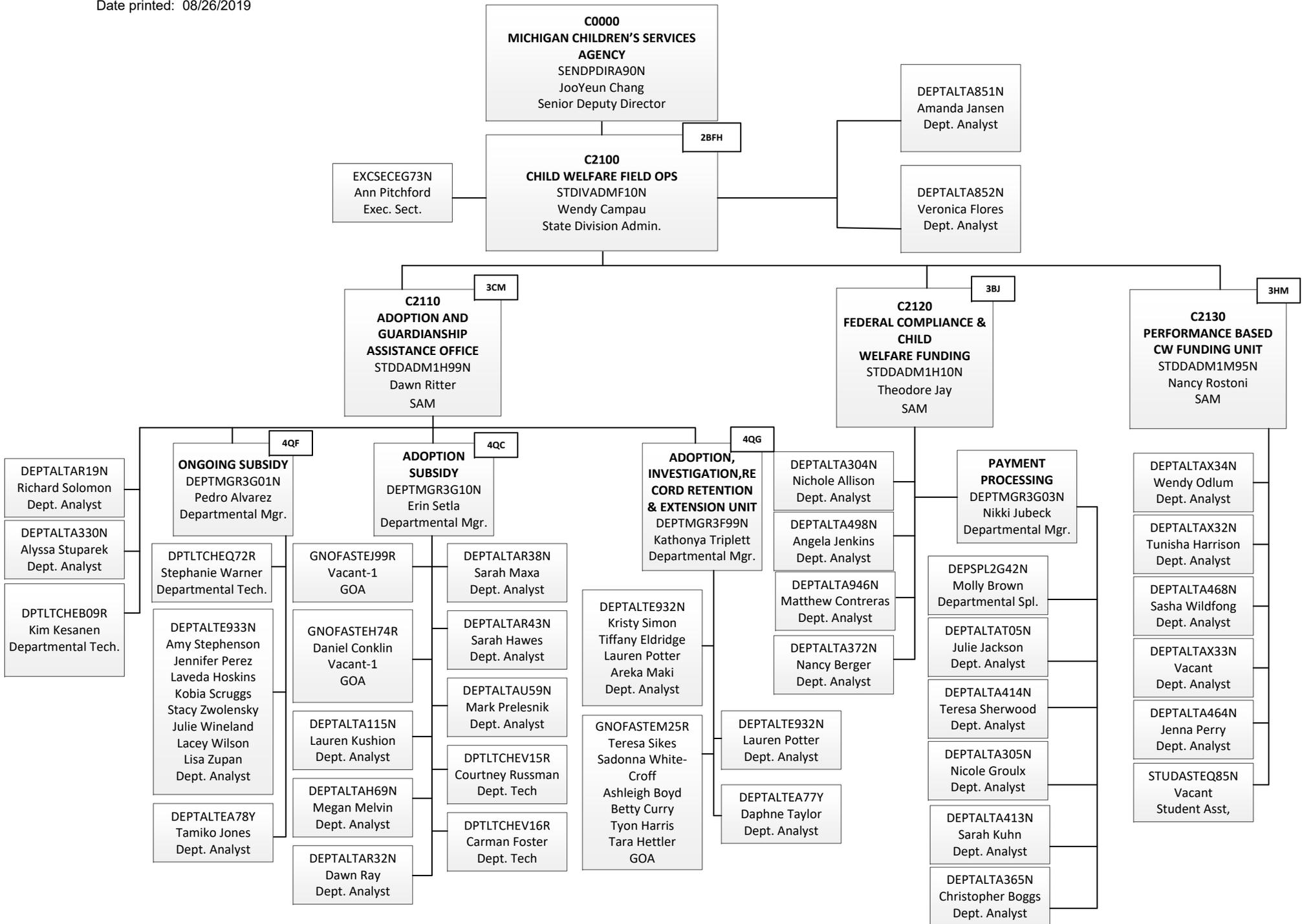
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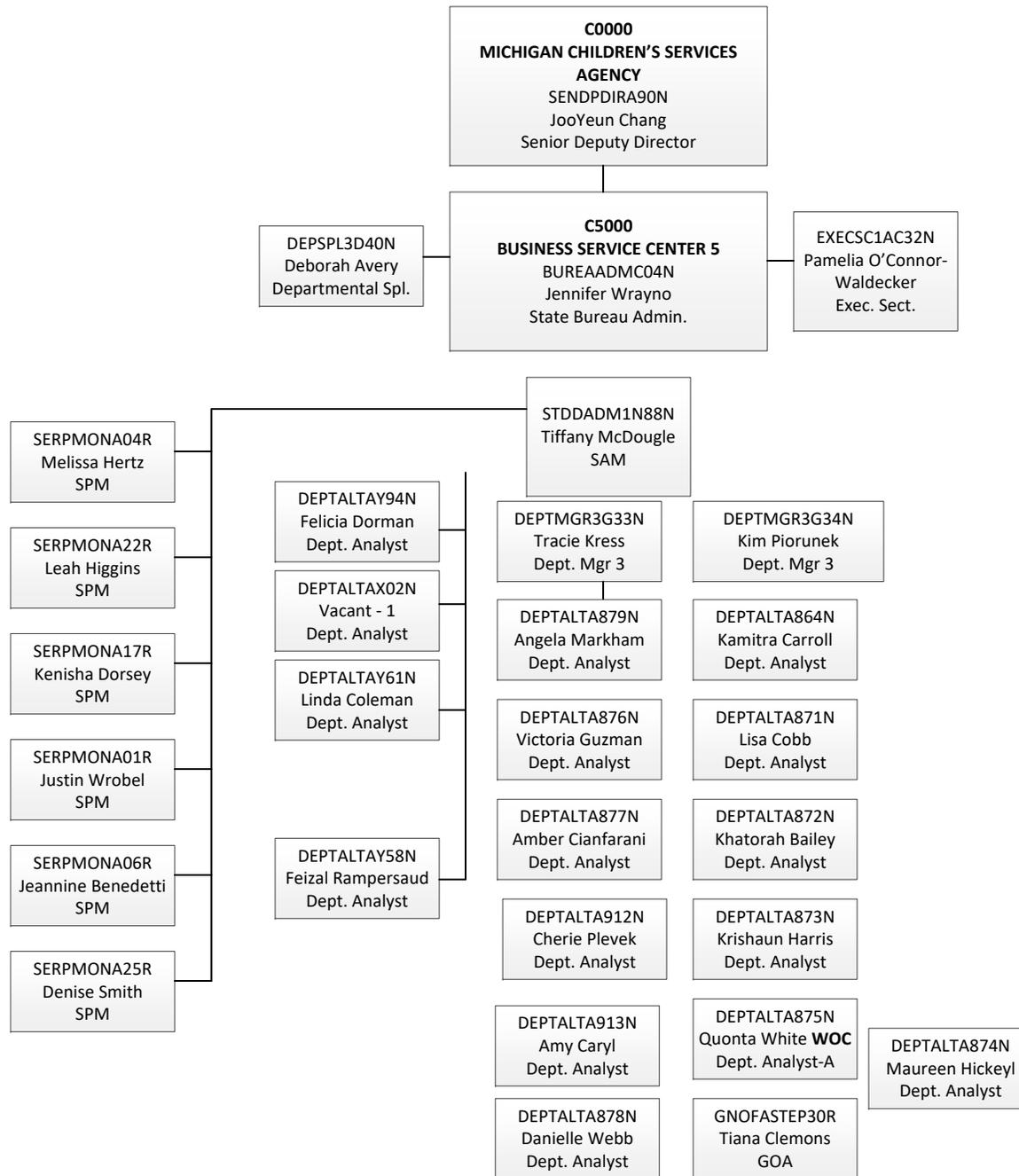
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 Susan Zimmerman
 Julia Kutha
 Karla Vollberg
 Olivia Theut
 Jennifer Bernard
 Grant Balino
 Tyler Hattamer
 Youth Specialist

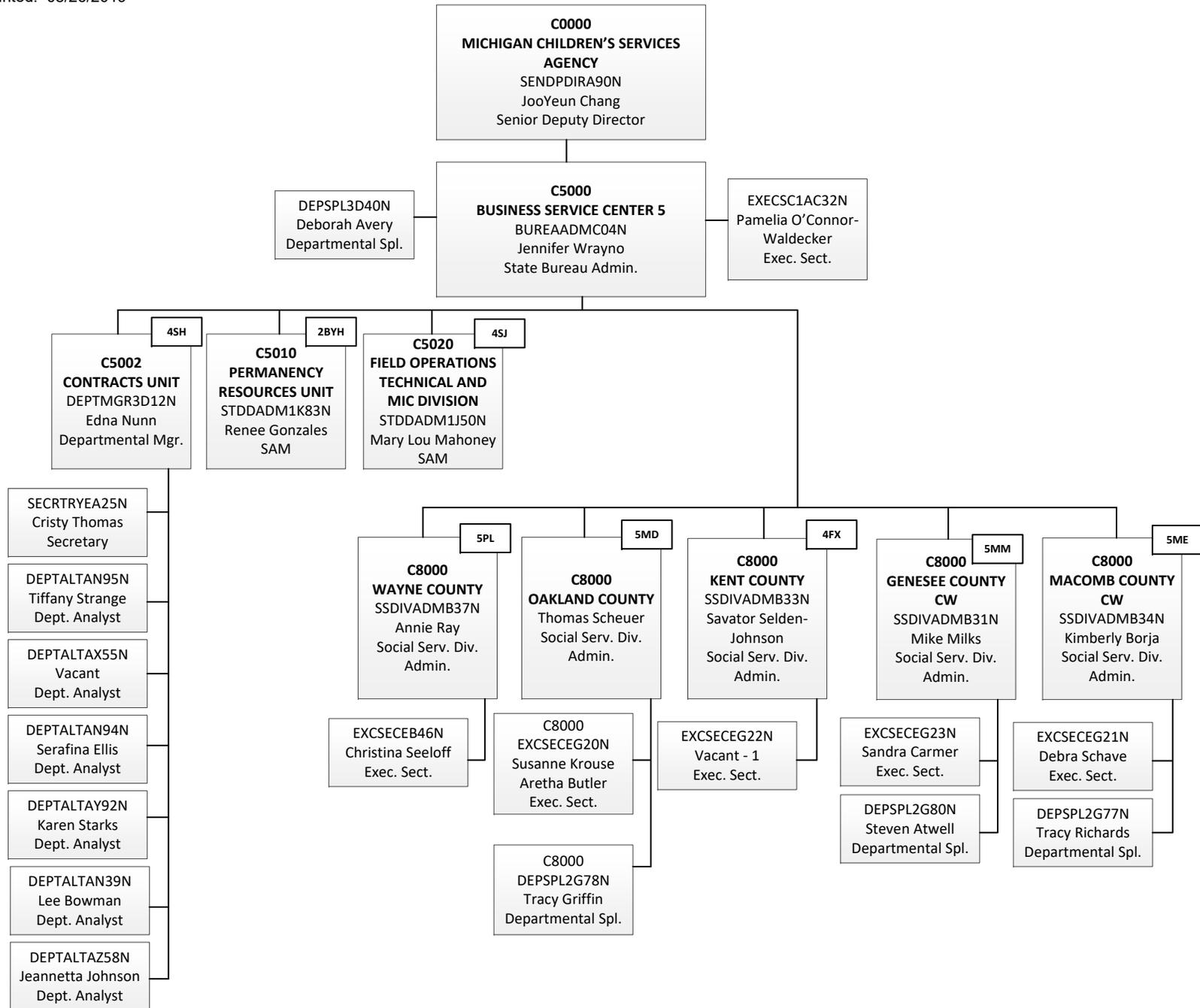
YOUTSPLEB65R
 Youth Specialist

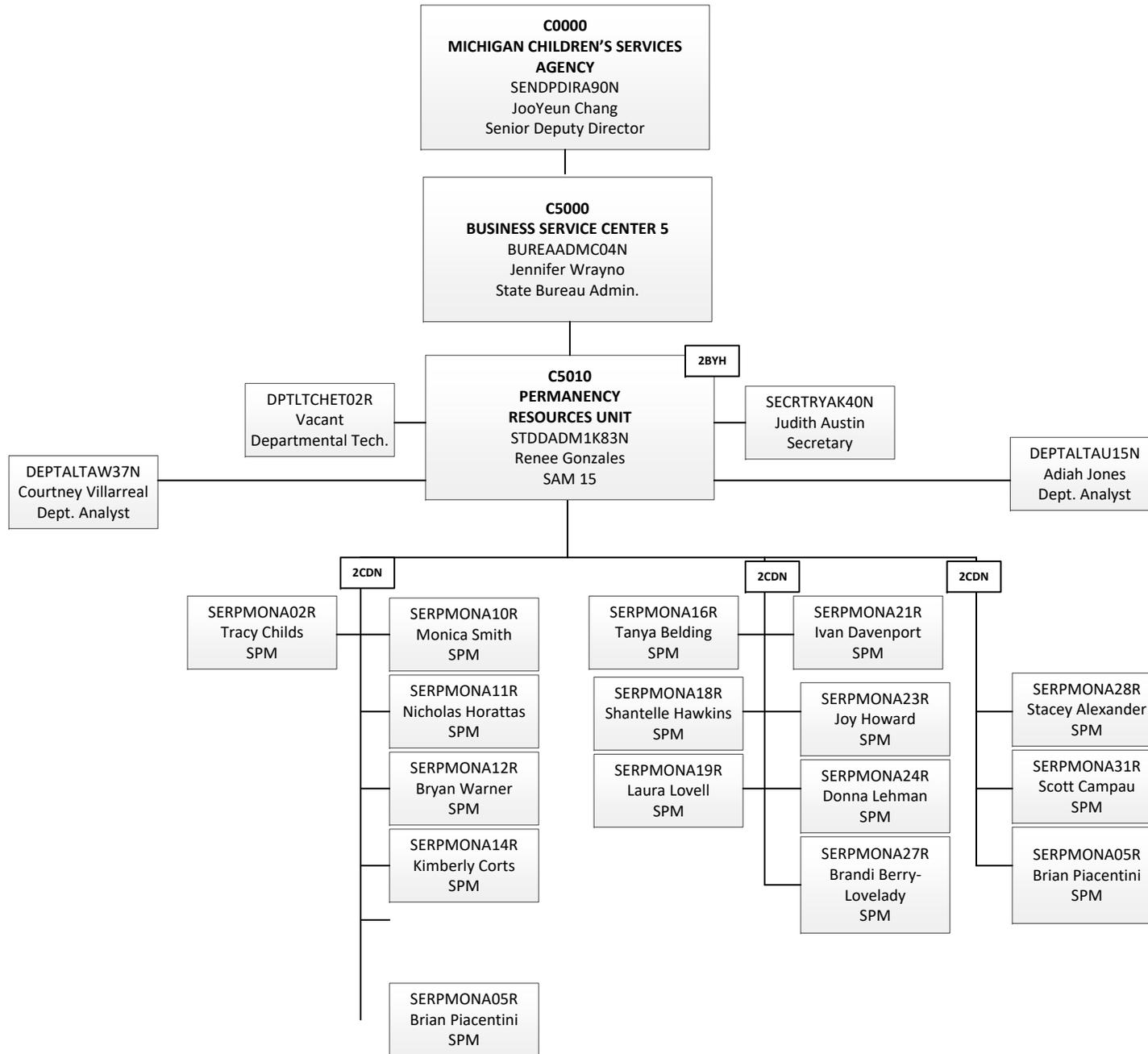


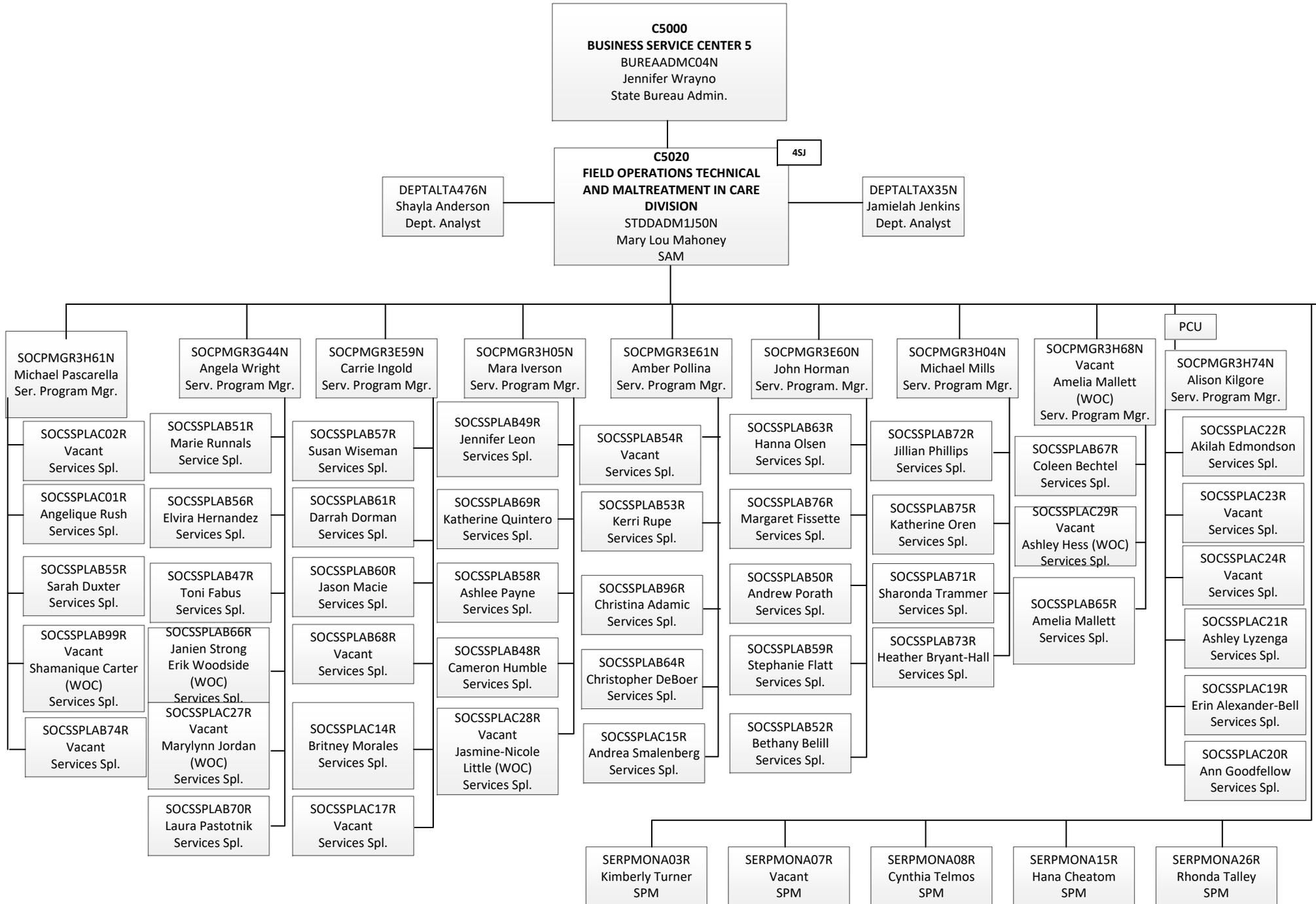








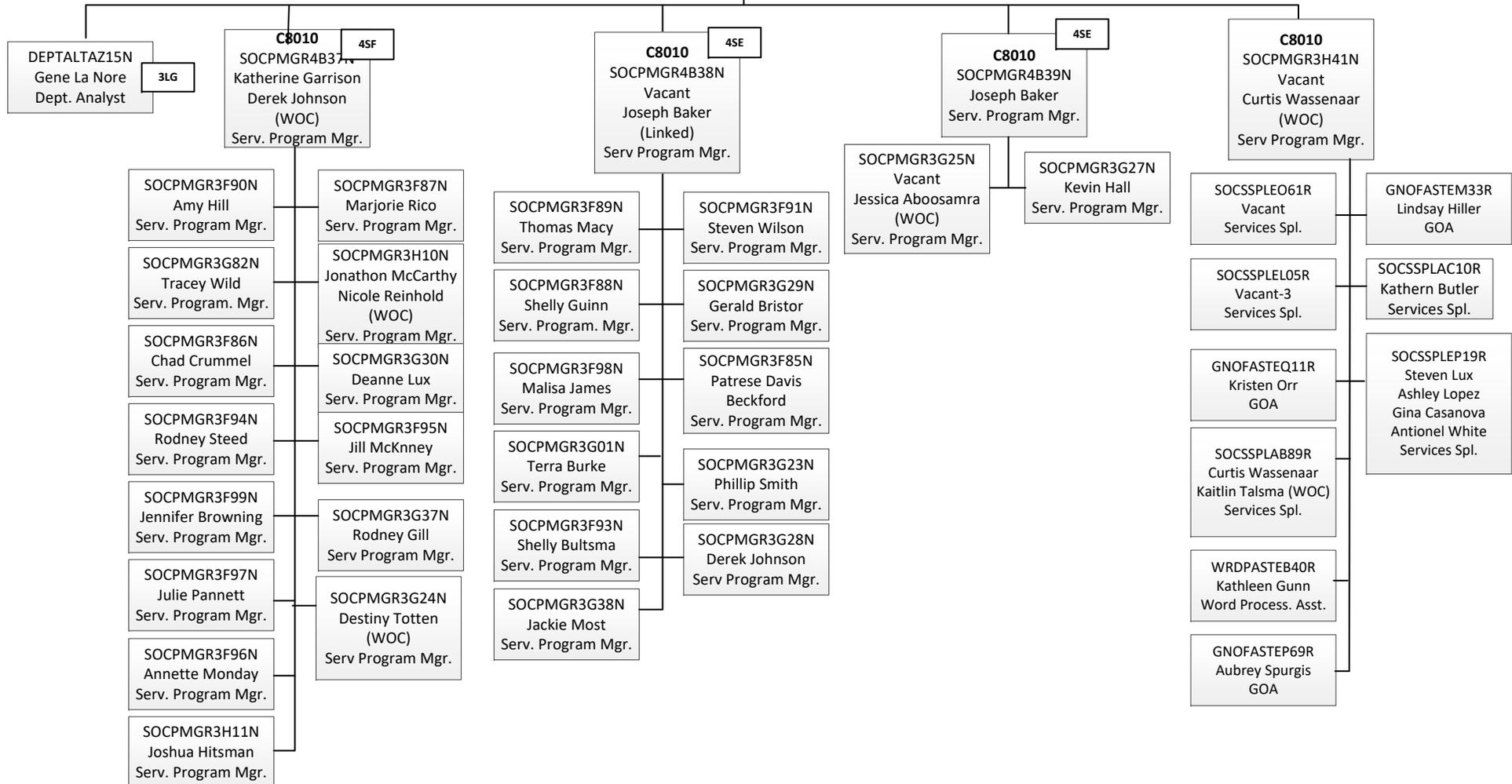


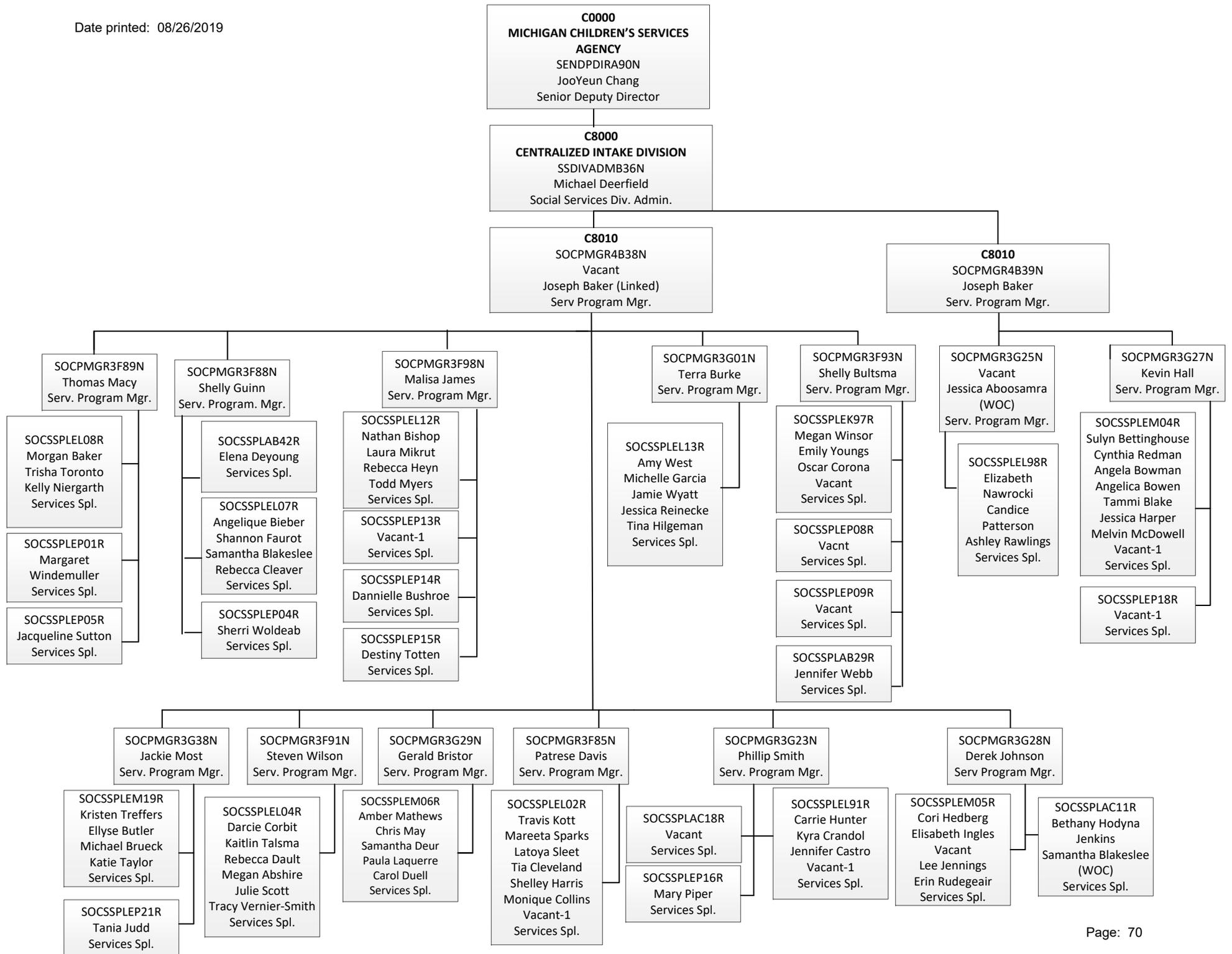


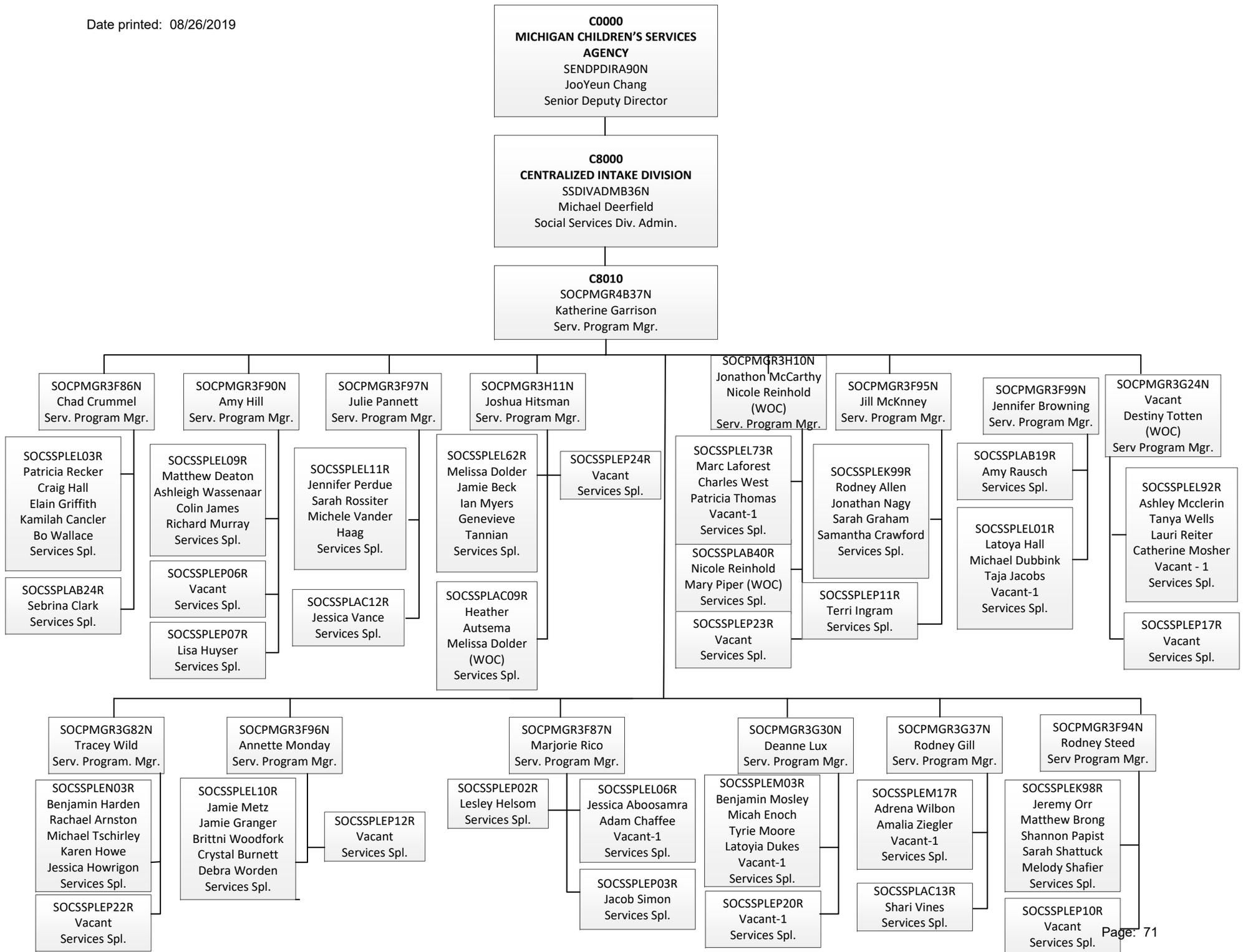
C0000
MICHIGAN CHILDREN'S SERVICES
AGENCY
 SENDPDIRA90N
 JooYeun Chang
 Senior Deputy Director

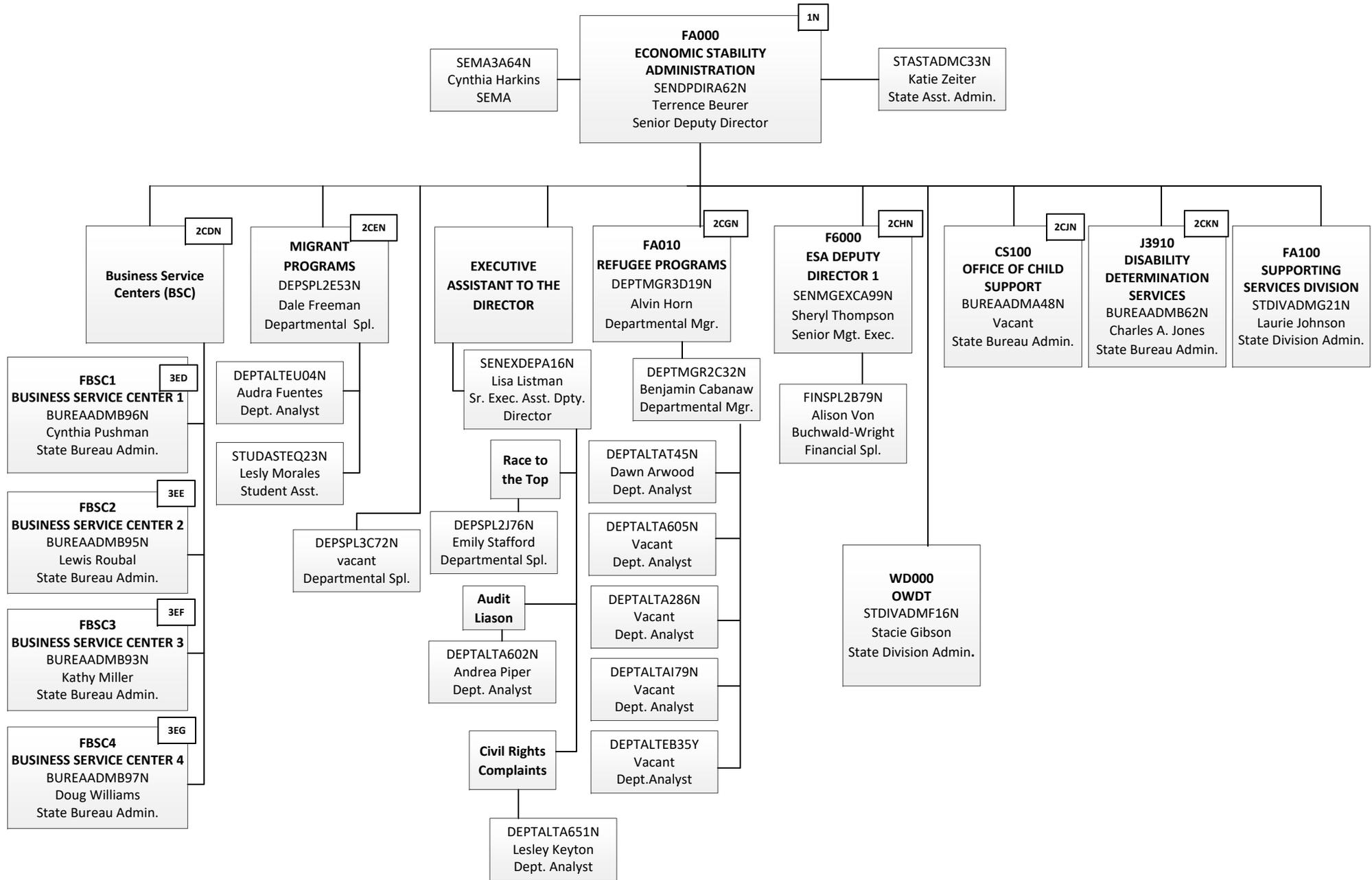
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CENTRALIZED INTAKE DIVISION
 SSDIVADMB36N
 Michael Deerfield
 Social Services Div. Admin.

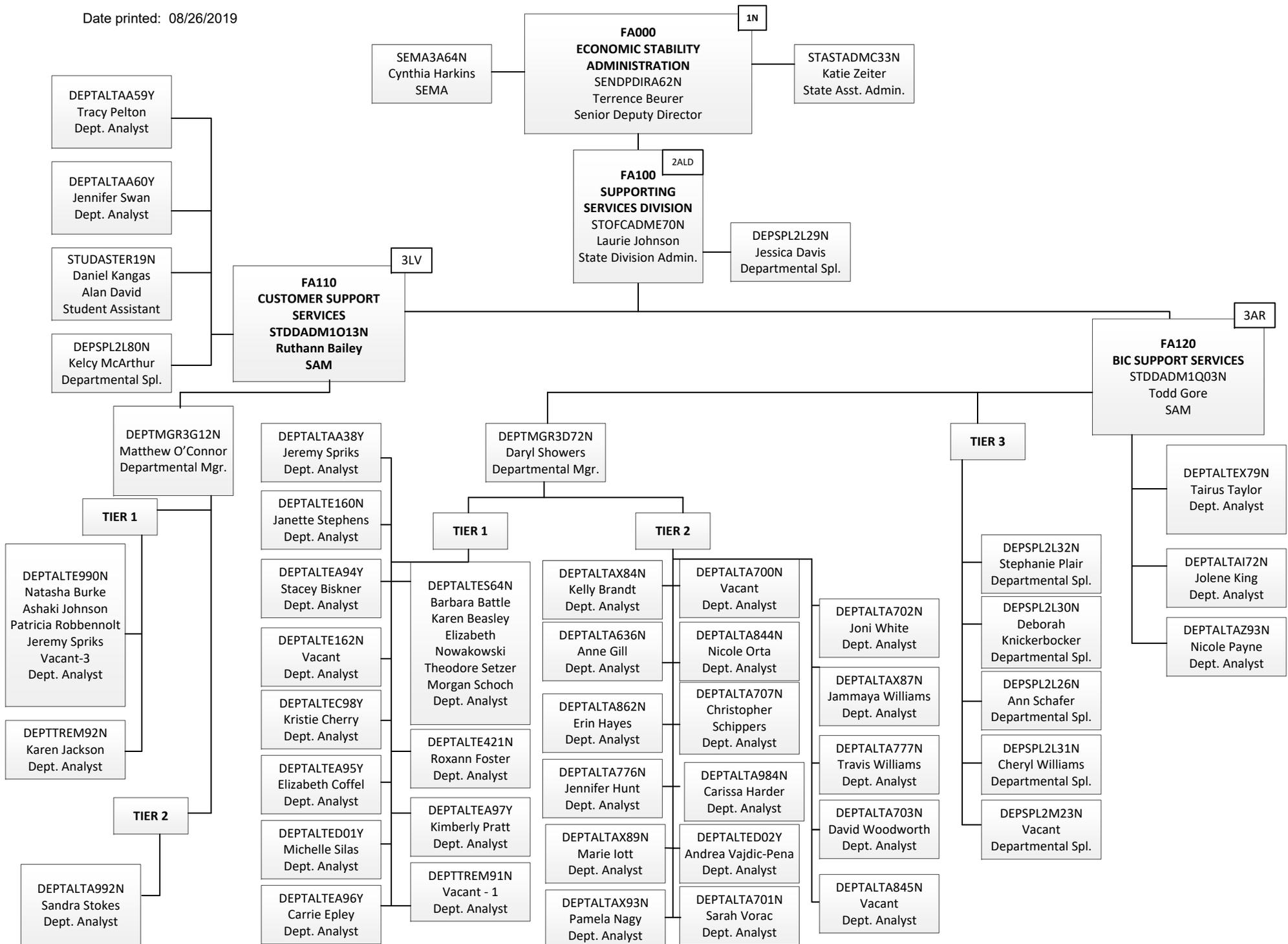
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 Exec. Sect.

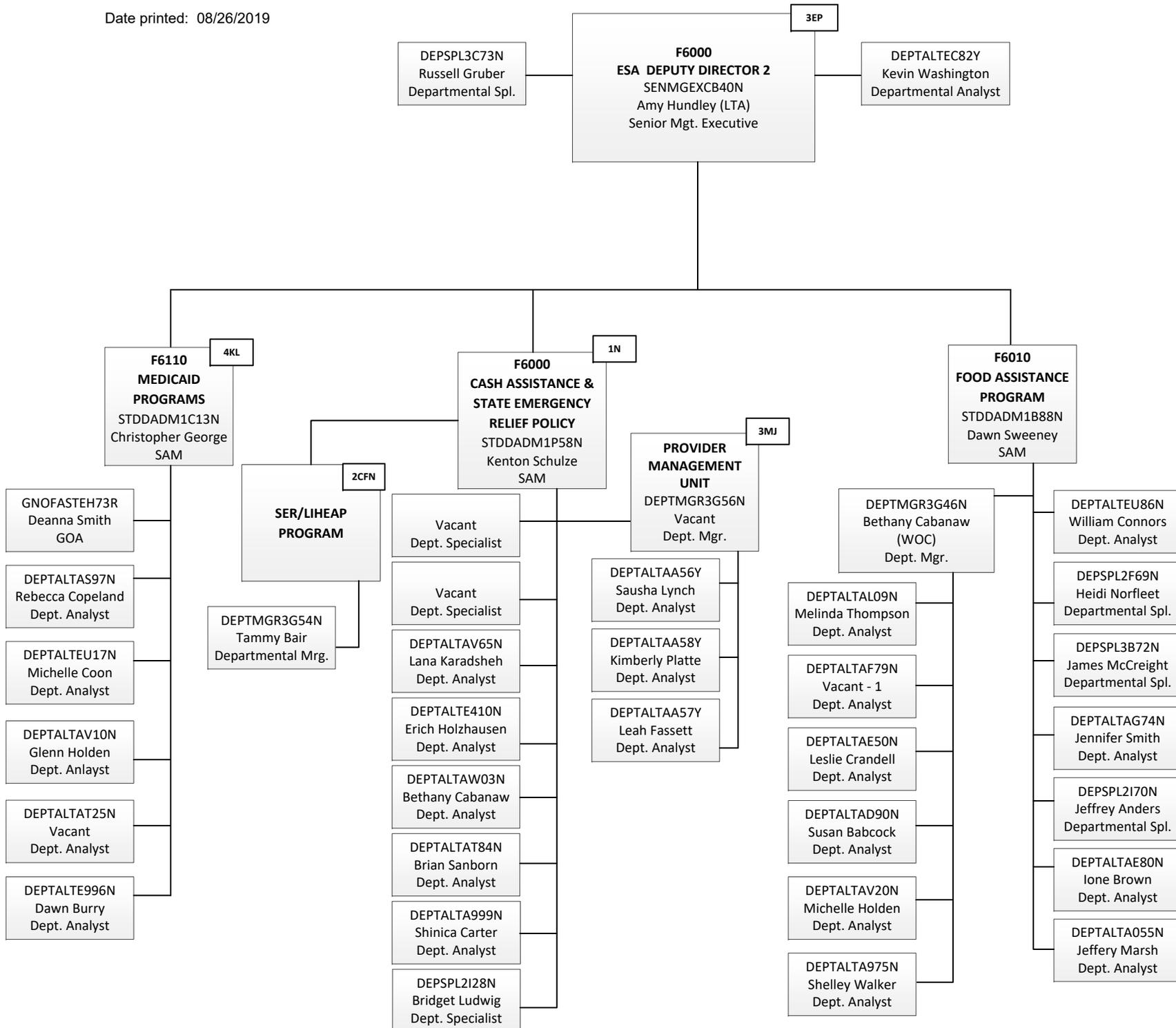


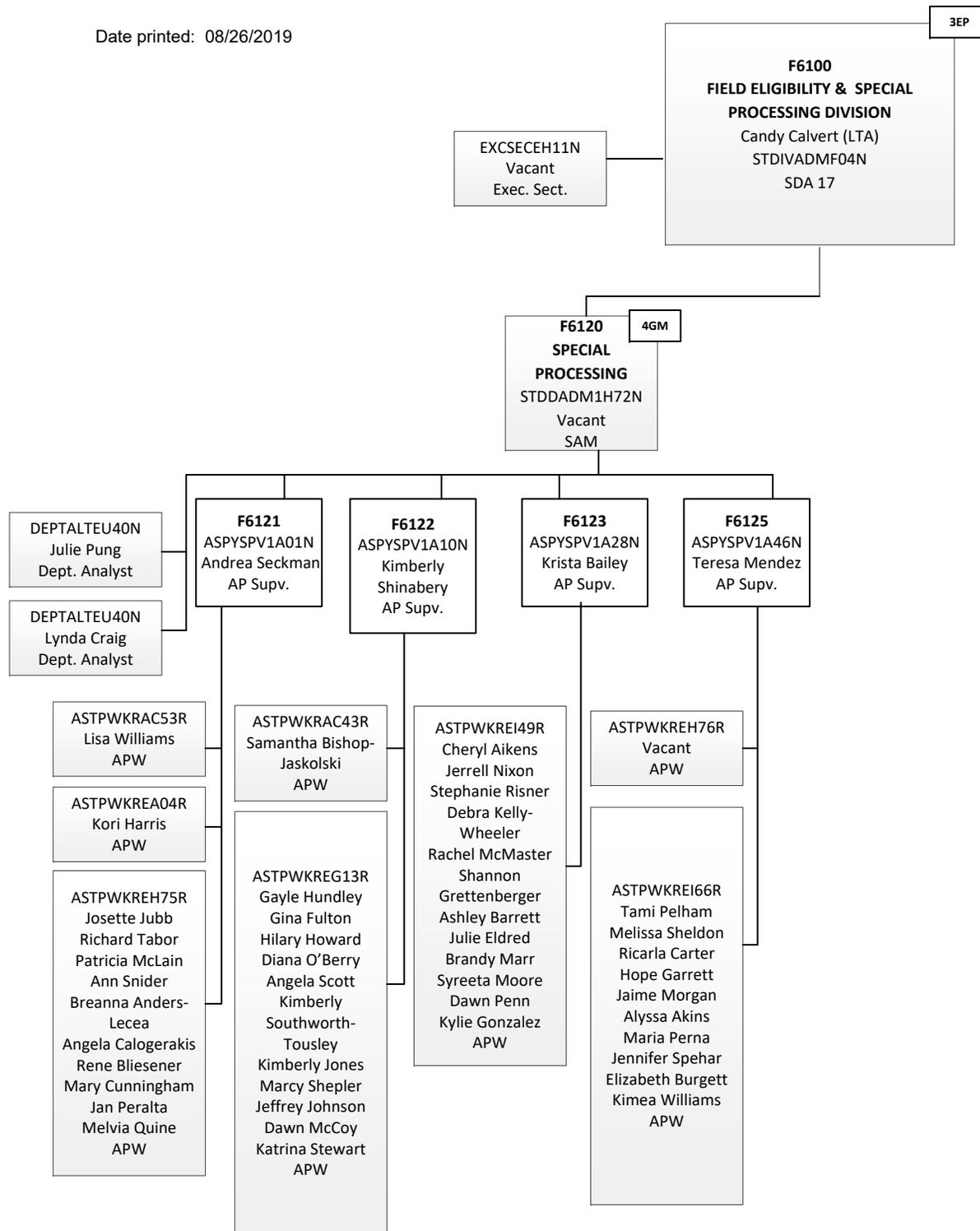


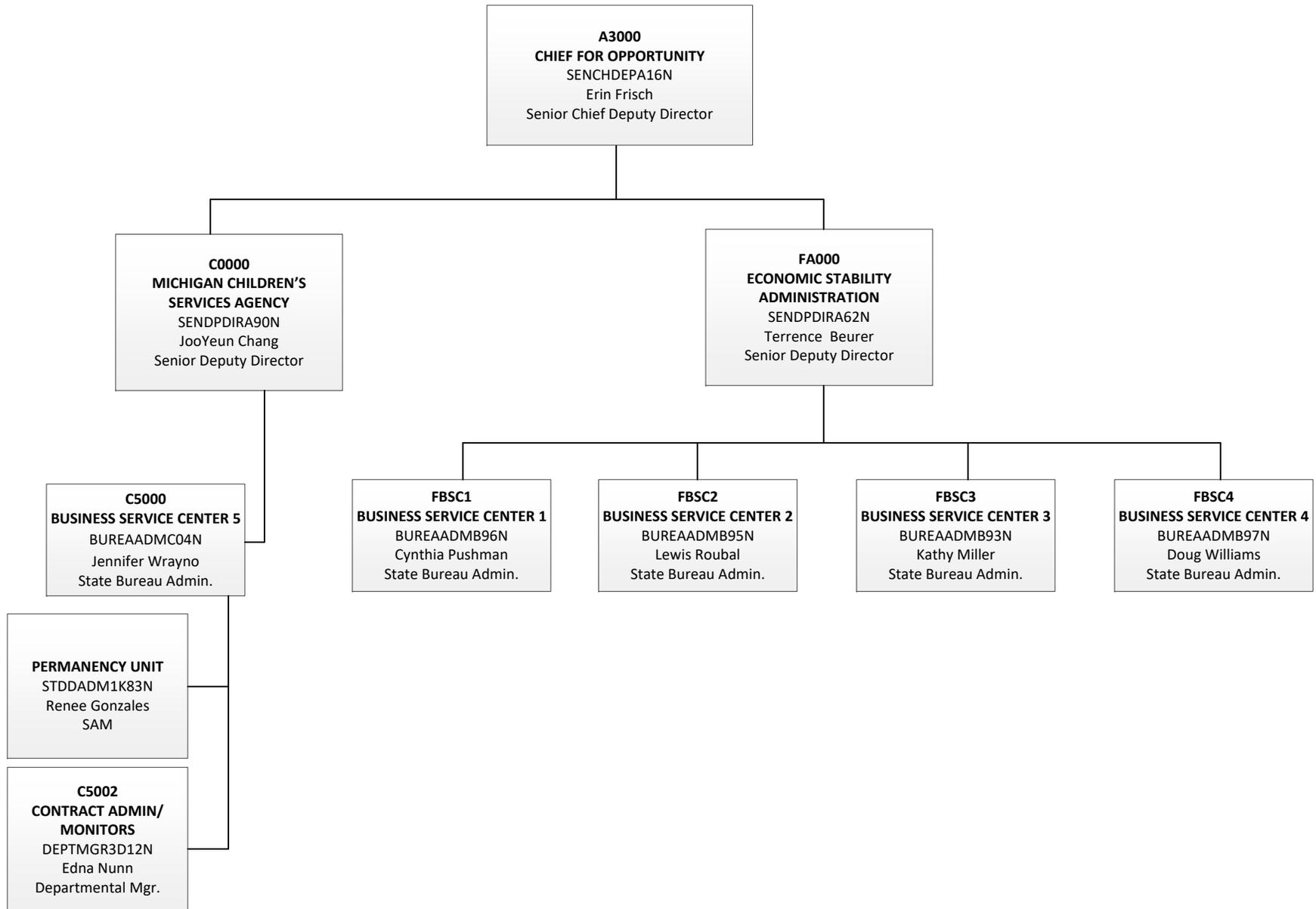


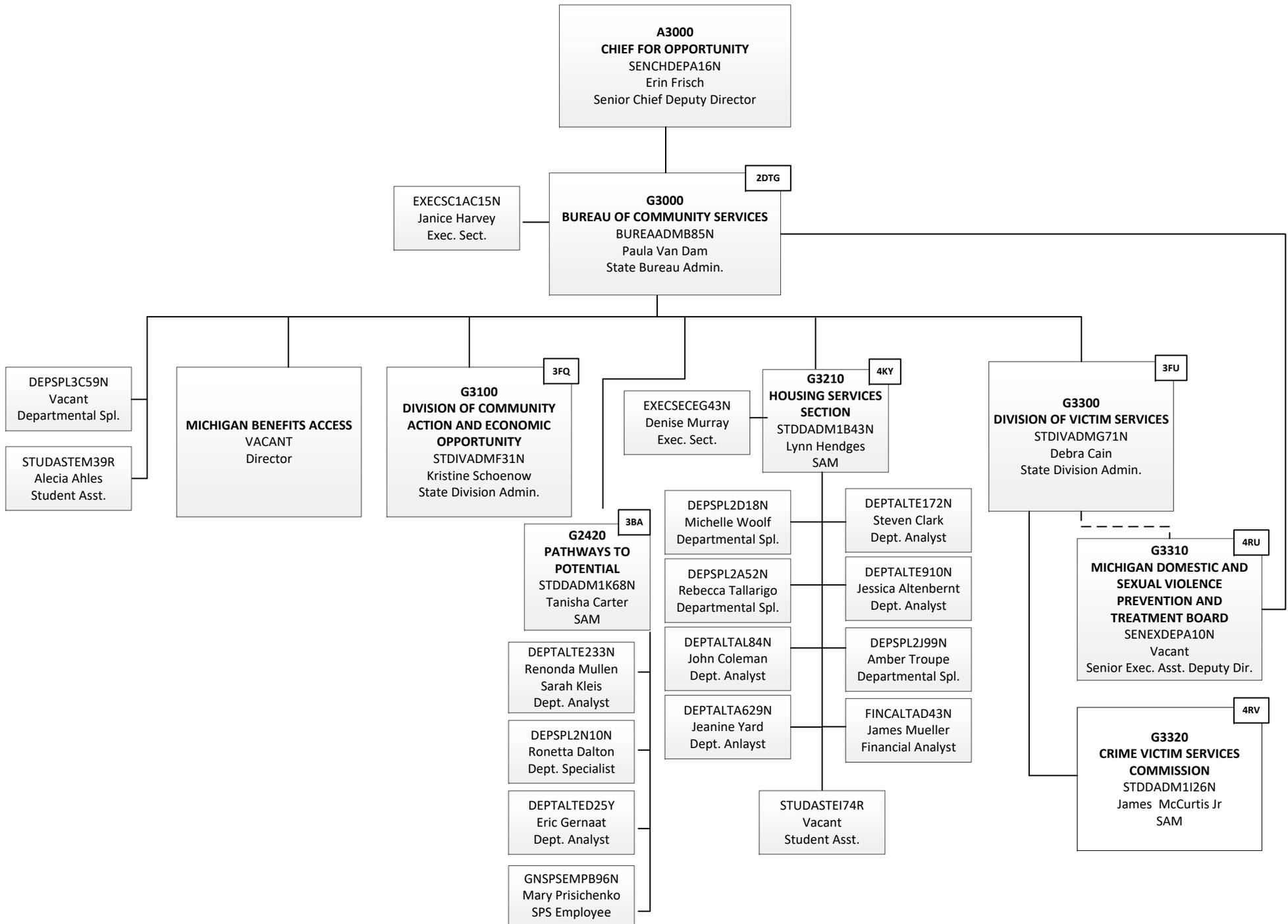


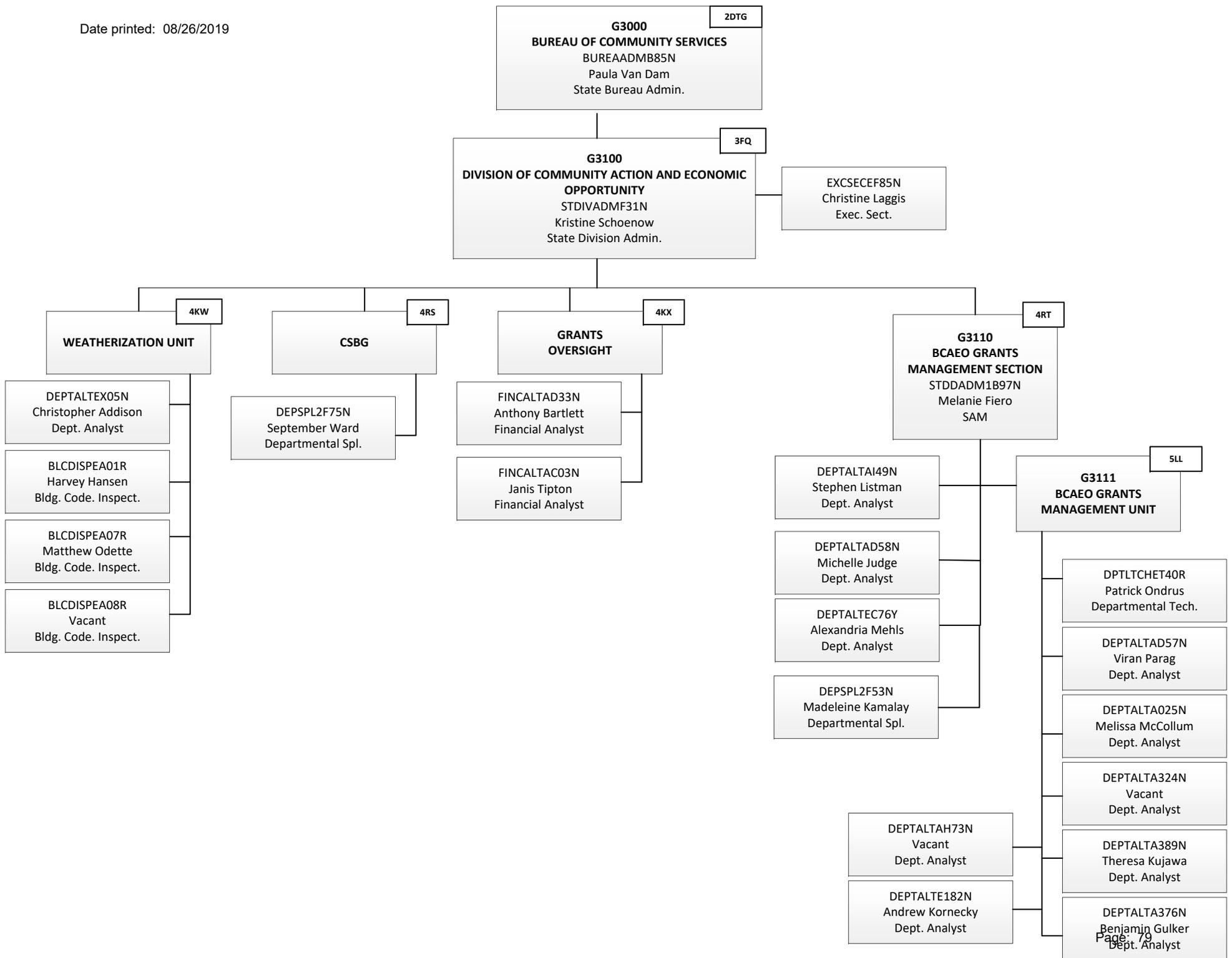


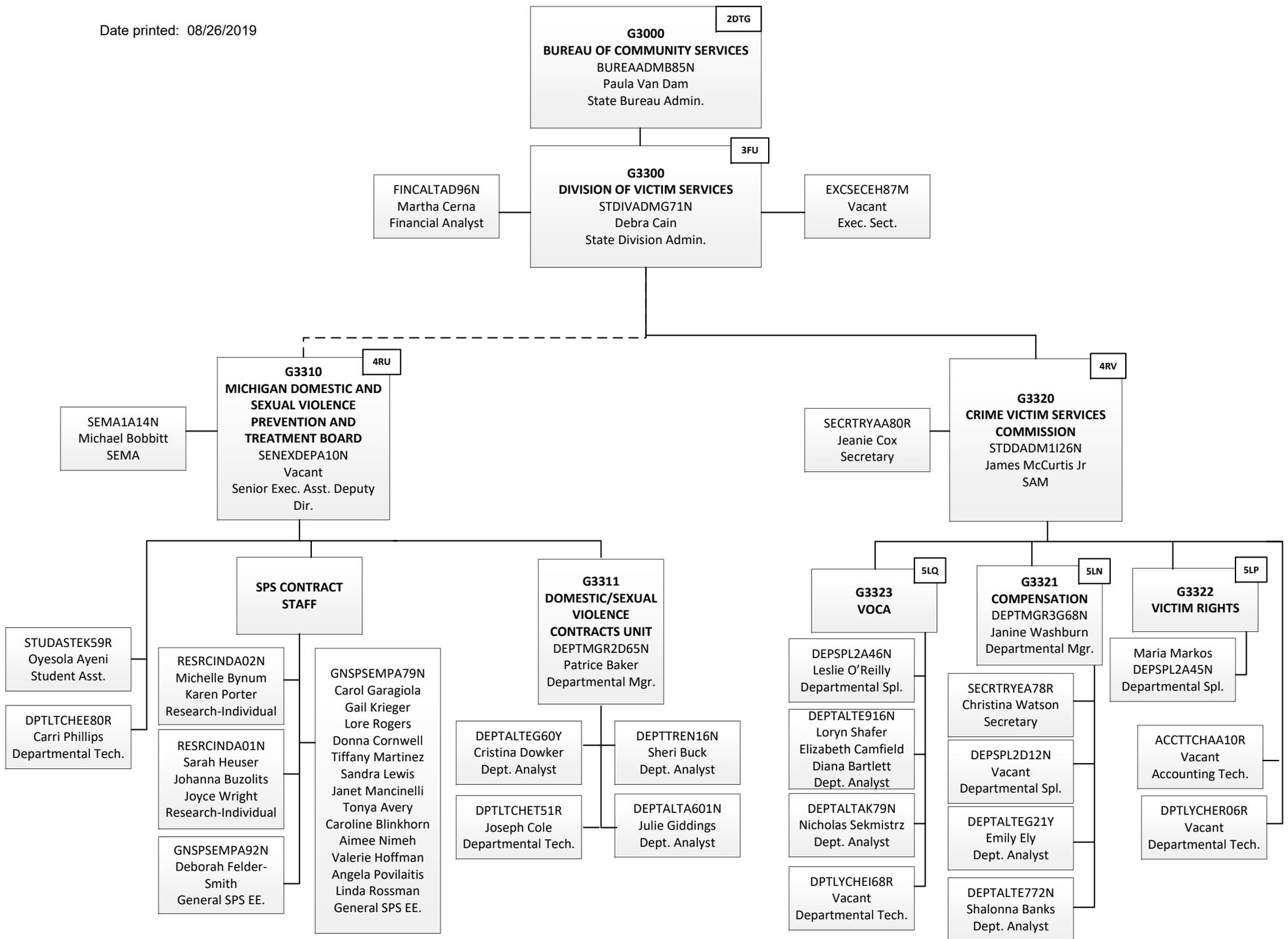


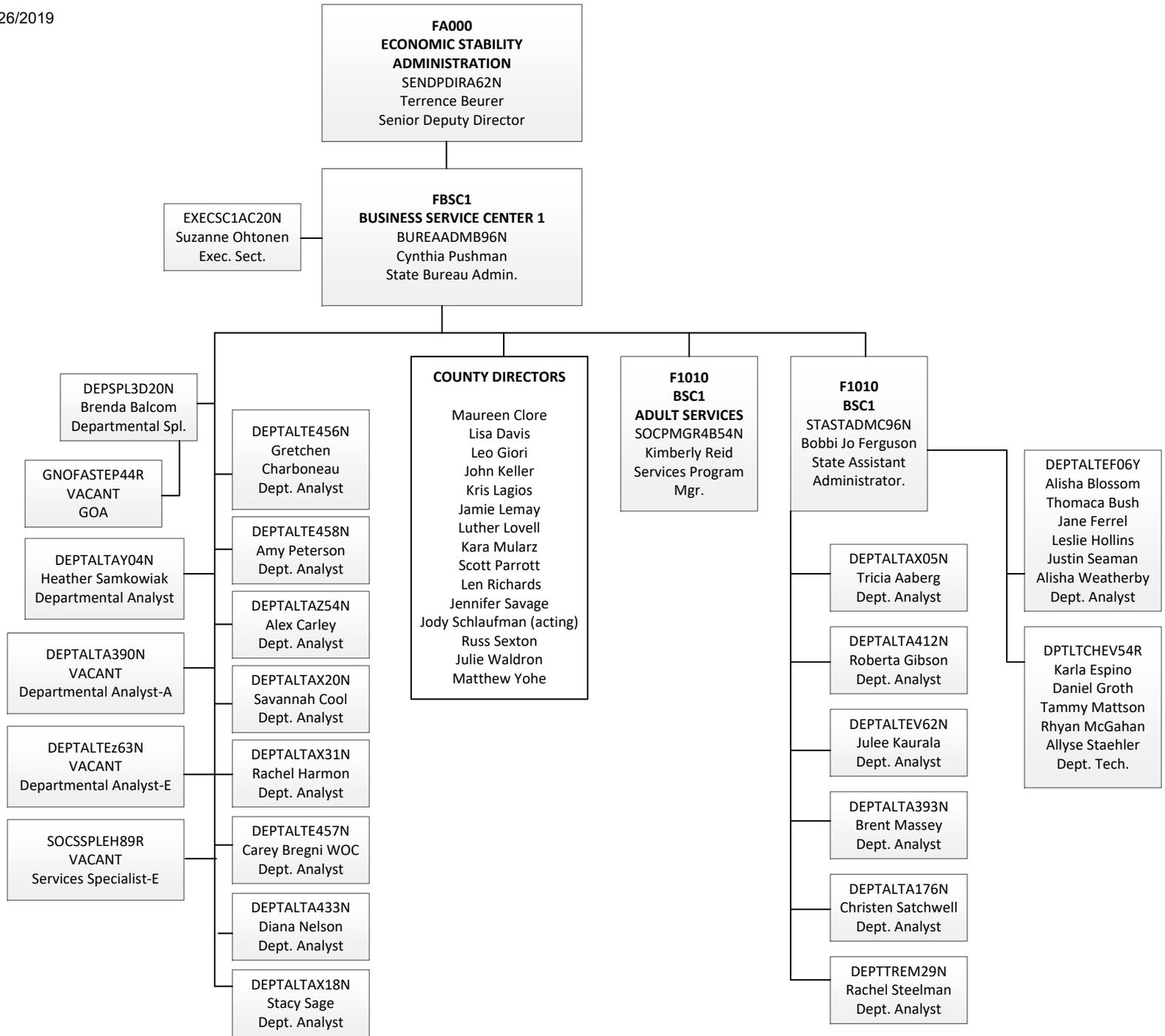


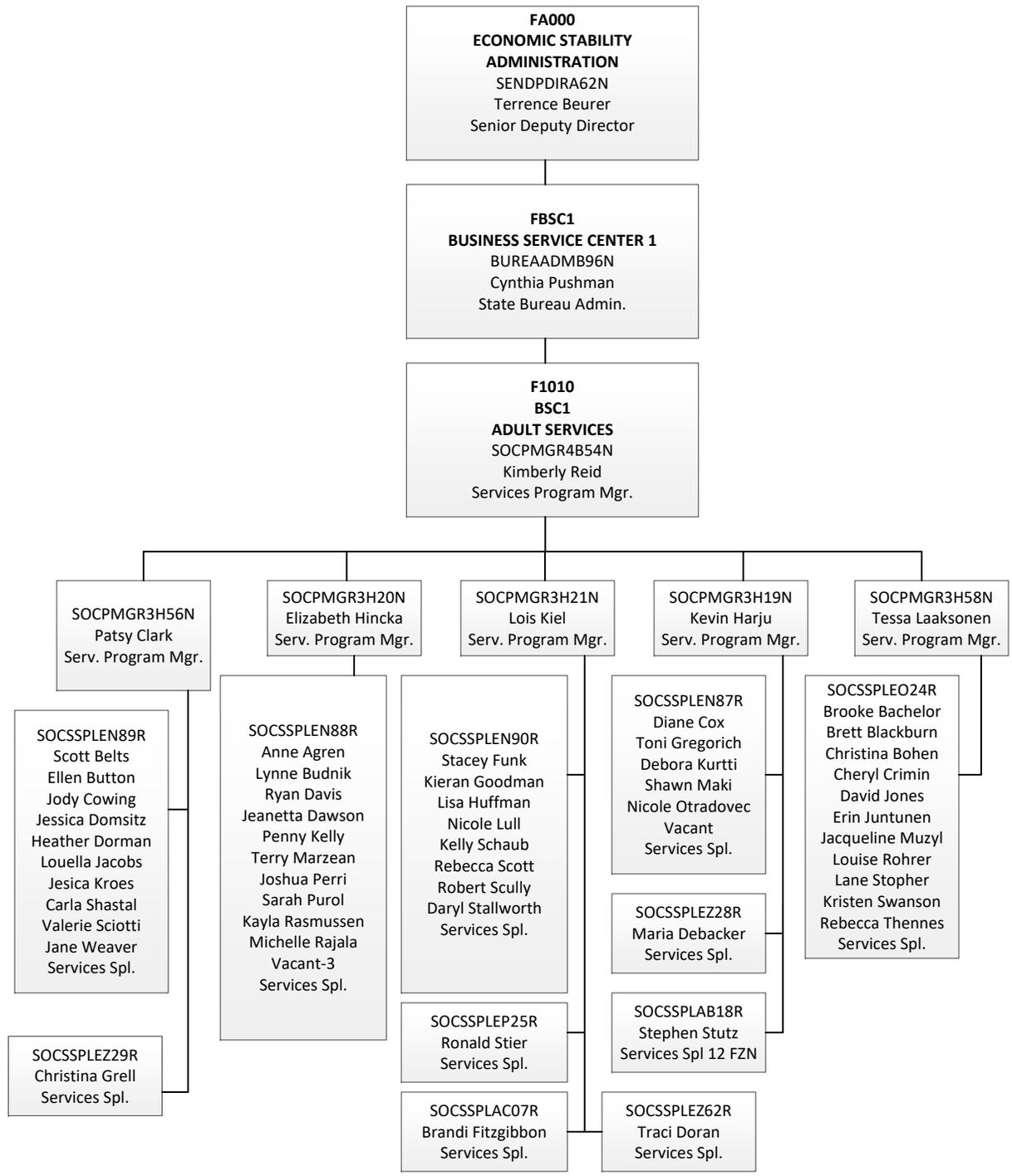


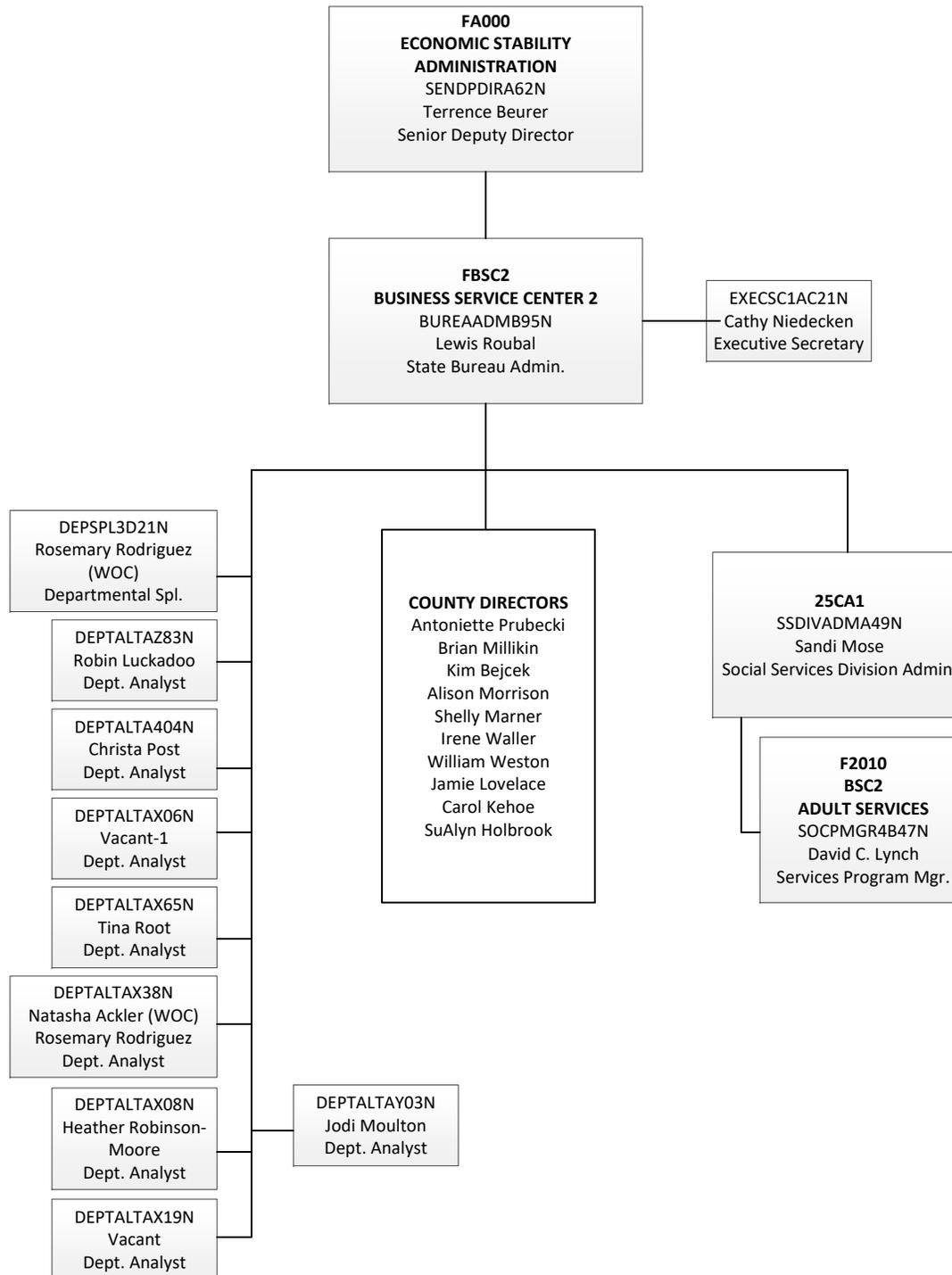


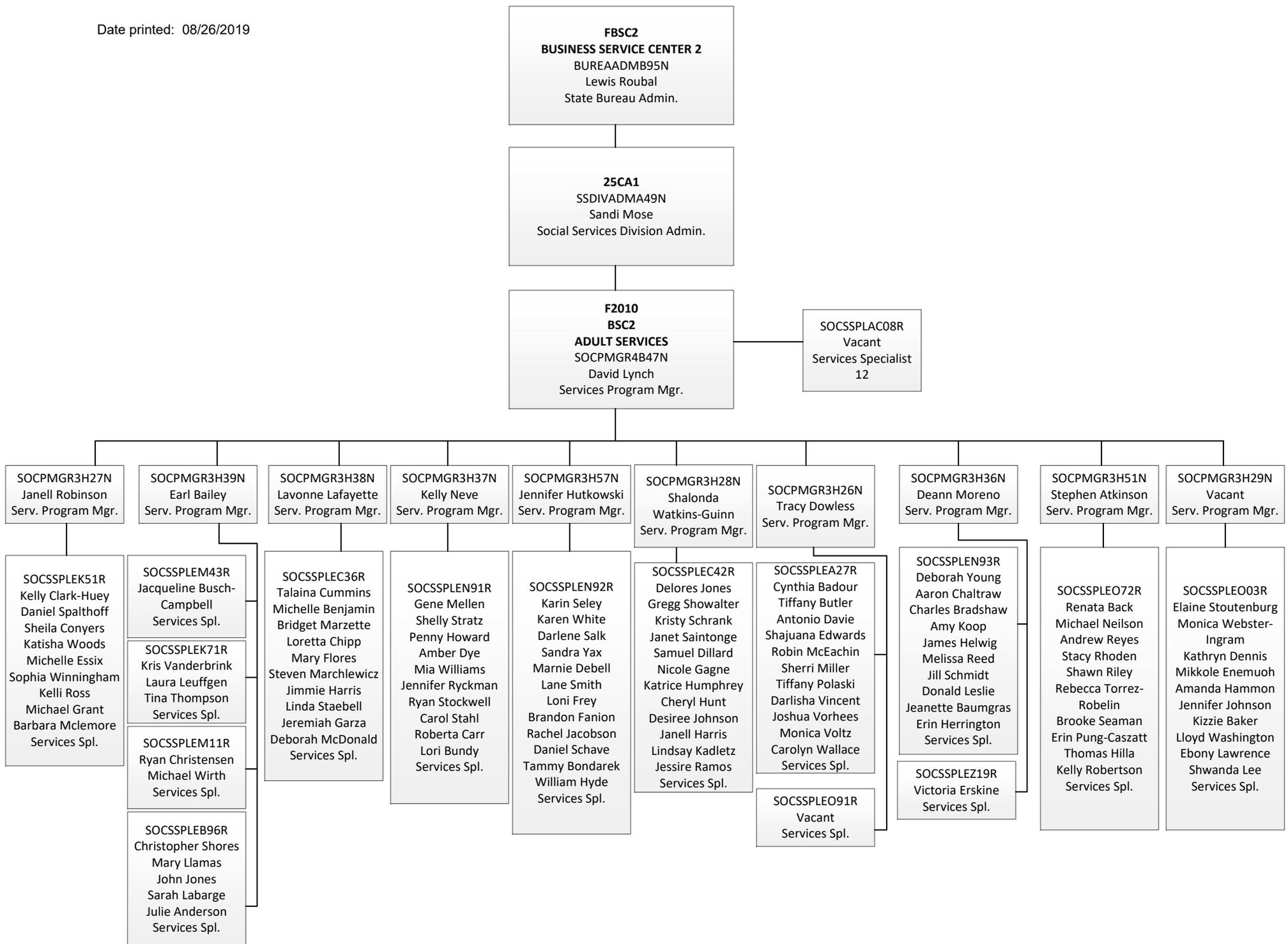


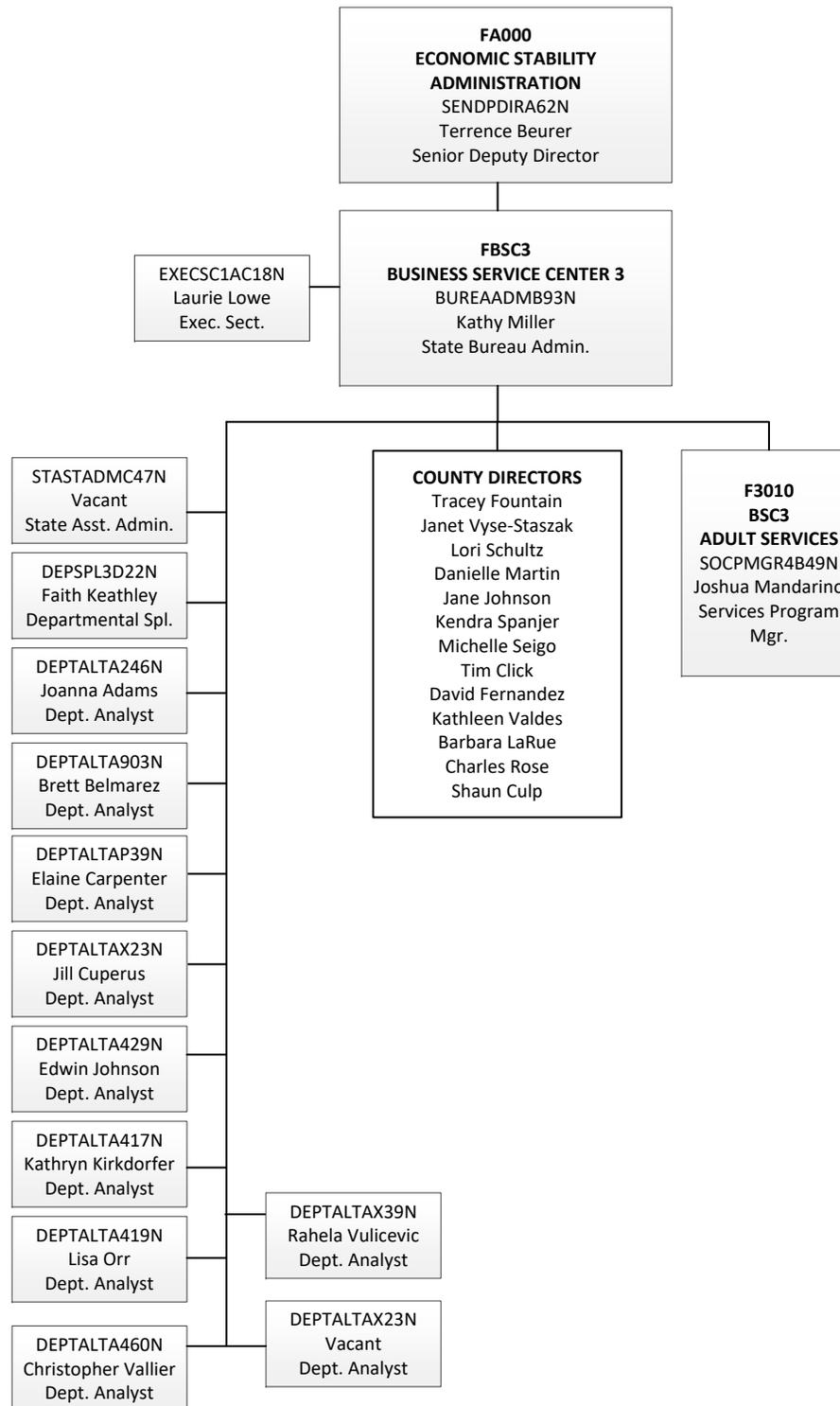


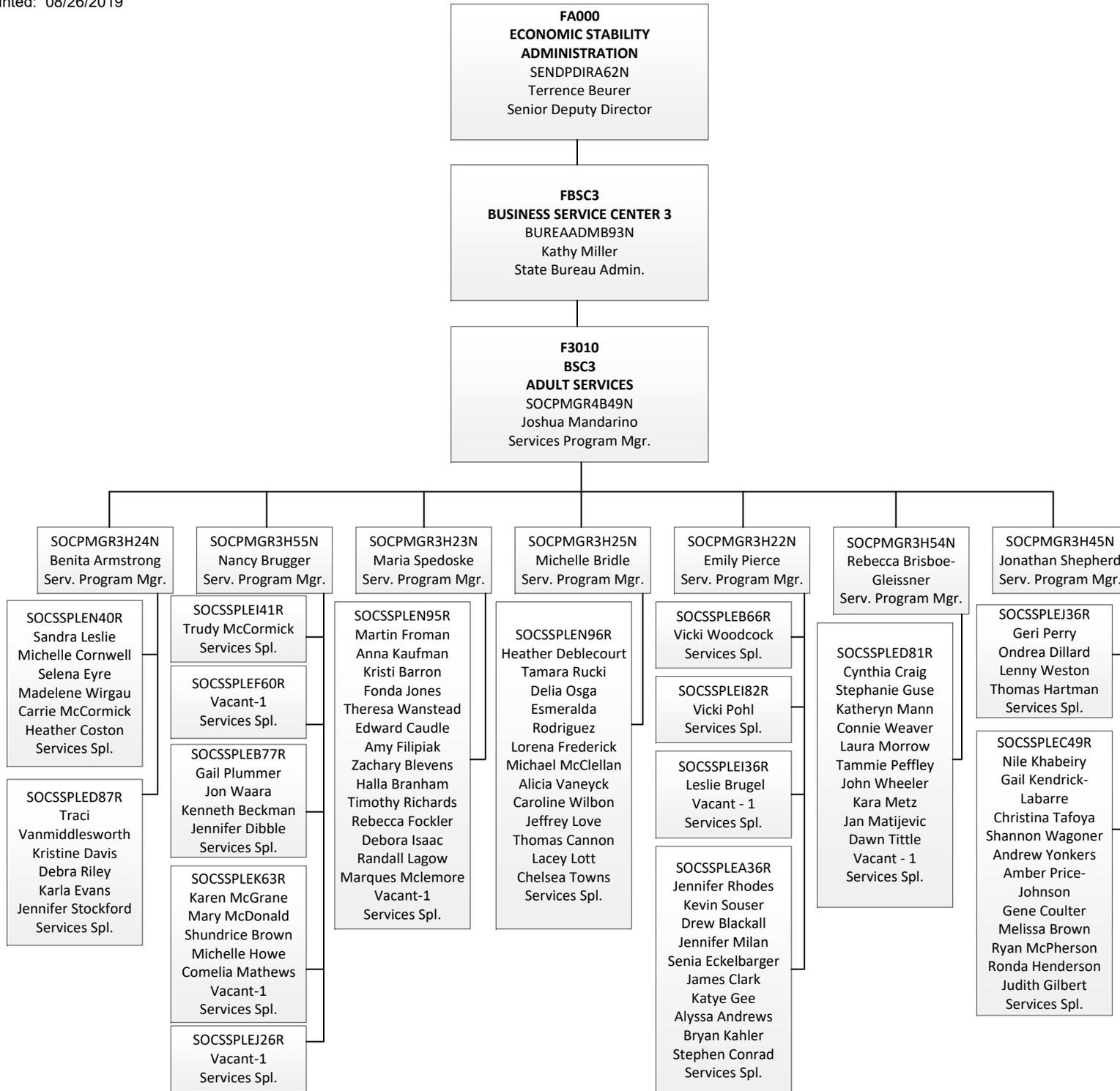


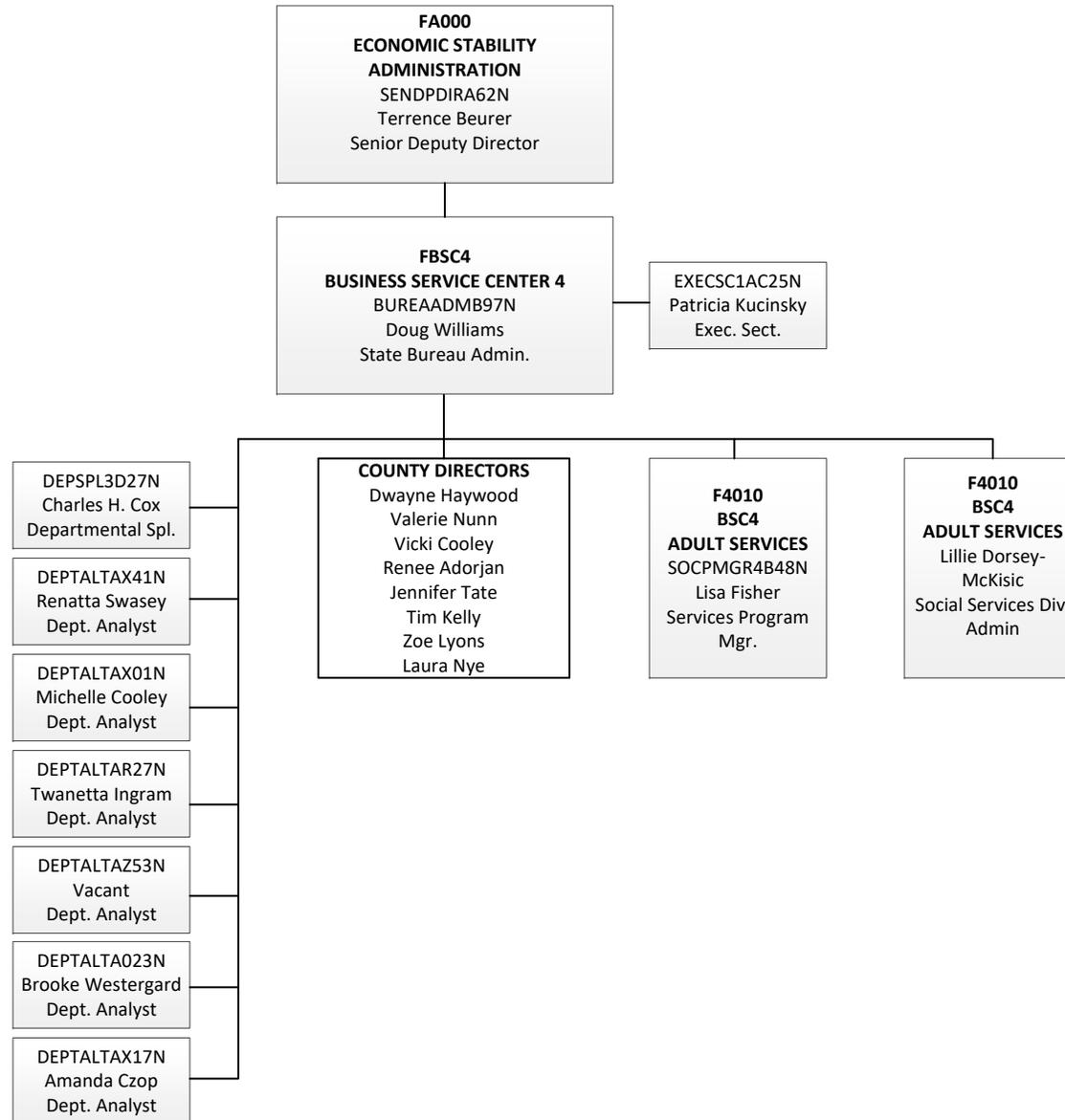


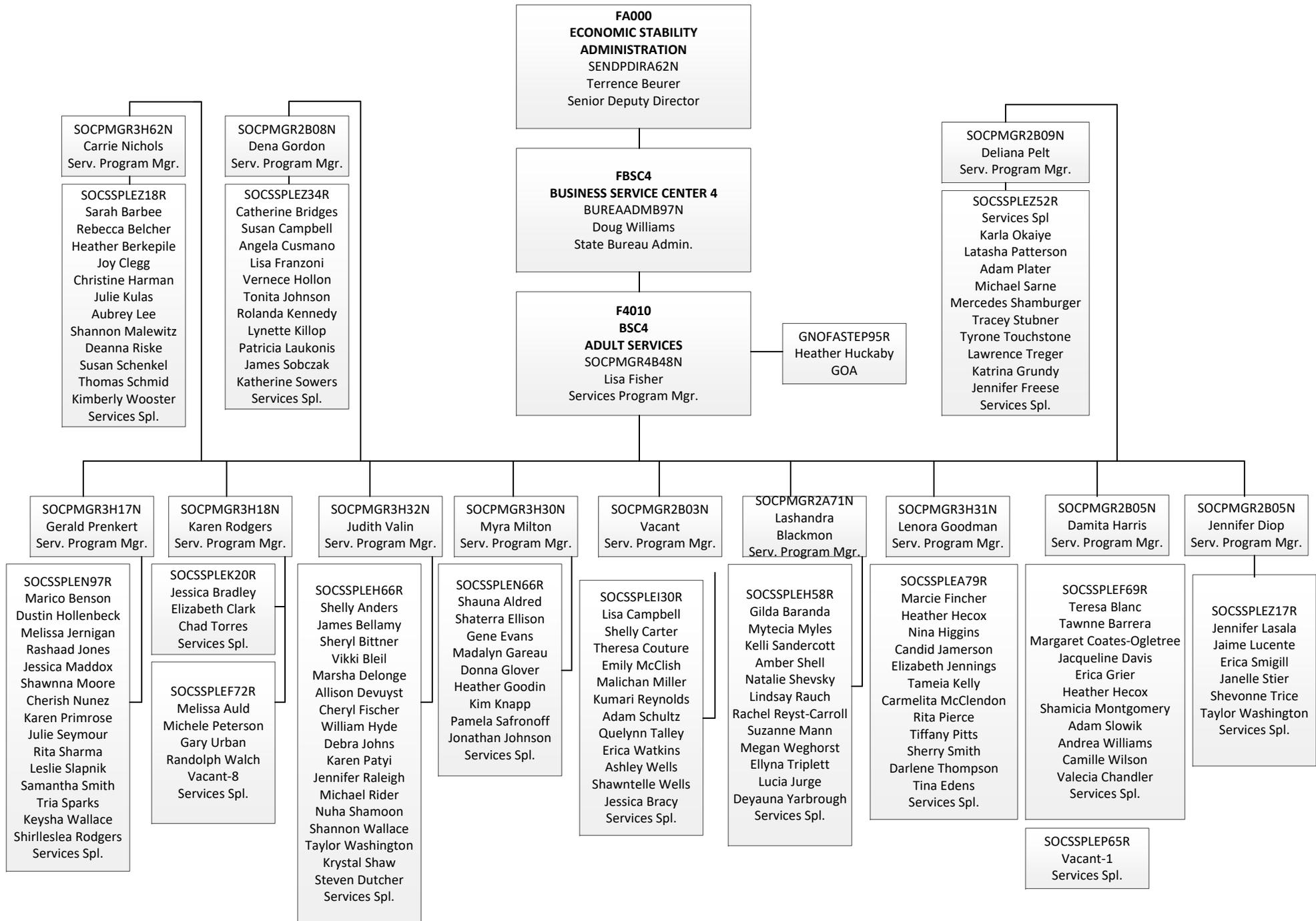


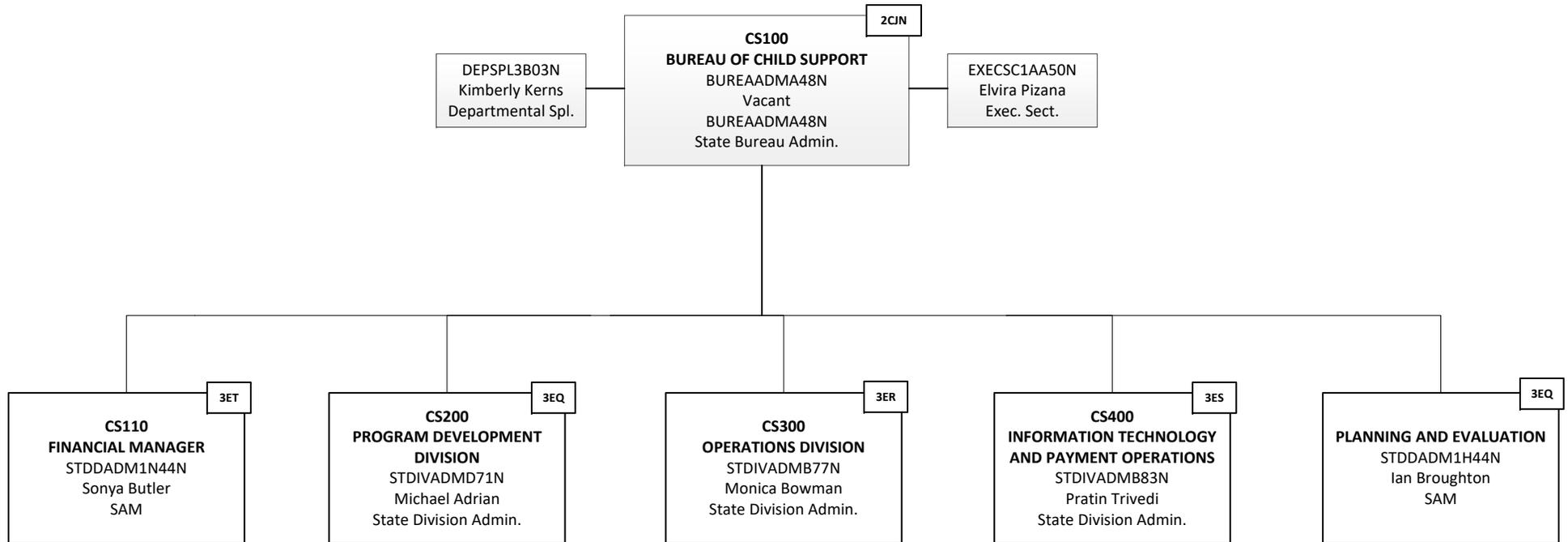


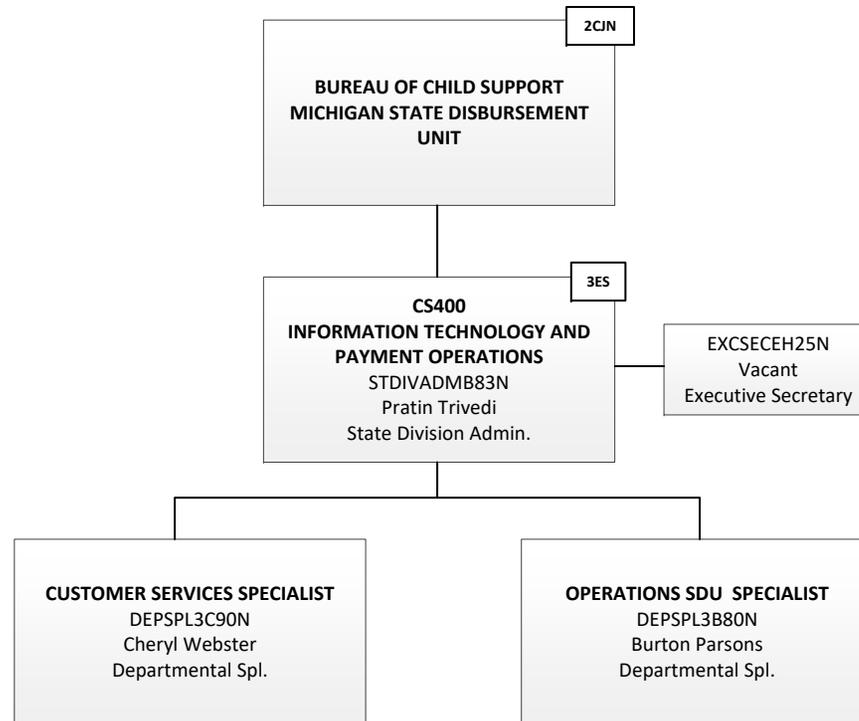


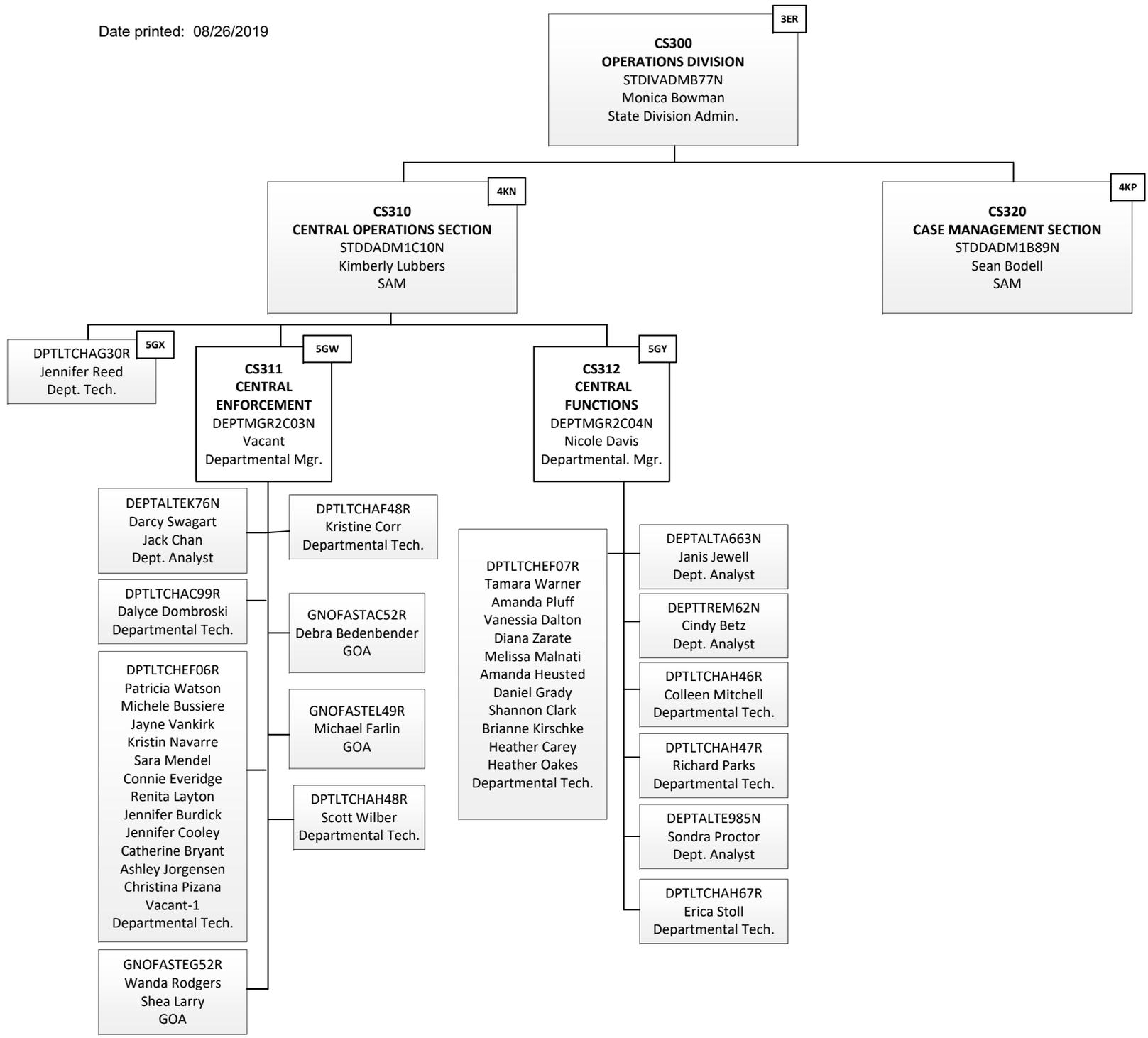


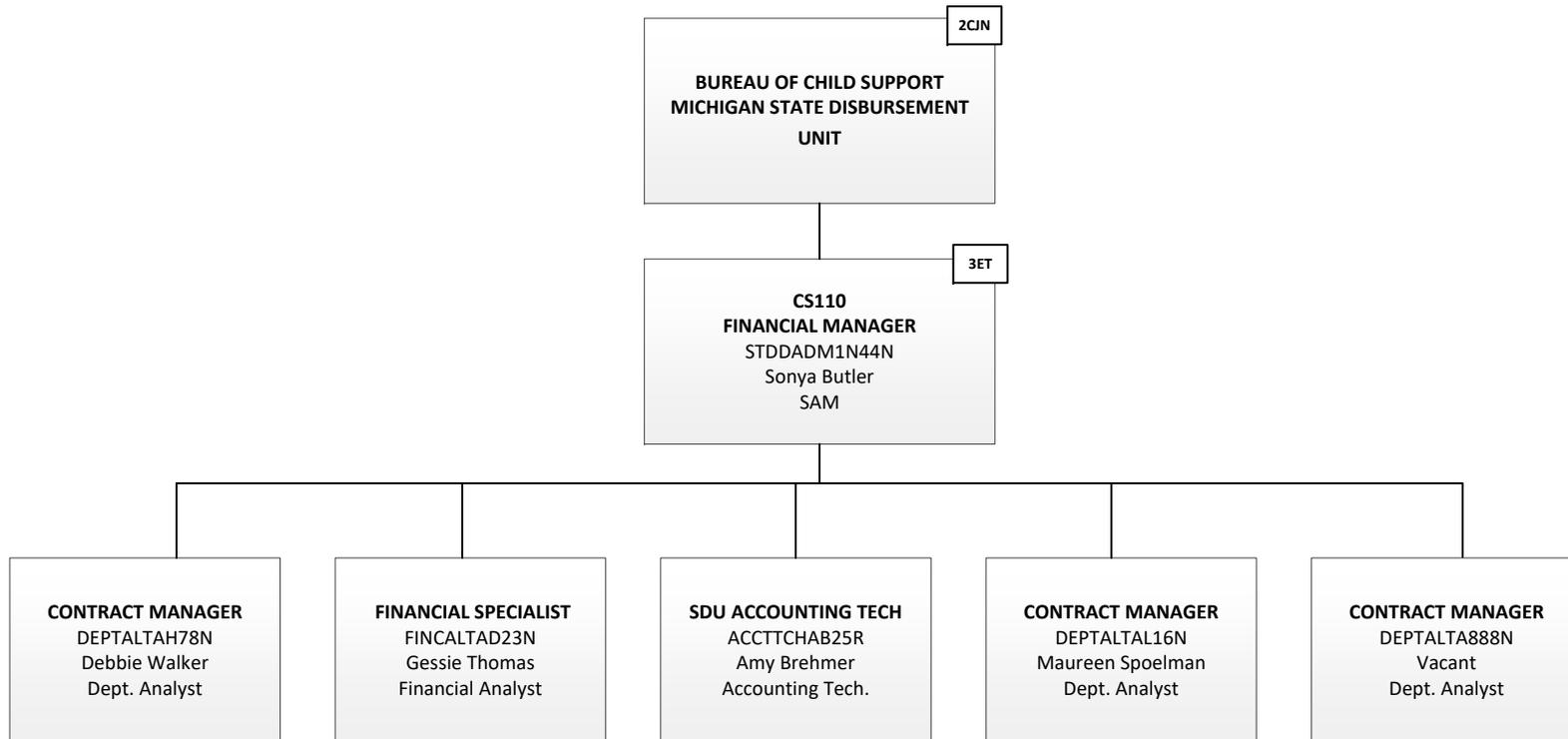


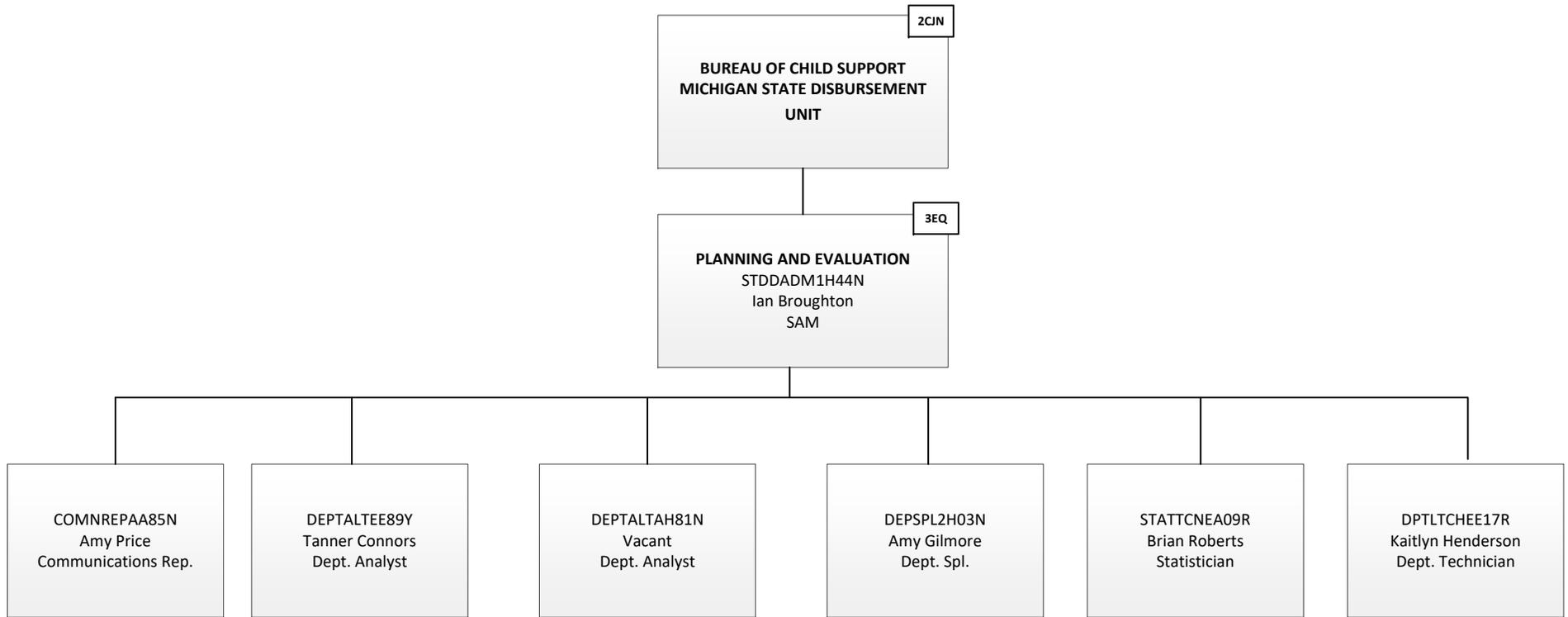


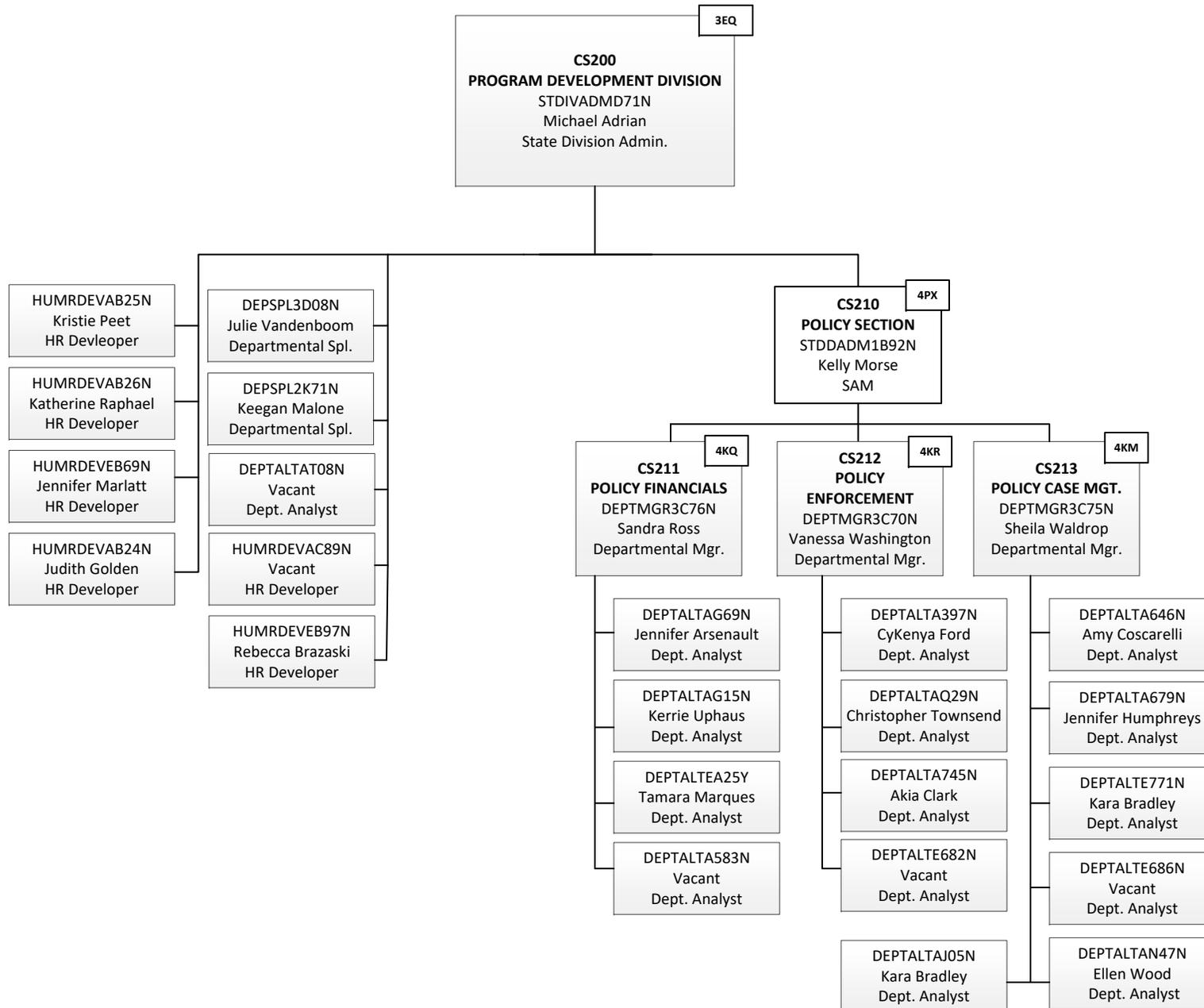


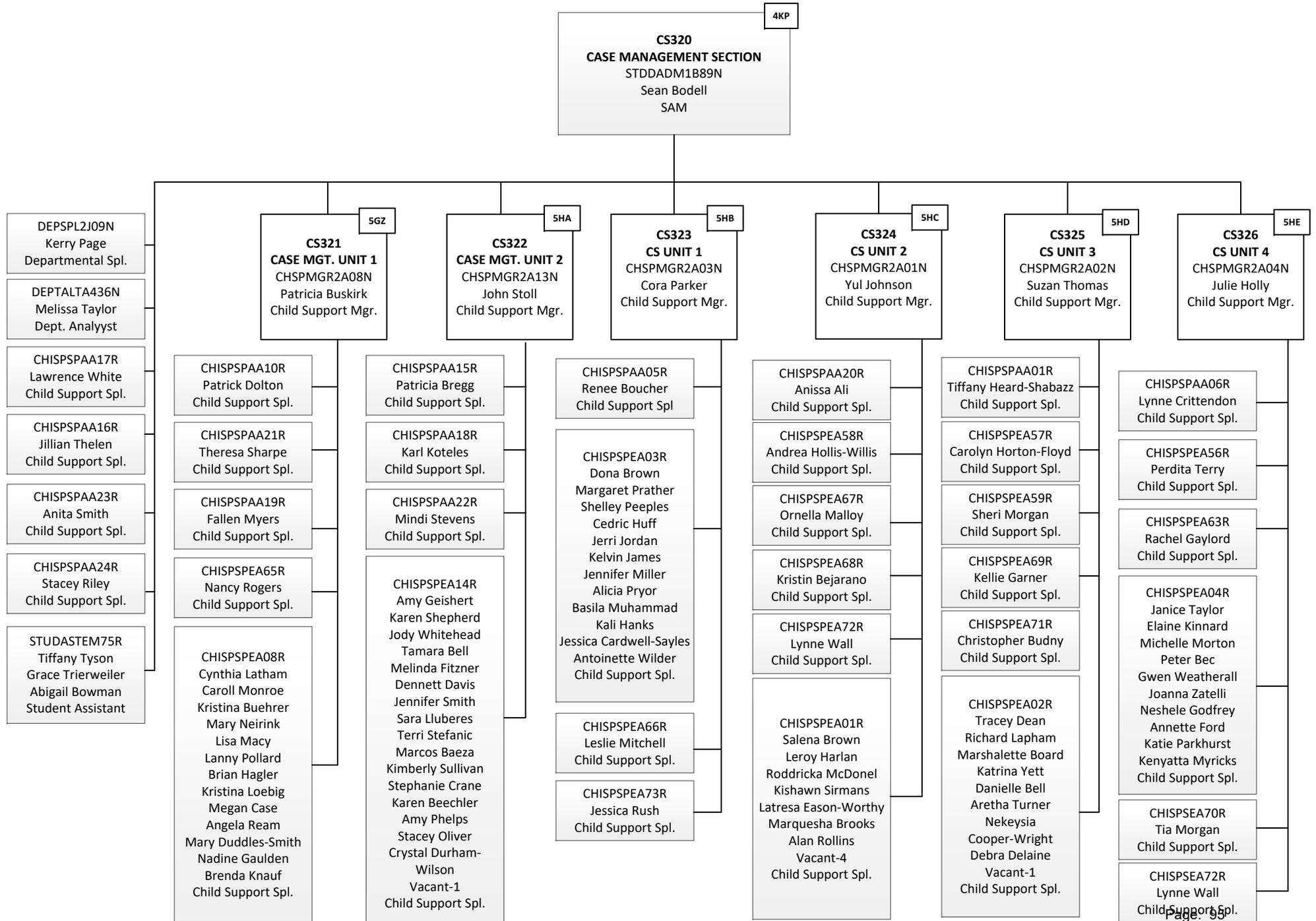


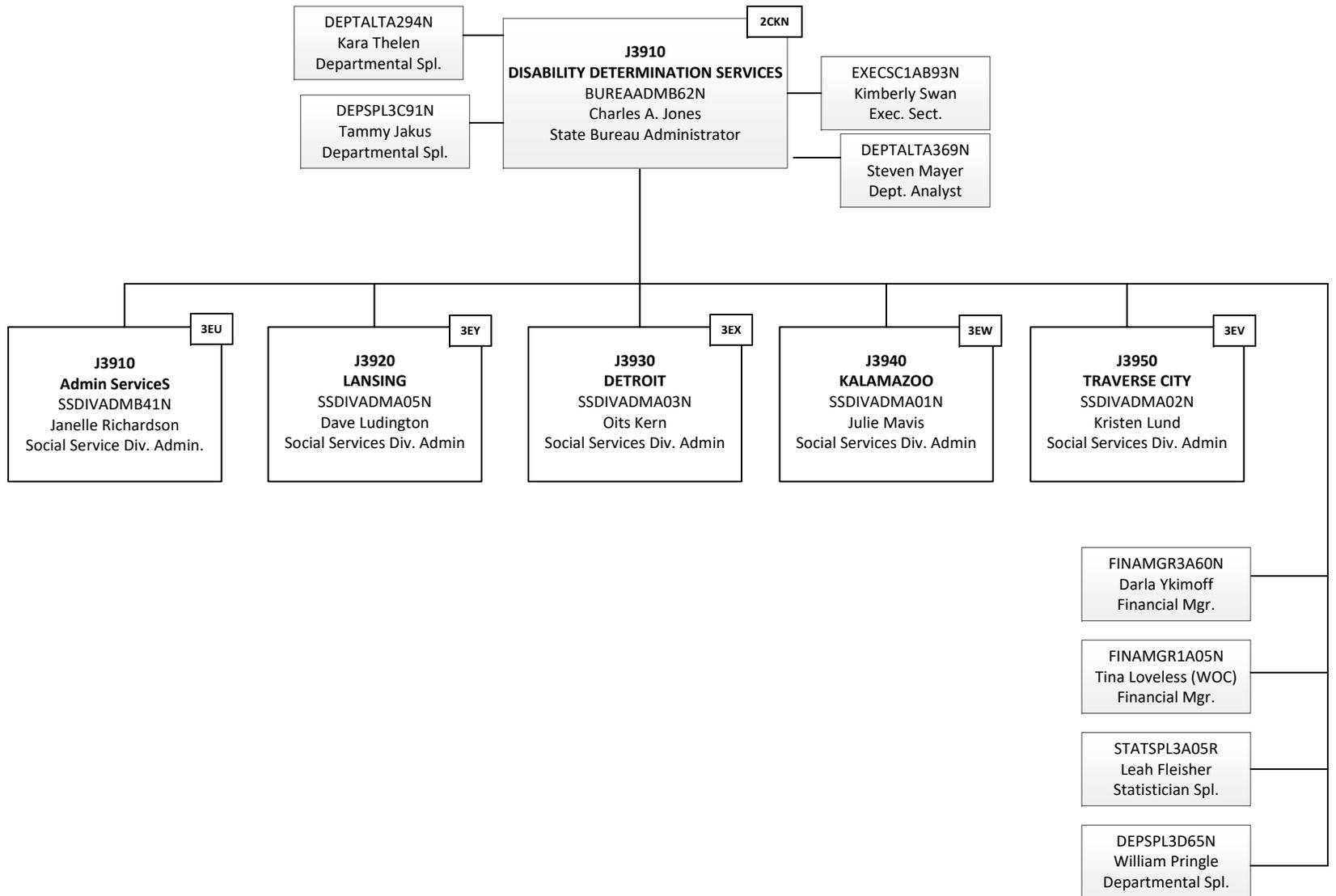








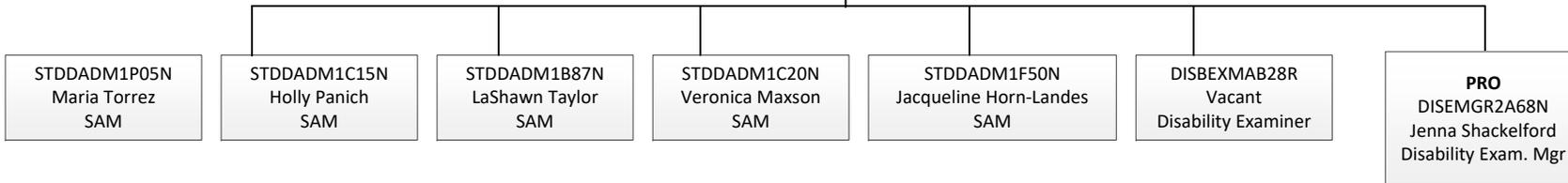




J3910
DISABILITY DETERMINATION SERVICES
BUREAADMB62N
Charles A. Jones
State Bureau Administrator

EXCSECEI15N
Jennifer Dalling
Executive Secretary

J3910
Admin Services
SSDIVADMB41N
Janelle Richardson
Social Service Div. Admin.



STDDADM1P05N
Maria Torrez
SAM

STDDADM1C15N
Holly Panich
SAM

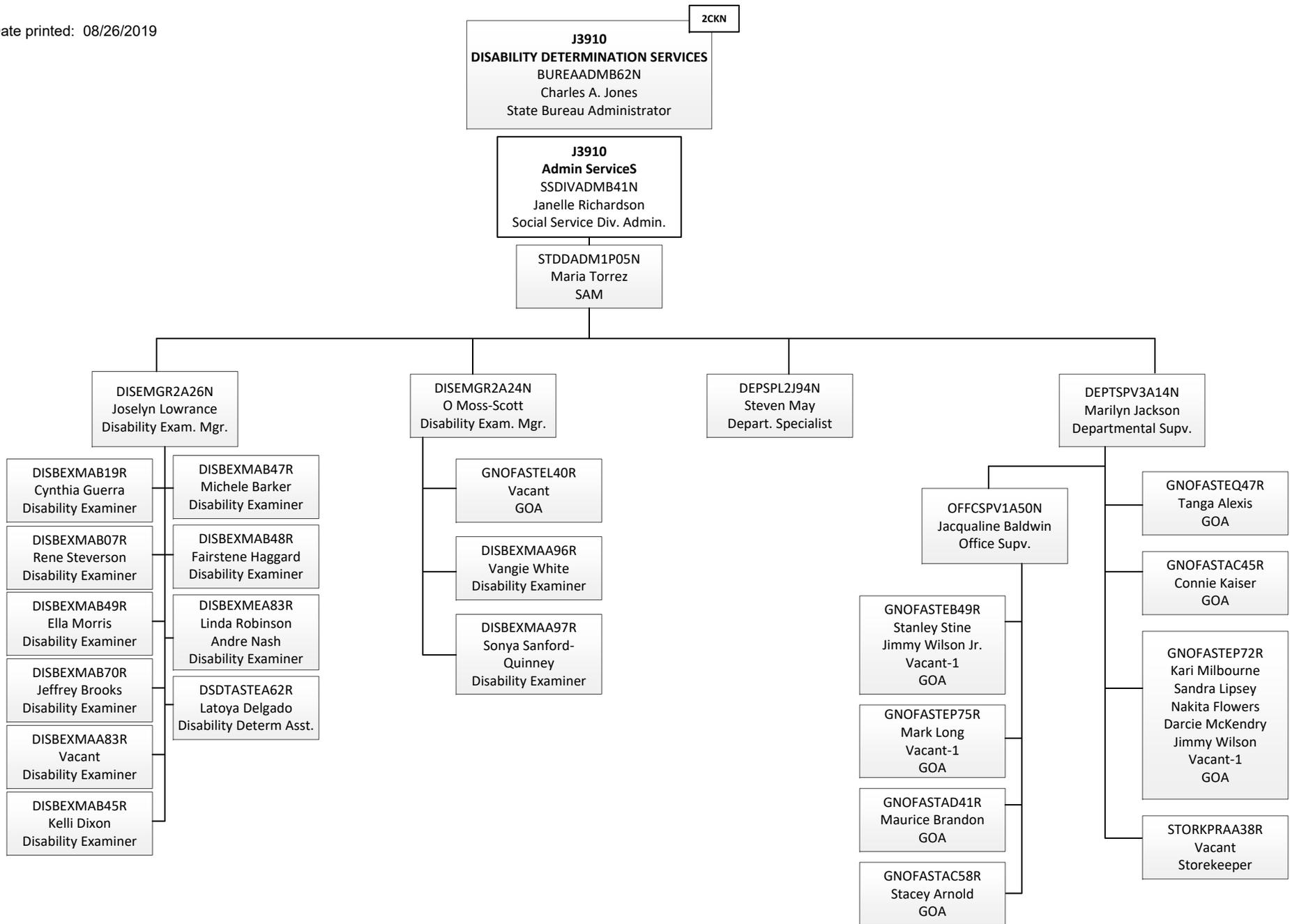
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LaShawn Taylor
SAM

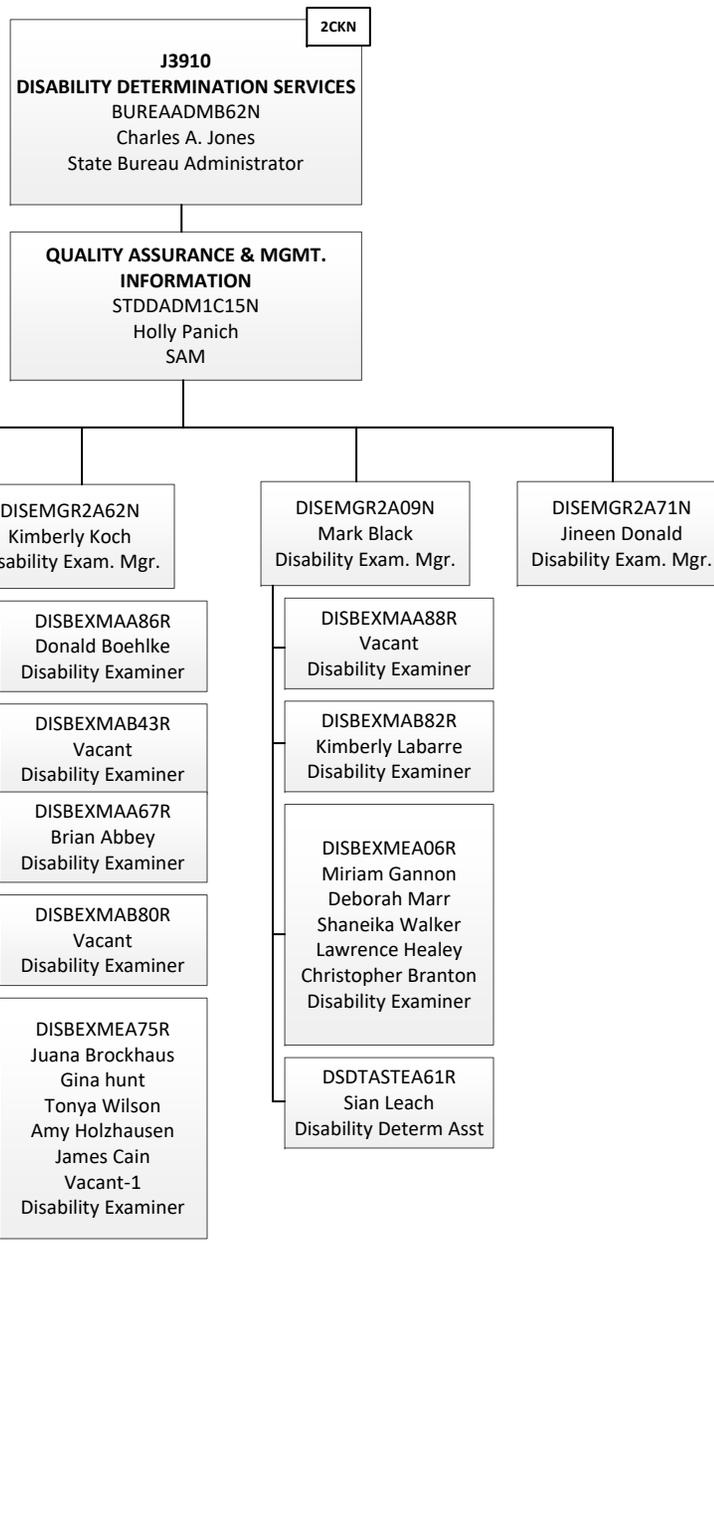
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Veronica Maxson
SAM

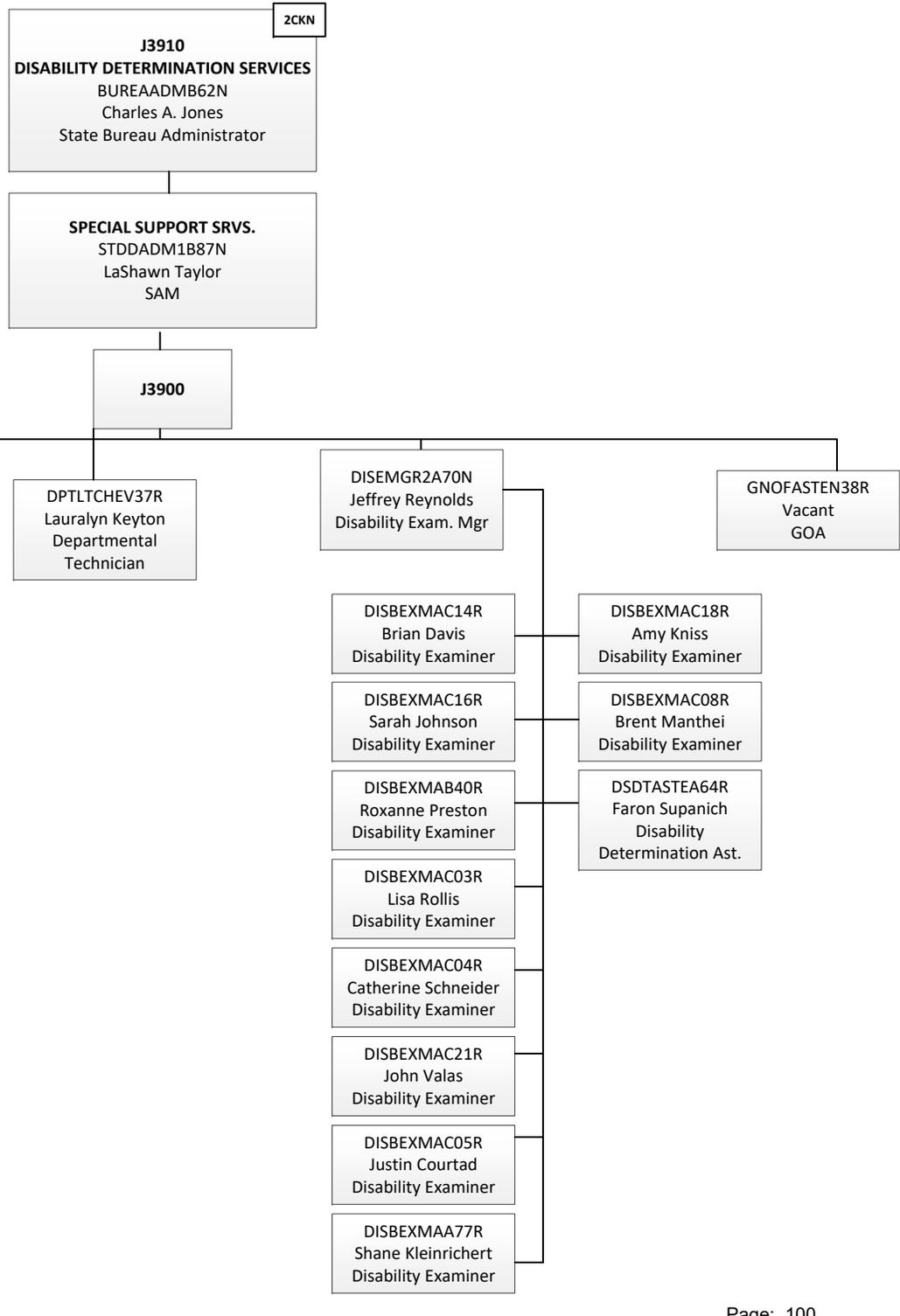
STDDADM1F50N
Jacqueline Horn-Landes
SAM

DISBEXMAB28R
Vacant
Disability Examiner

PRO
DISEMGR2A68N
Jenna Shackelford
Disability Exam. Mgr



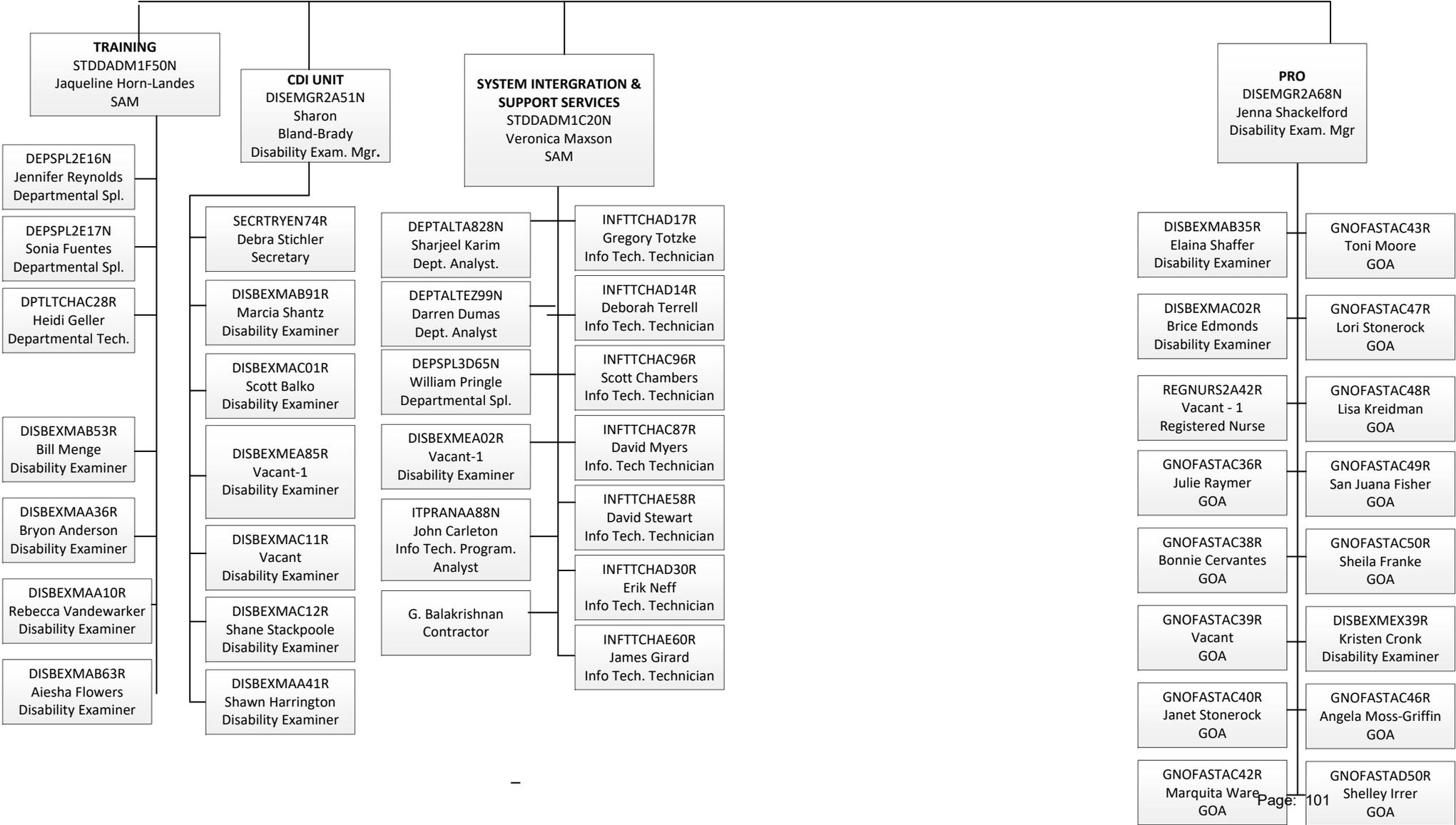


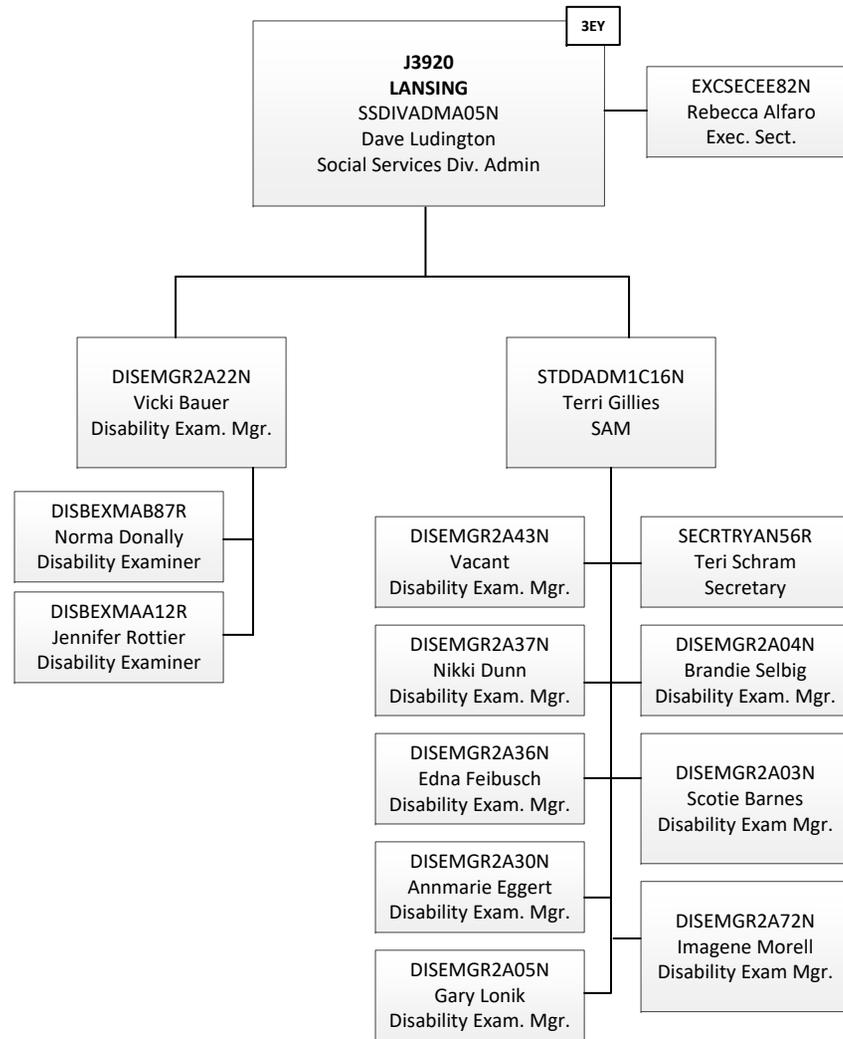


2CKN

J3910
DISABILITY DETERMINATION SERVICES
 BUREAADM62N
 Charles A. Jones
 State Bureau Administrator

J3910
Admin Services
 SSDIVADM41N
 Janelle Richardson
 Social Service Div. Admin.

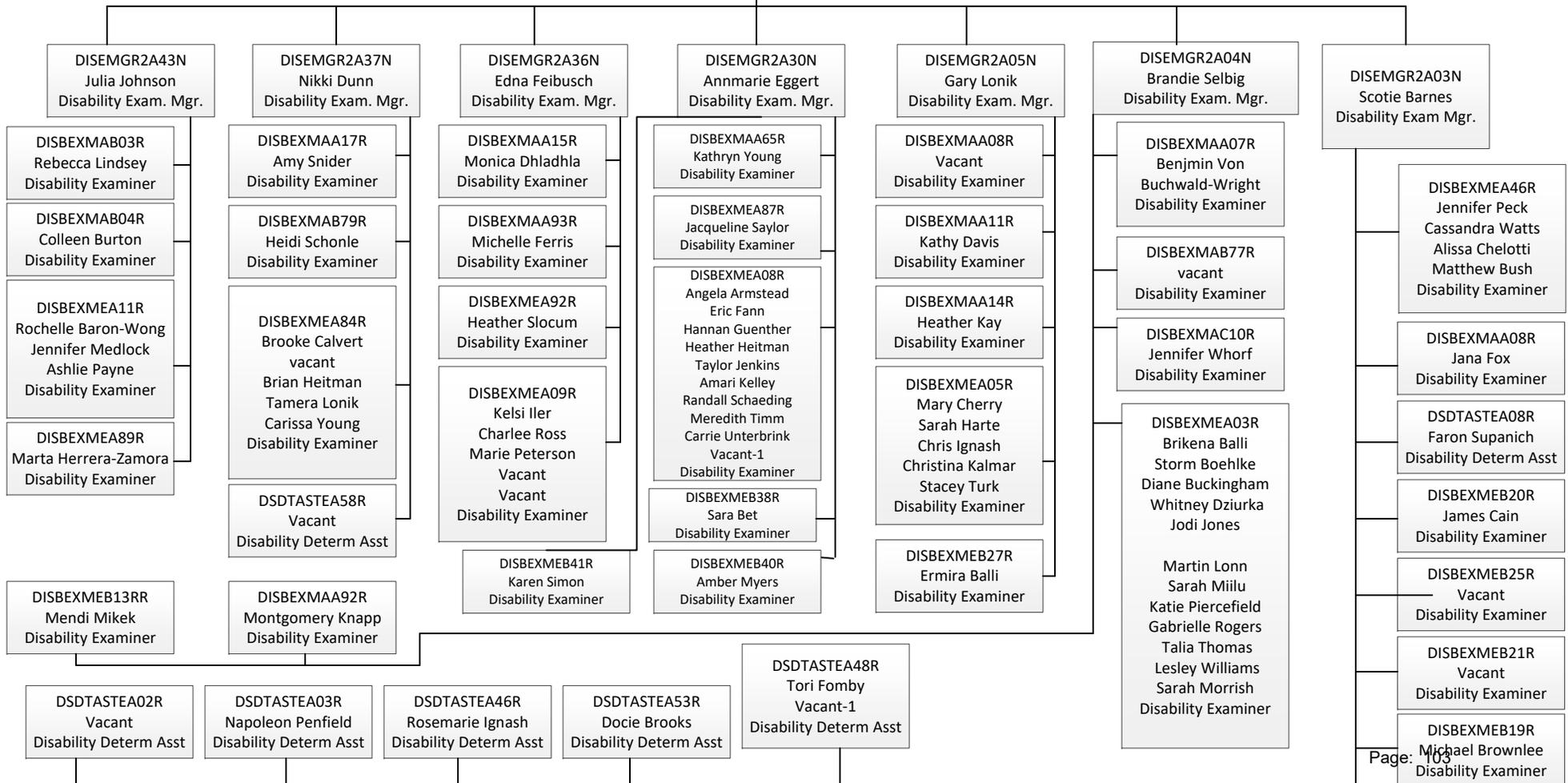


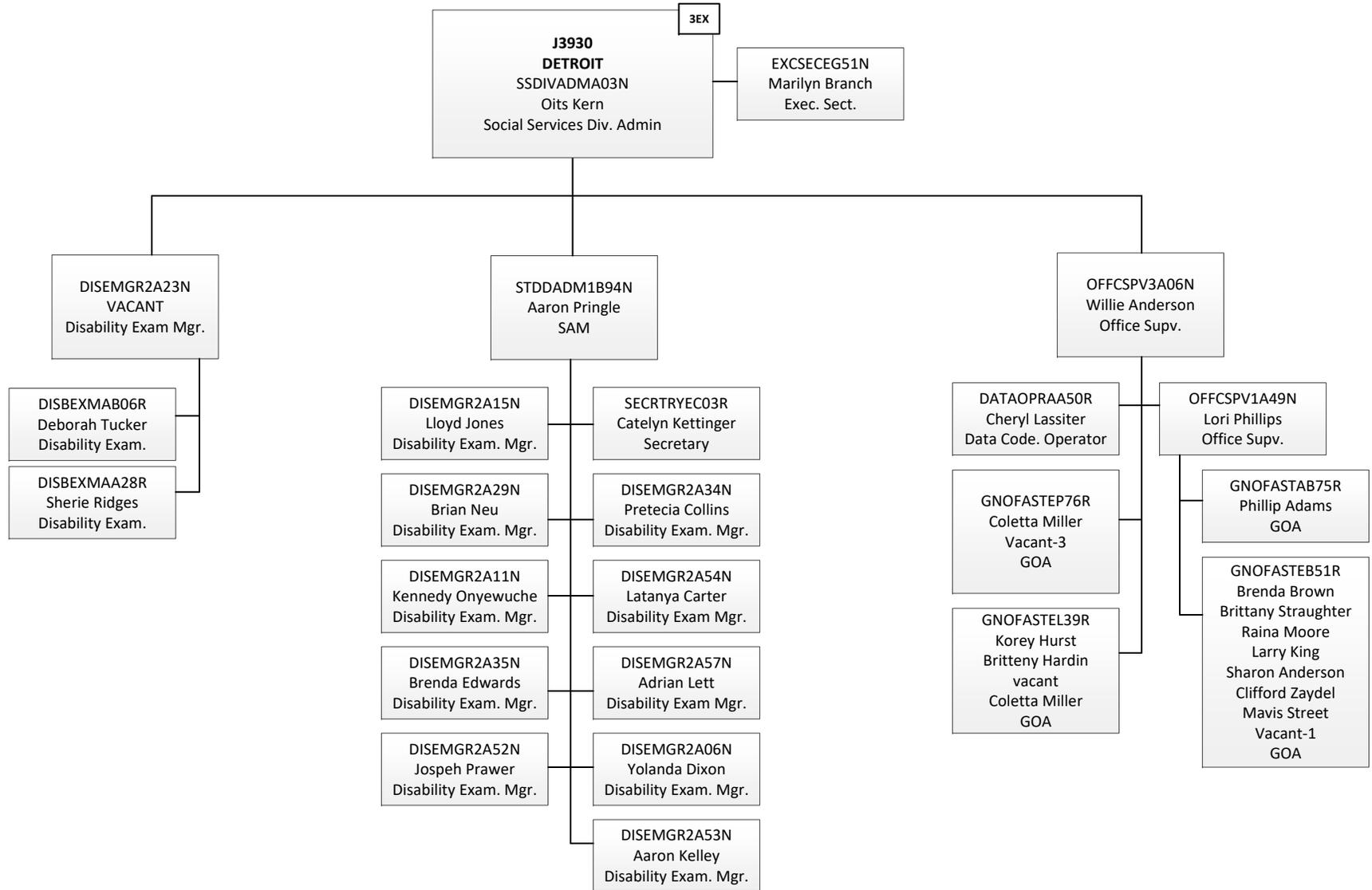


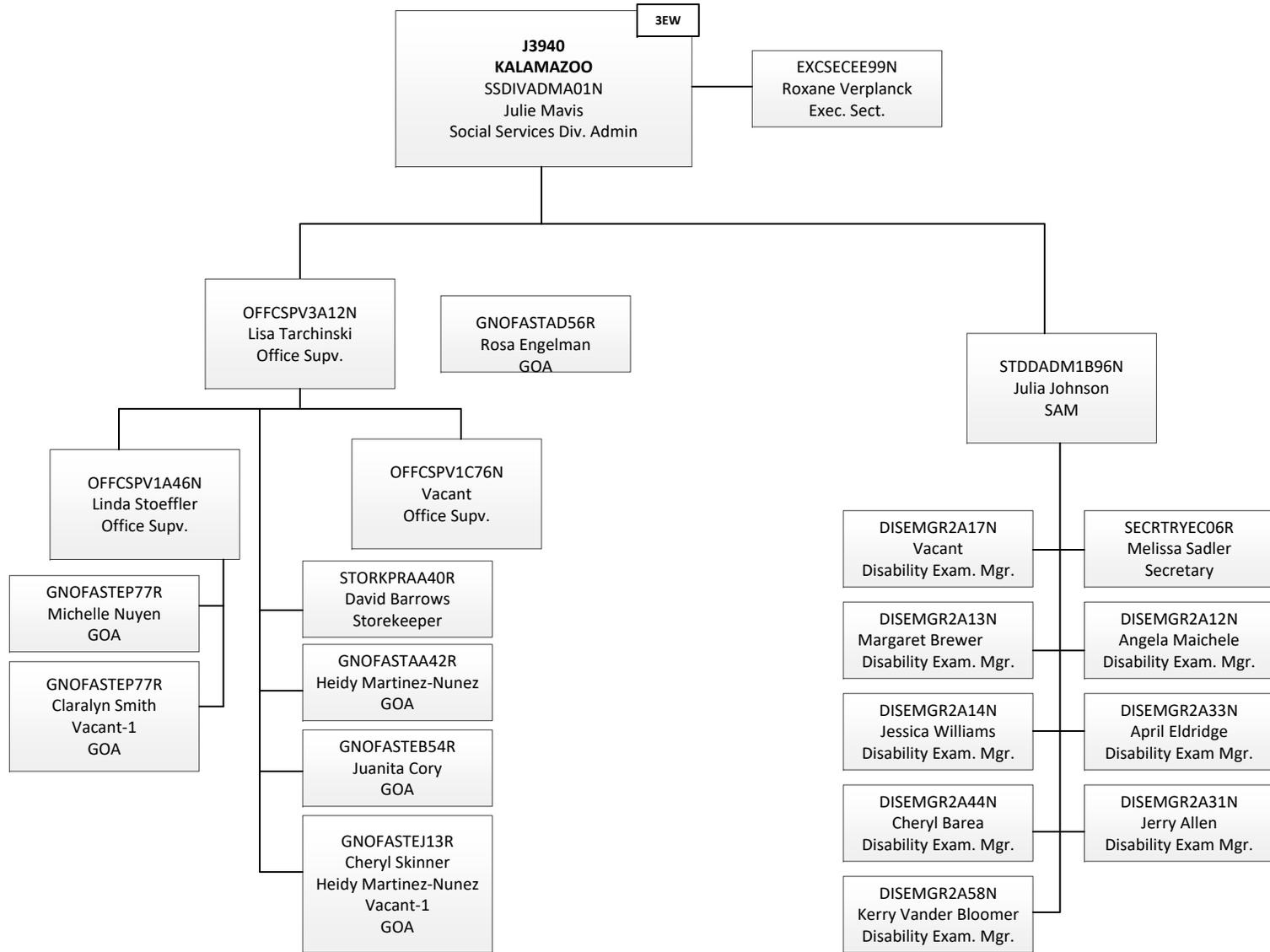
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LANSING
 SSDIVADMA05N
 Dave Ludington
 Social Services Div. Admin

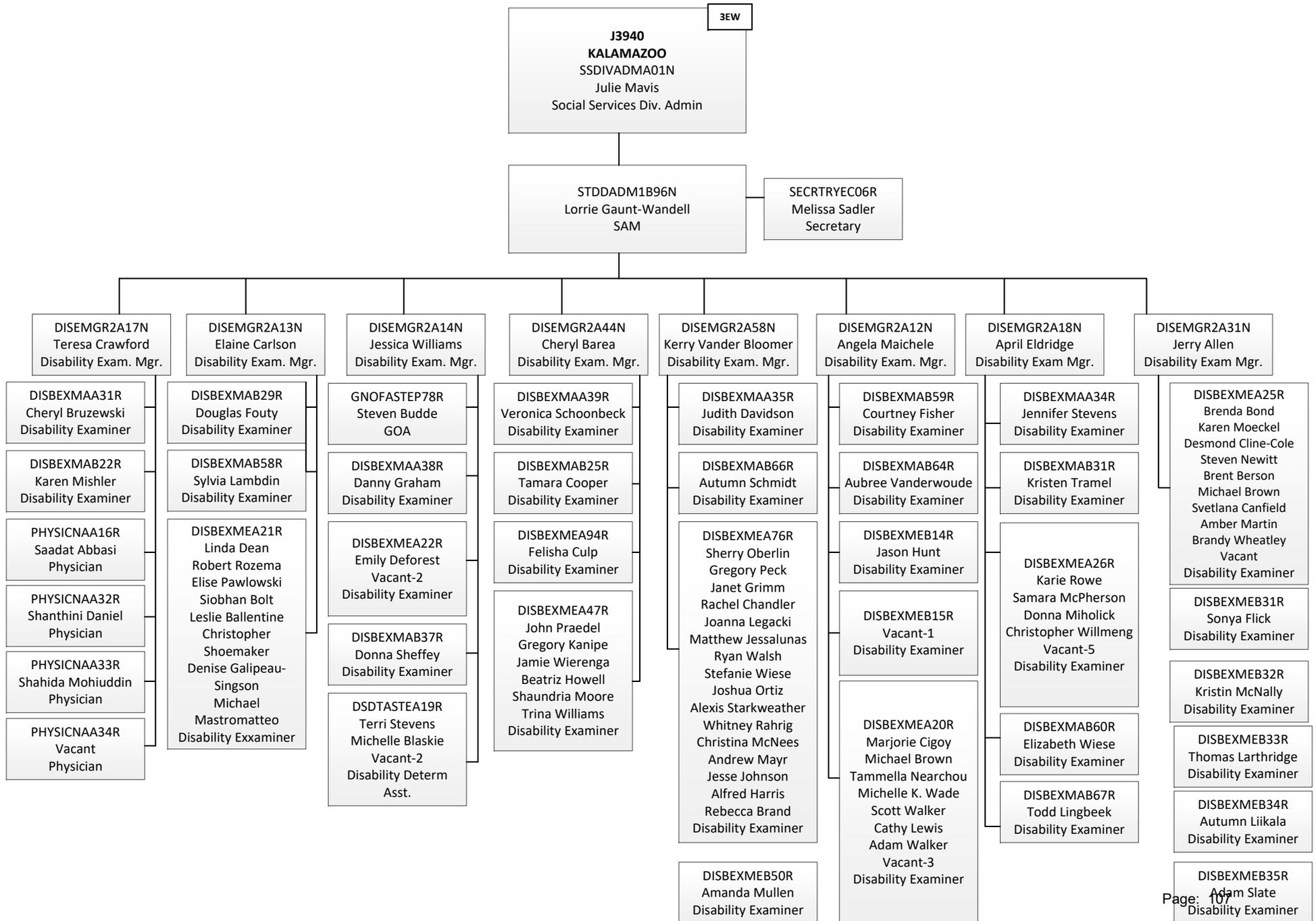
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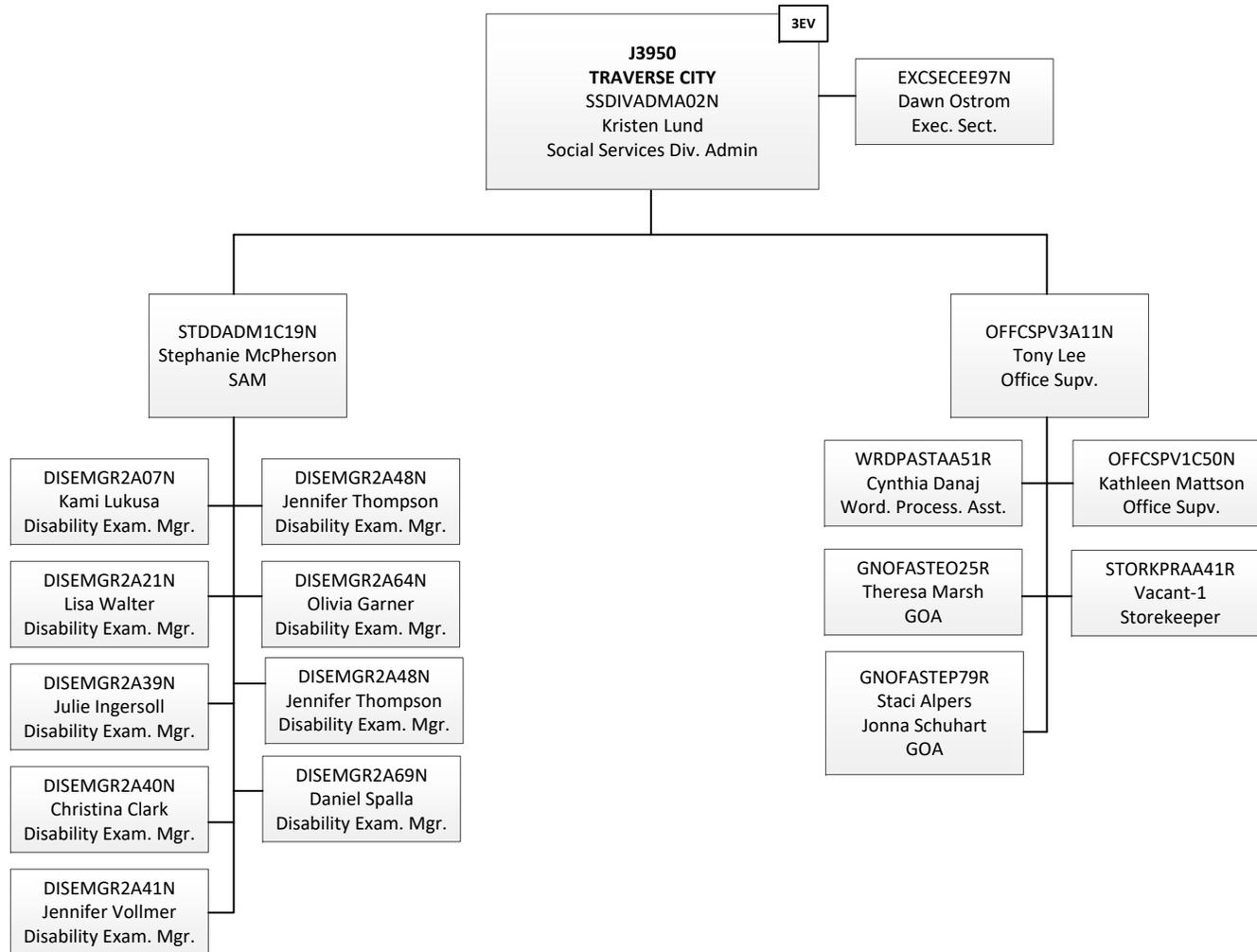
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 Terri Gillies
 SAM

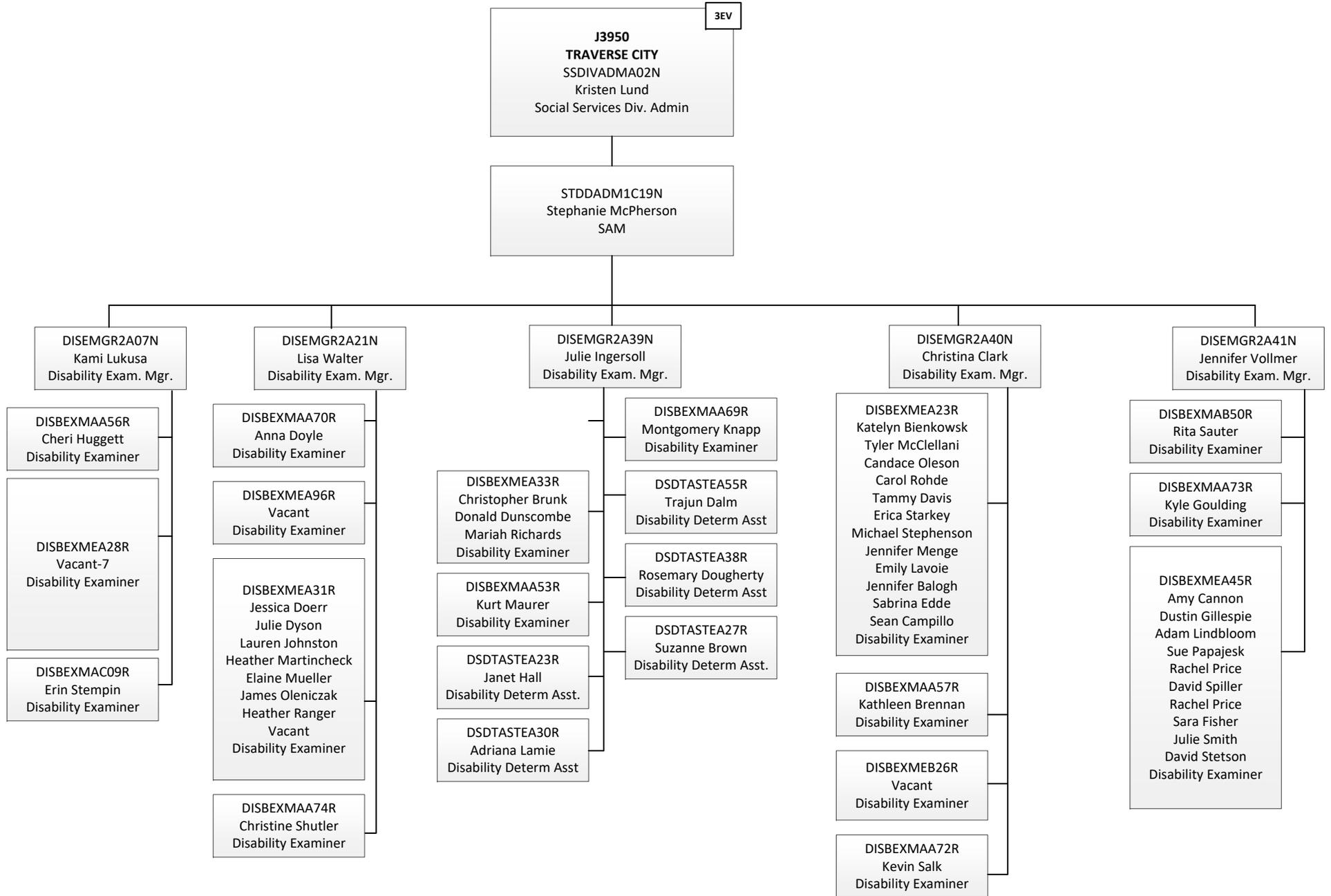












3EV

J3950
TRAVERSE CITY
 SSDIVADMA02N
 Kristen Lund
 Social Services Div. Admin

STDDADM1C19N
 Stephanie McPherson
 SAM

DISEMGR2A64N
 Olivia Garner
 Disability Exam. Mgr.

DISBEXMAB39R
 Kristen Cronk
 Disability Exam. Mgr.

DISEMGR2A48N
 Jennifer Thompson
 Disability Exam. Mgr.

DISEMGR2A69N
 Daniel Spalla
 Disability Exam. Mgr.

DISBEXMAA71R
 Christopher Fox
 Disability Examiner

DISBEXMEA77R
 Andrea Bedrick
 Samantha Kleinrichert
 Jodi Maslowski
 Debra McGrew
 Dustin Gillispie
 Tracey Towner
 Bethany Piasecki
 Katelyn Bienkowski
 Denise Johnson
 Jennifer Sackett
 Mitchell Wilson
 Tami Navarre
 Disability Examiner

DISBEXMAA41R
 Shawn Harrington
 Disability Examiner

DISBEXMAC24R
 Debra Derrer
 Disability Examiner

DISBEXMEB51R
 Ashley Sharp
 Disability Examiner

DISBEXMEB49R
 Angela Miller
 Disability Examiner

DISBEXMEA49R
 Vacant
 Disability Examiner

DISBEXMAB51R
 Loretta Boger
 Disability Examiner

DISBEXMAA60R
 Kathy Kimbel
 Disability Examiner

GNOFASTEG93R
 Sarah Farley
 Darla Kroesch
 Vacant-1
 GOA

DISBEXMEB30R
 Jamie Bredahl
 Lisa Bush
 Chimene Johnson
 Amy Sides
 Candace Vito
 Brent Williams
 Vacant-1
 Disability Examiner

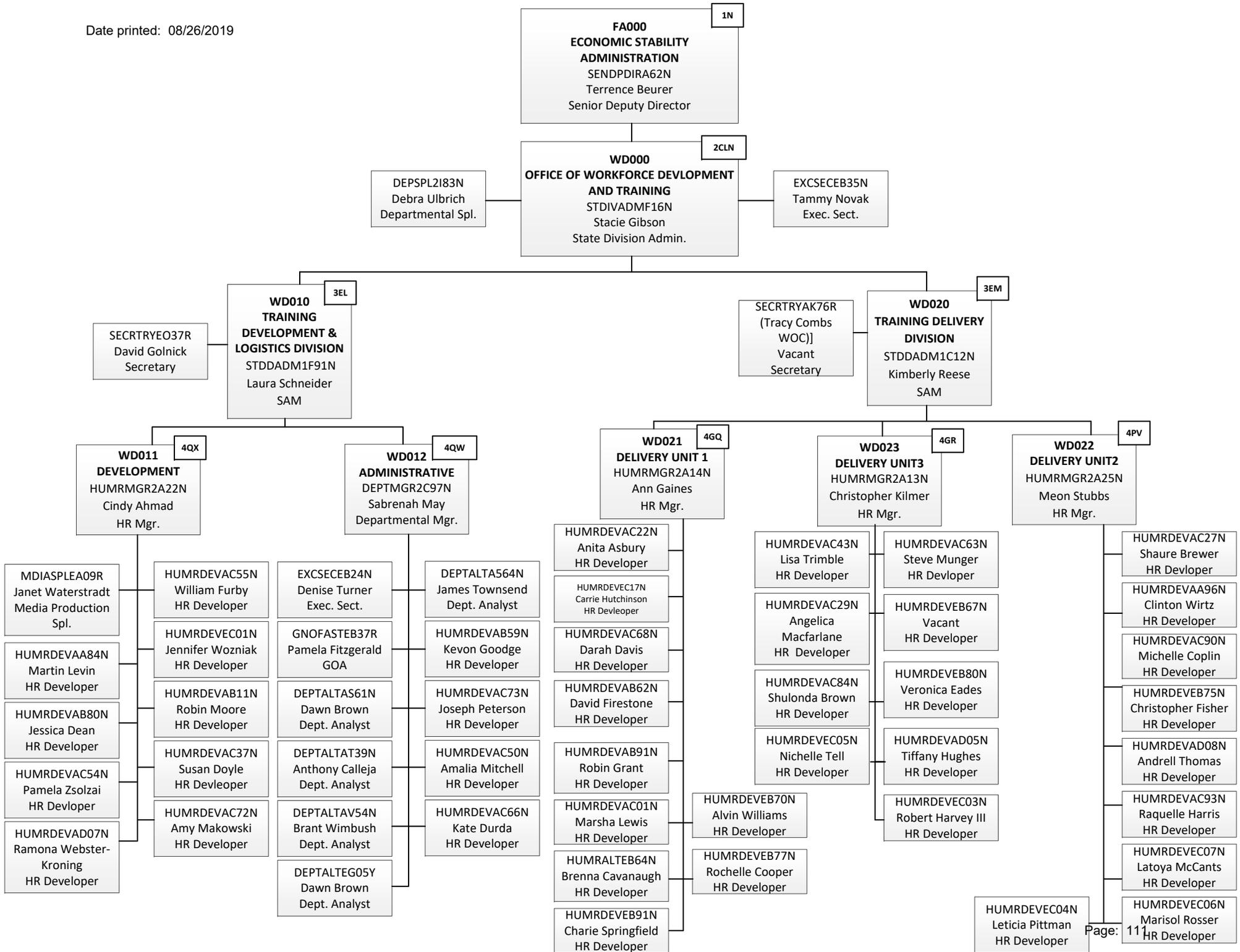
DISBEXMAA46R
 Vacant
 Disability Examiner

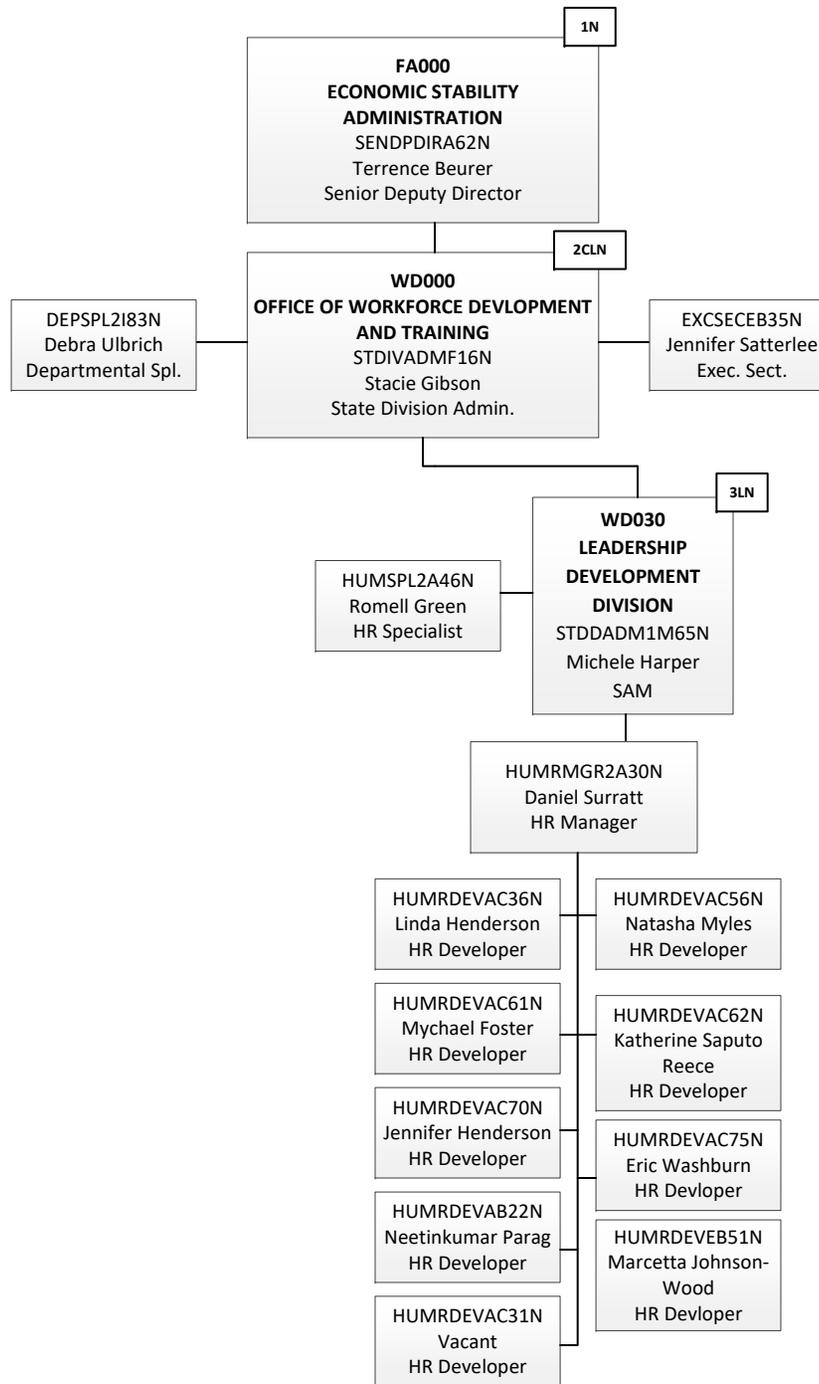
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 Steven Vasko
 Catherine Skowronski
 Erica Stakey-Hawkins
 Heidi Brown
 Heidi Thalman
 Heather Girard
 William Price
 Peta Ann Reagan
 Ashleigh Mathie
 Laura Field
 Rochelle Briggeman
 Michelle Longstreth
 Disability Examiner

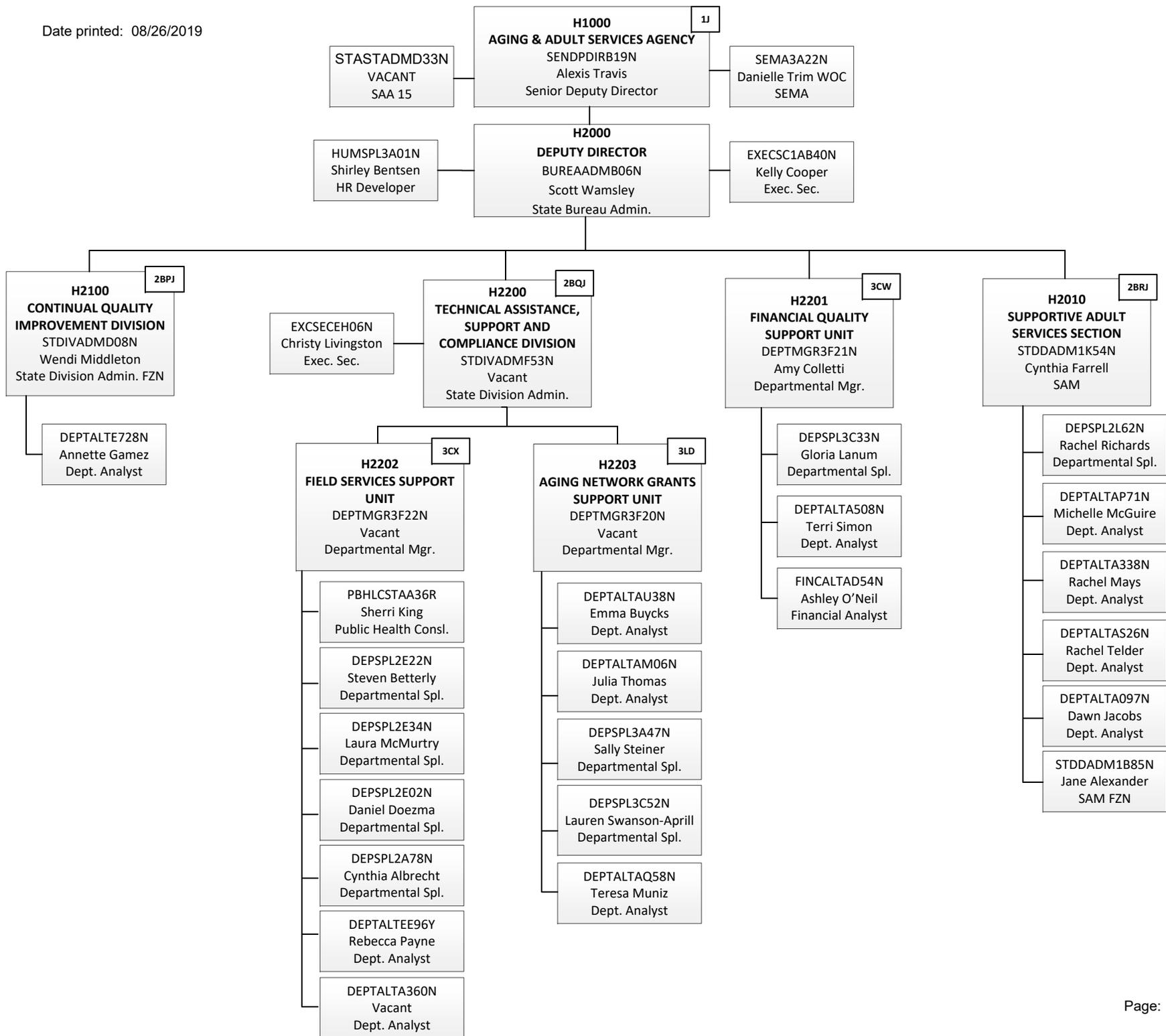
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 Vacant
 Disability Examiner

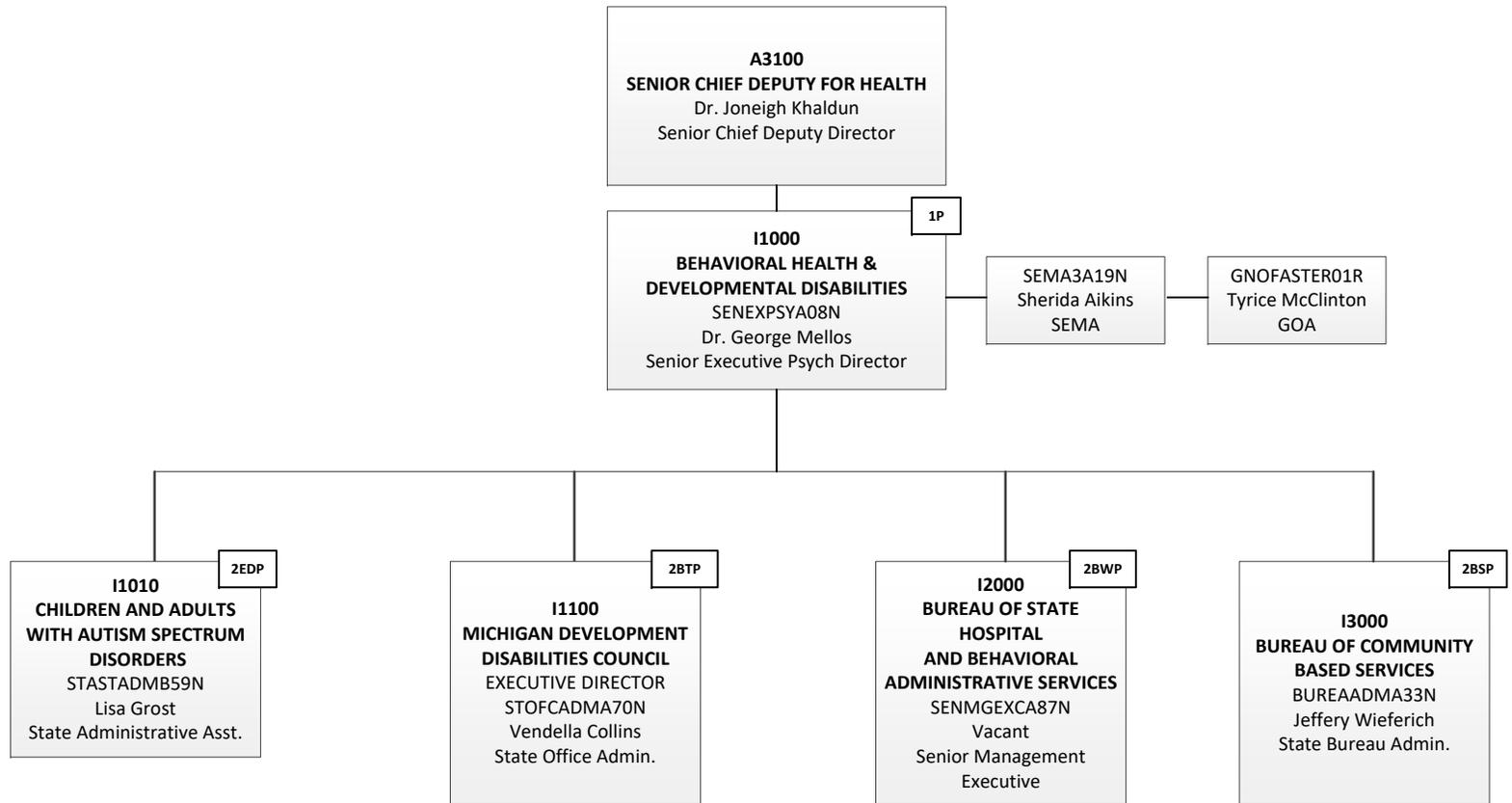
DISBEXMAC25R
 Angela Gardner
 Disability Examiner

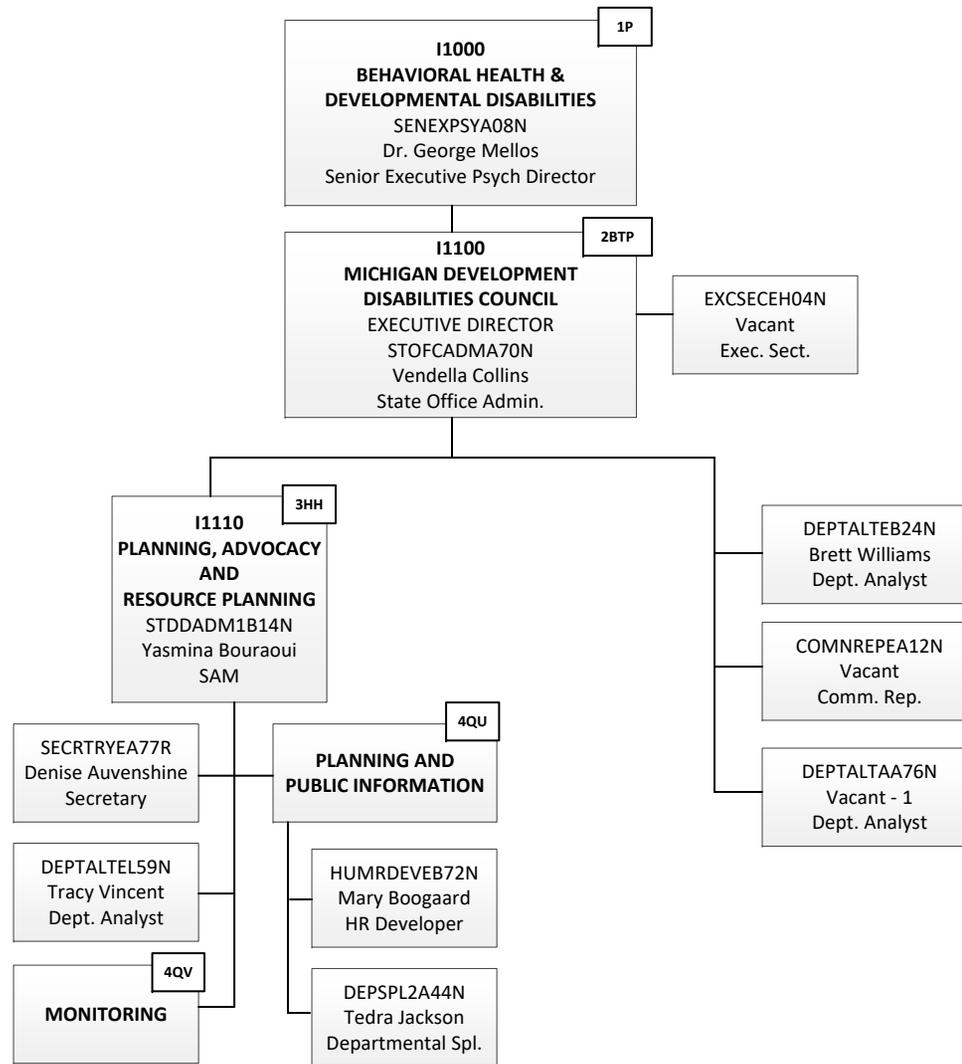
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 Kristin Egloff
 Disability Examiner

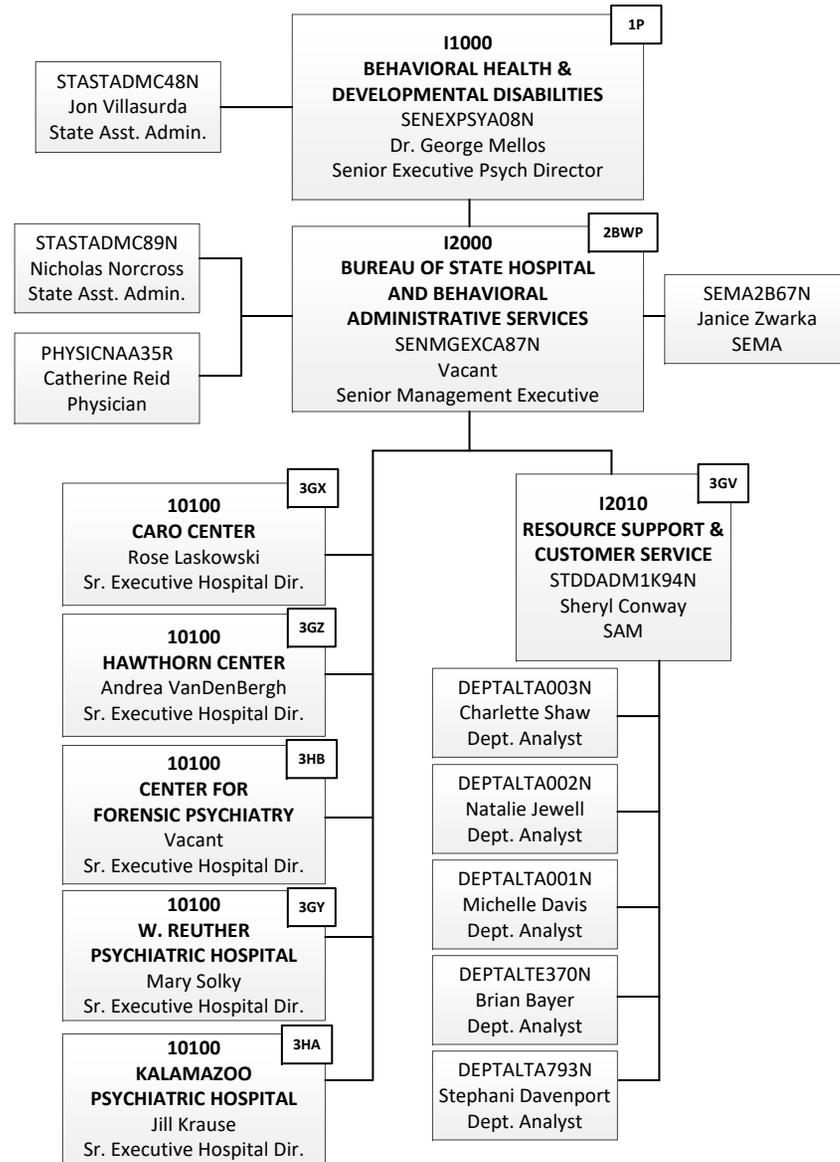


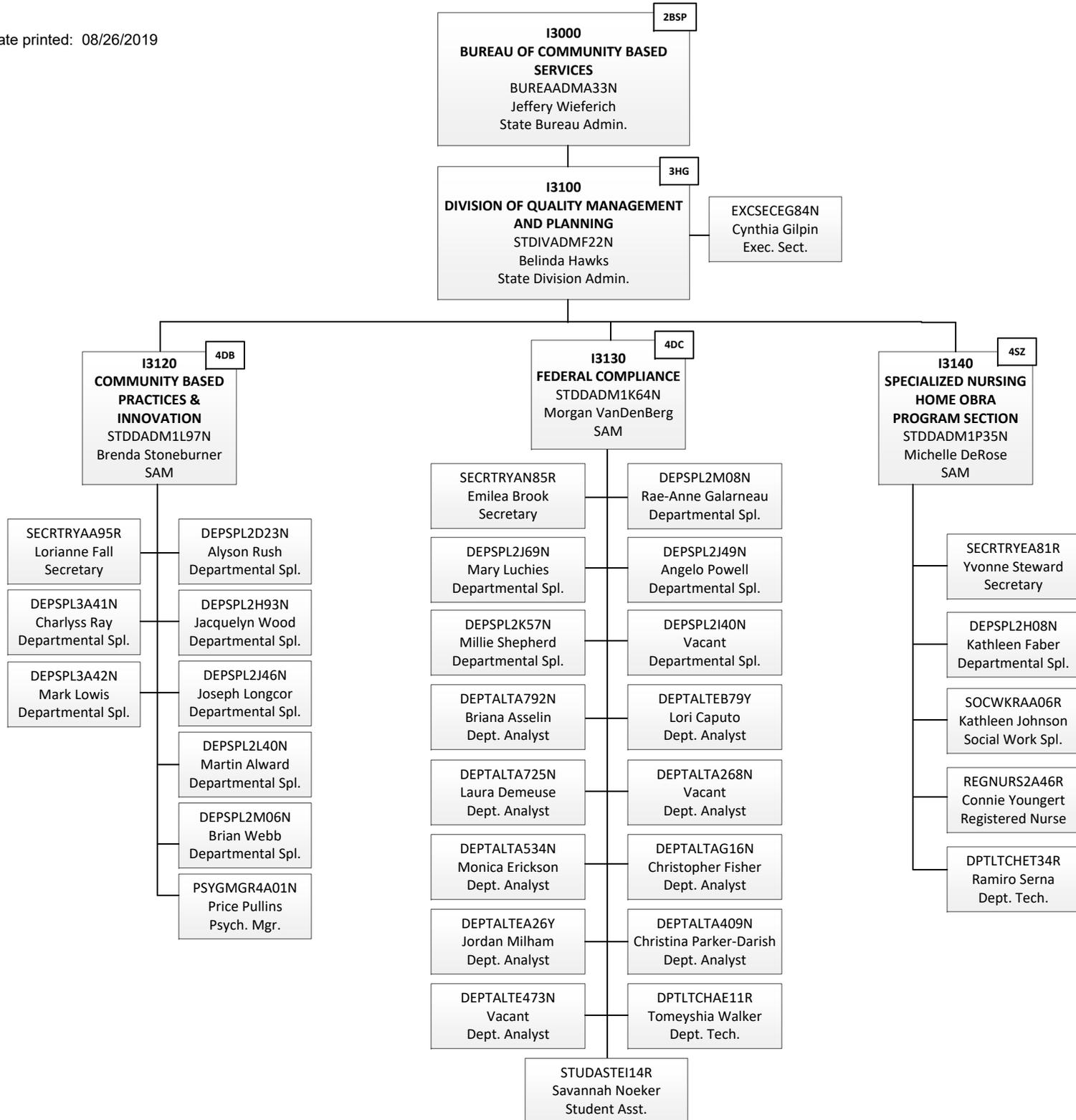


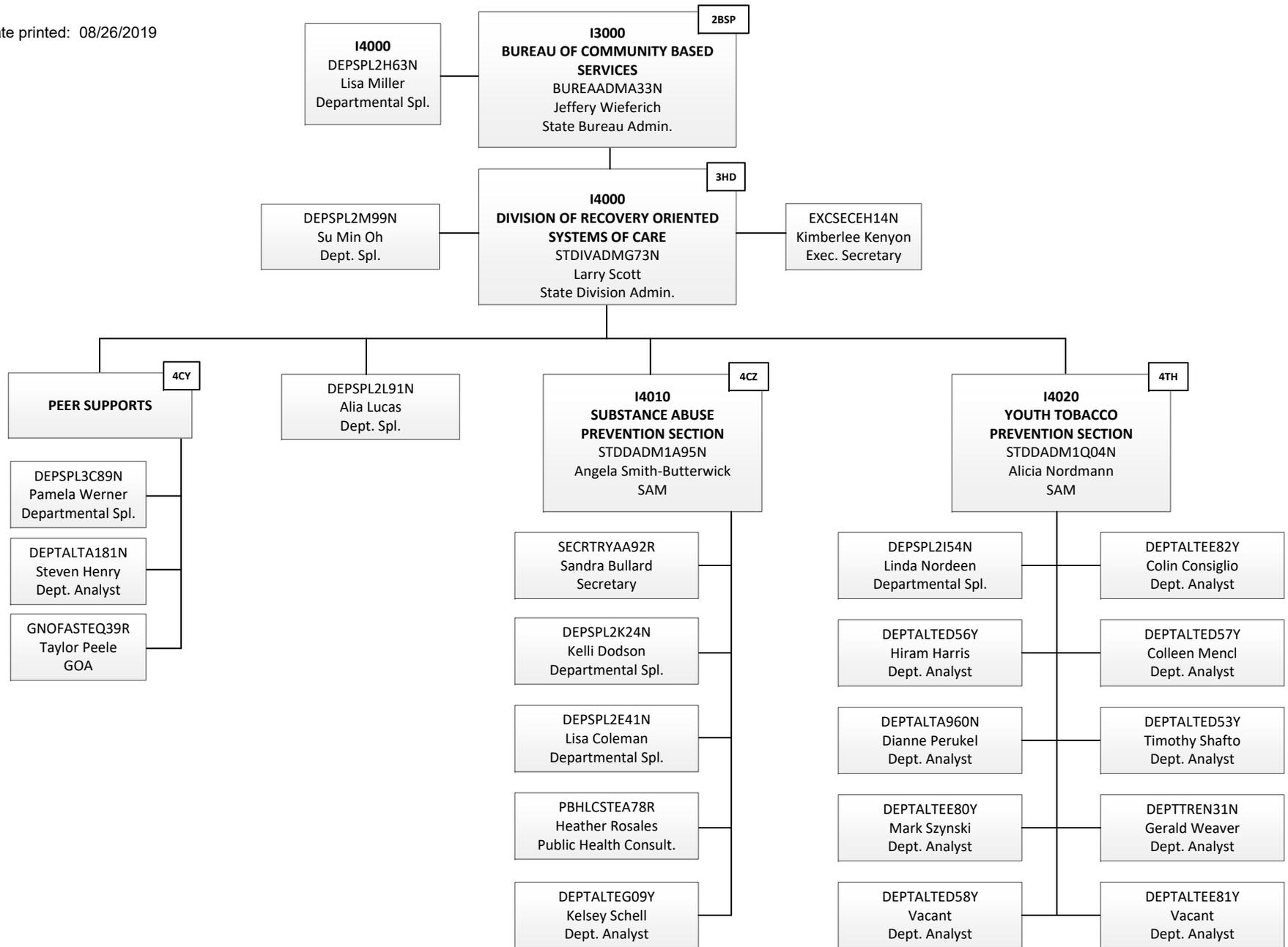


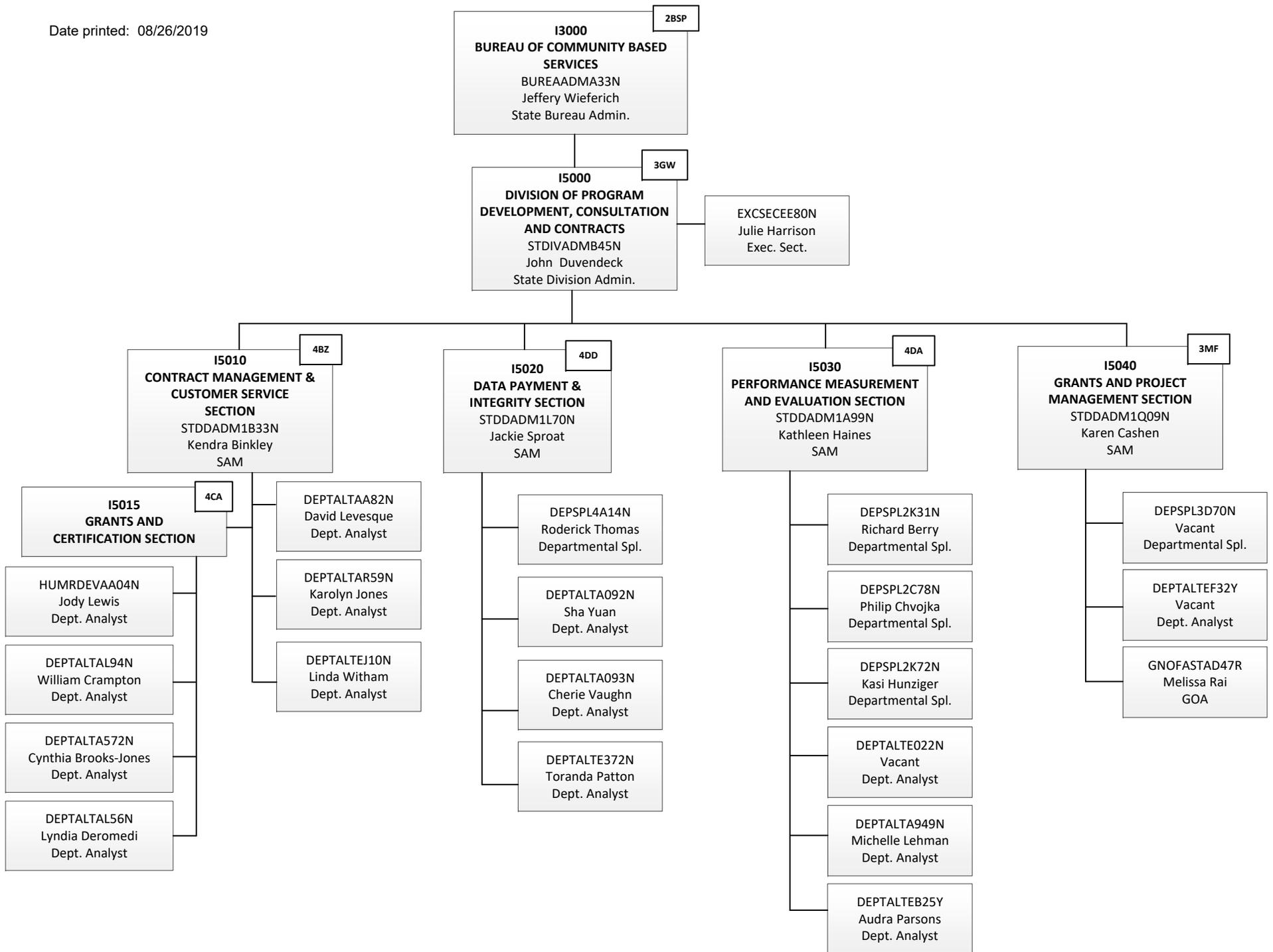


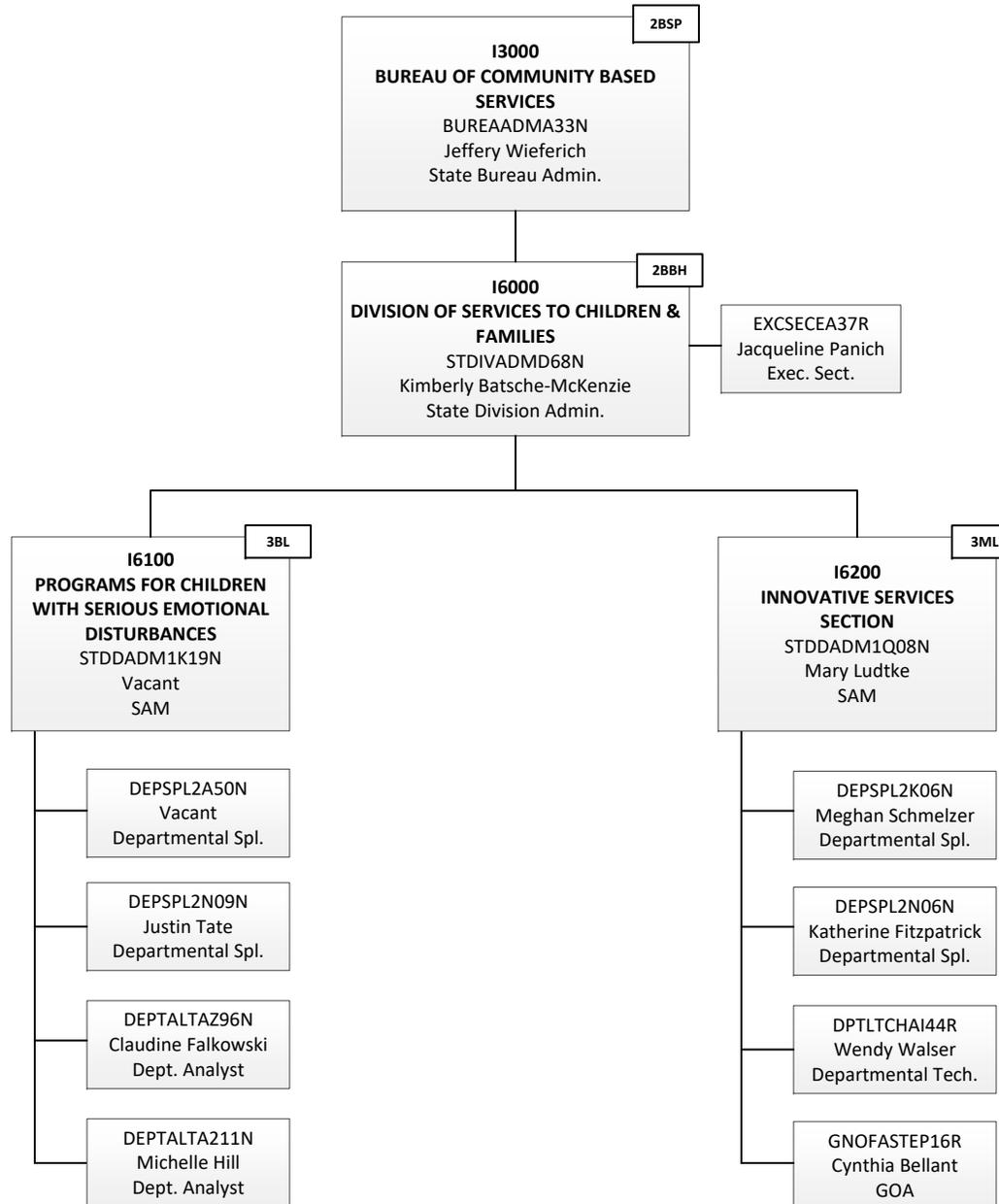


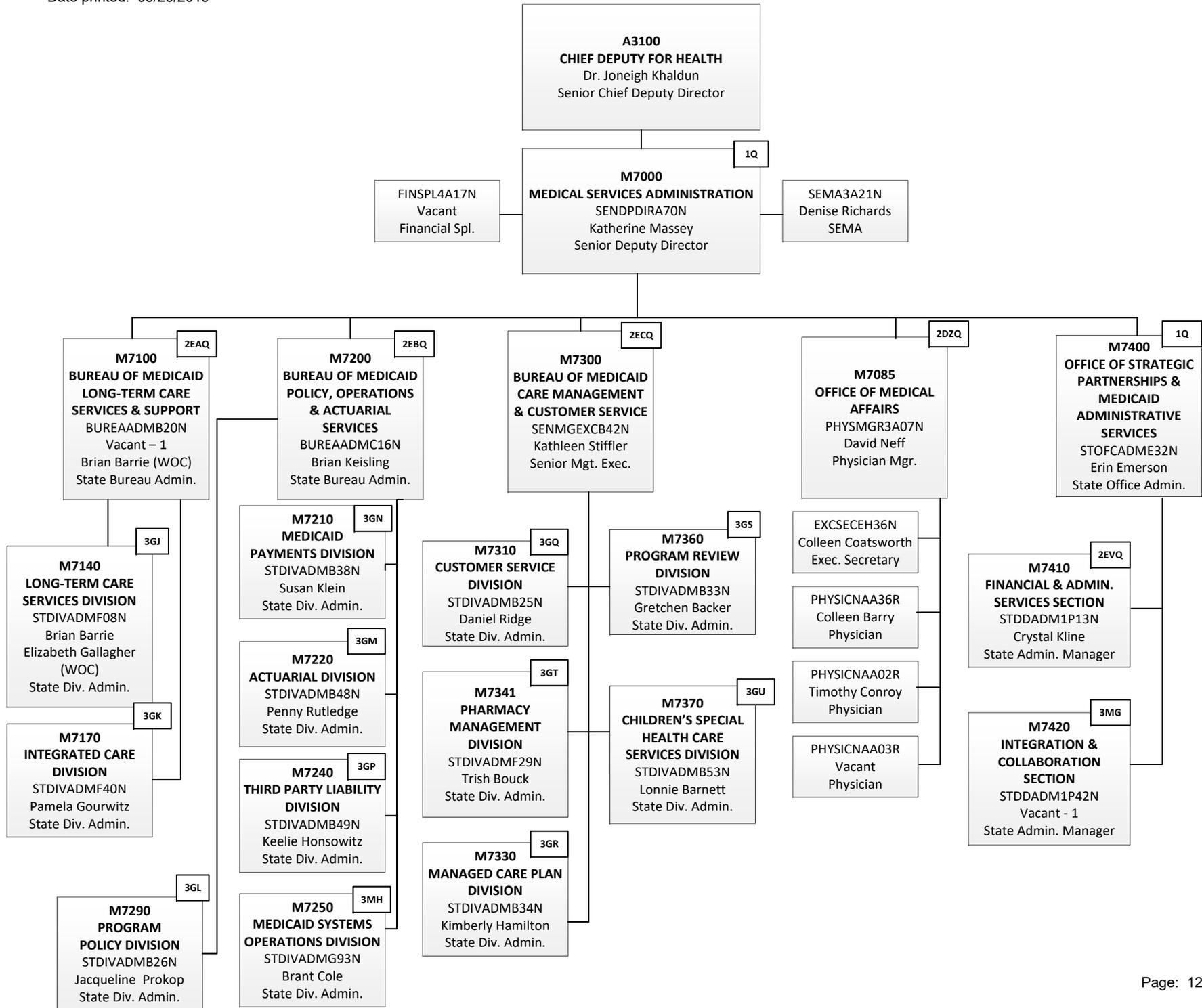


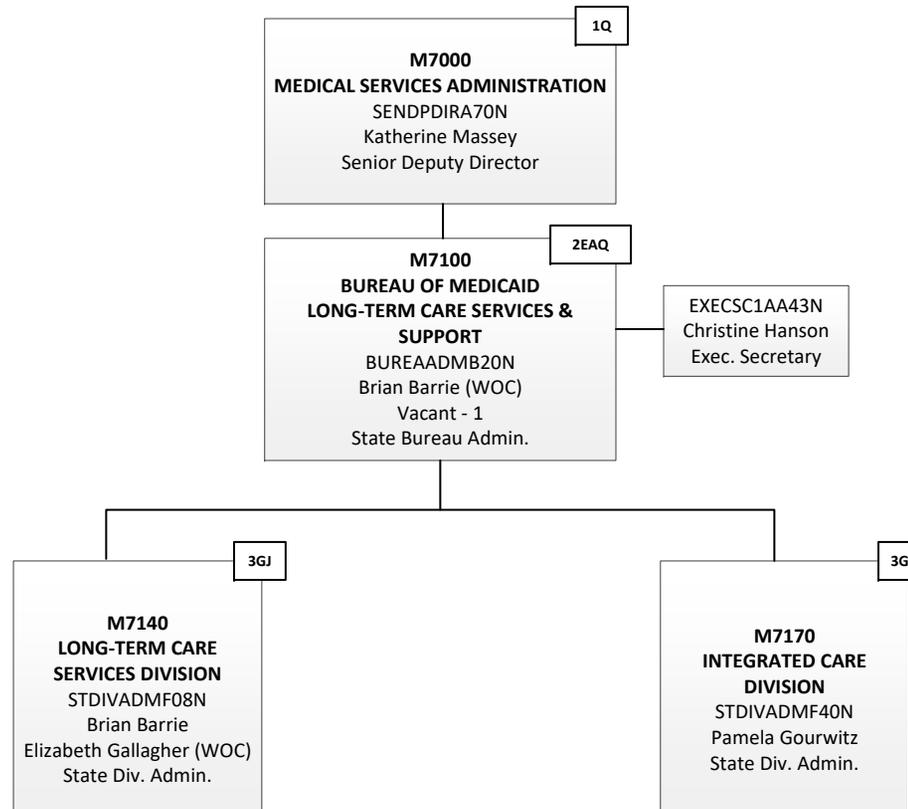


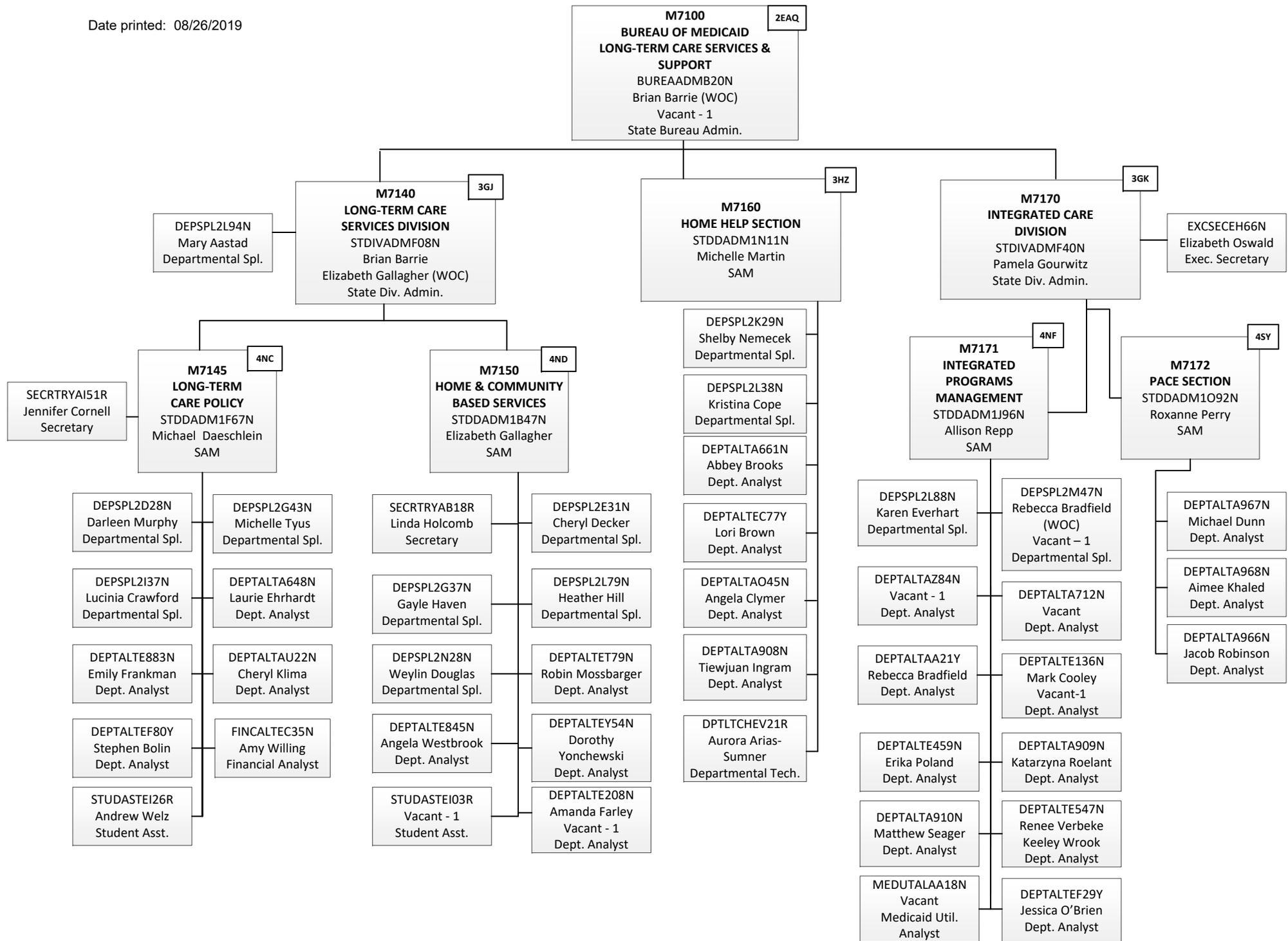


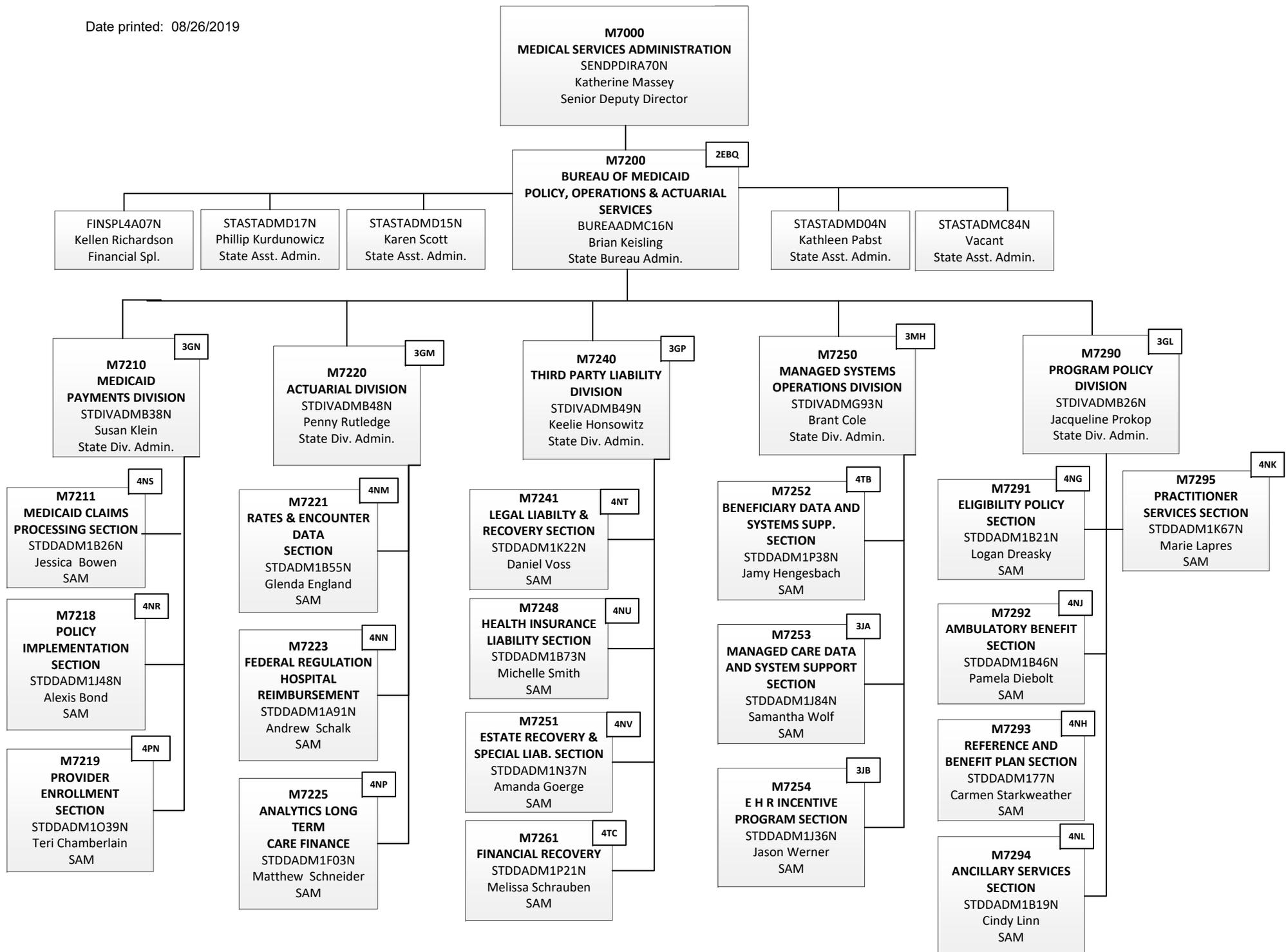


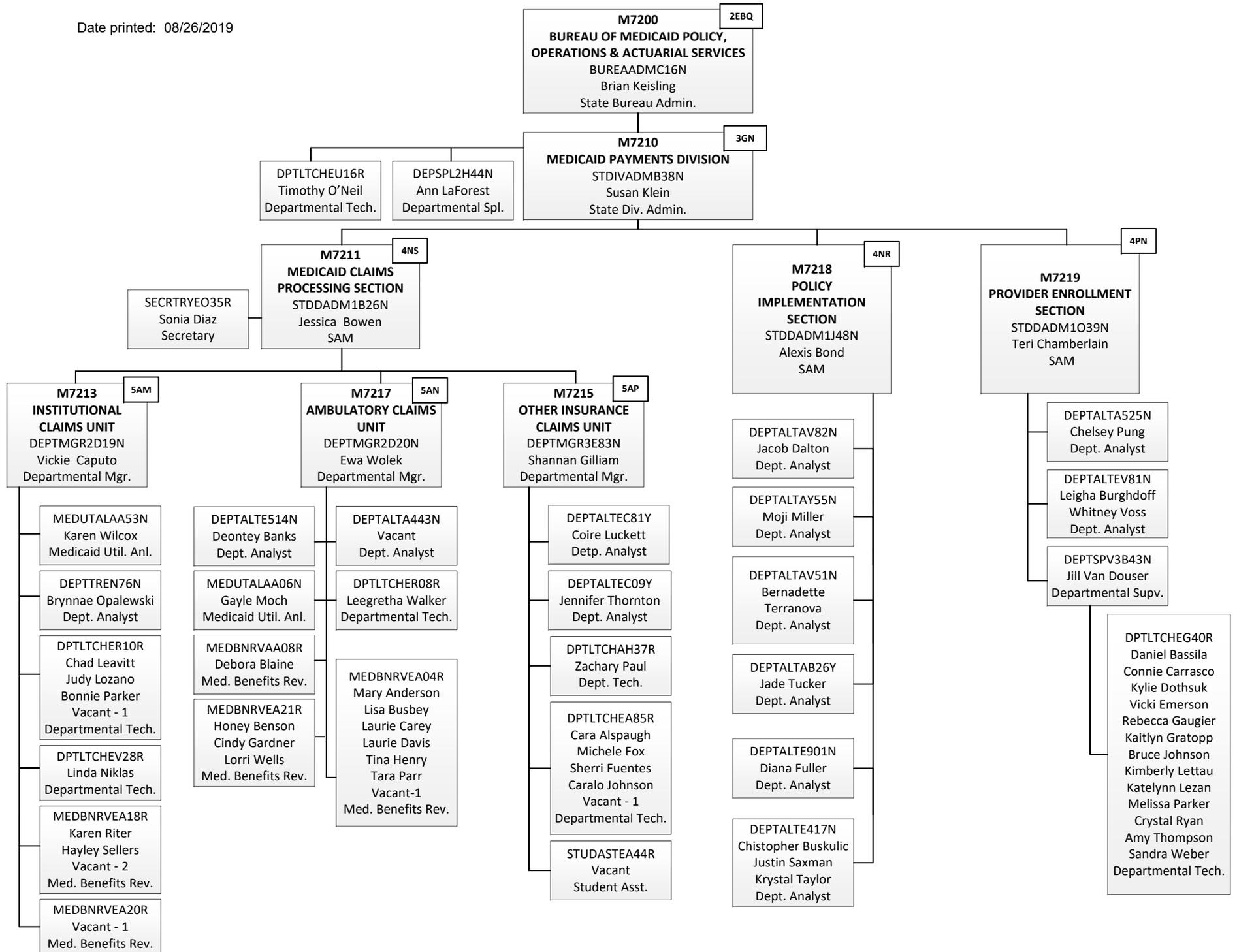


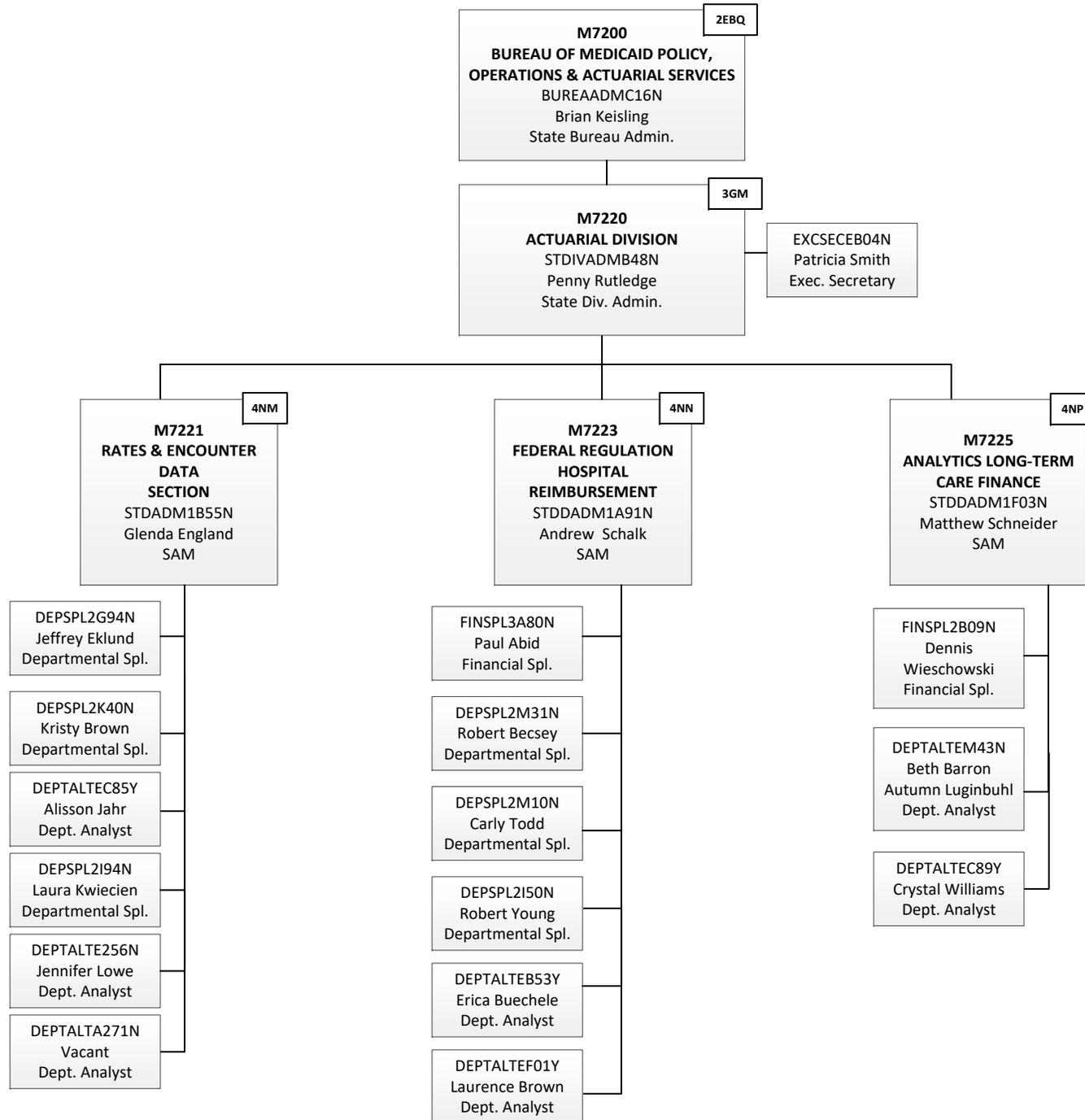


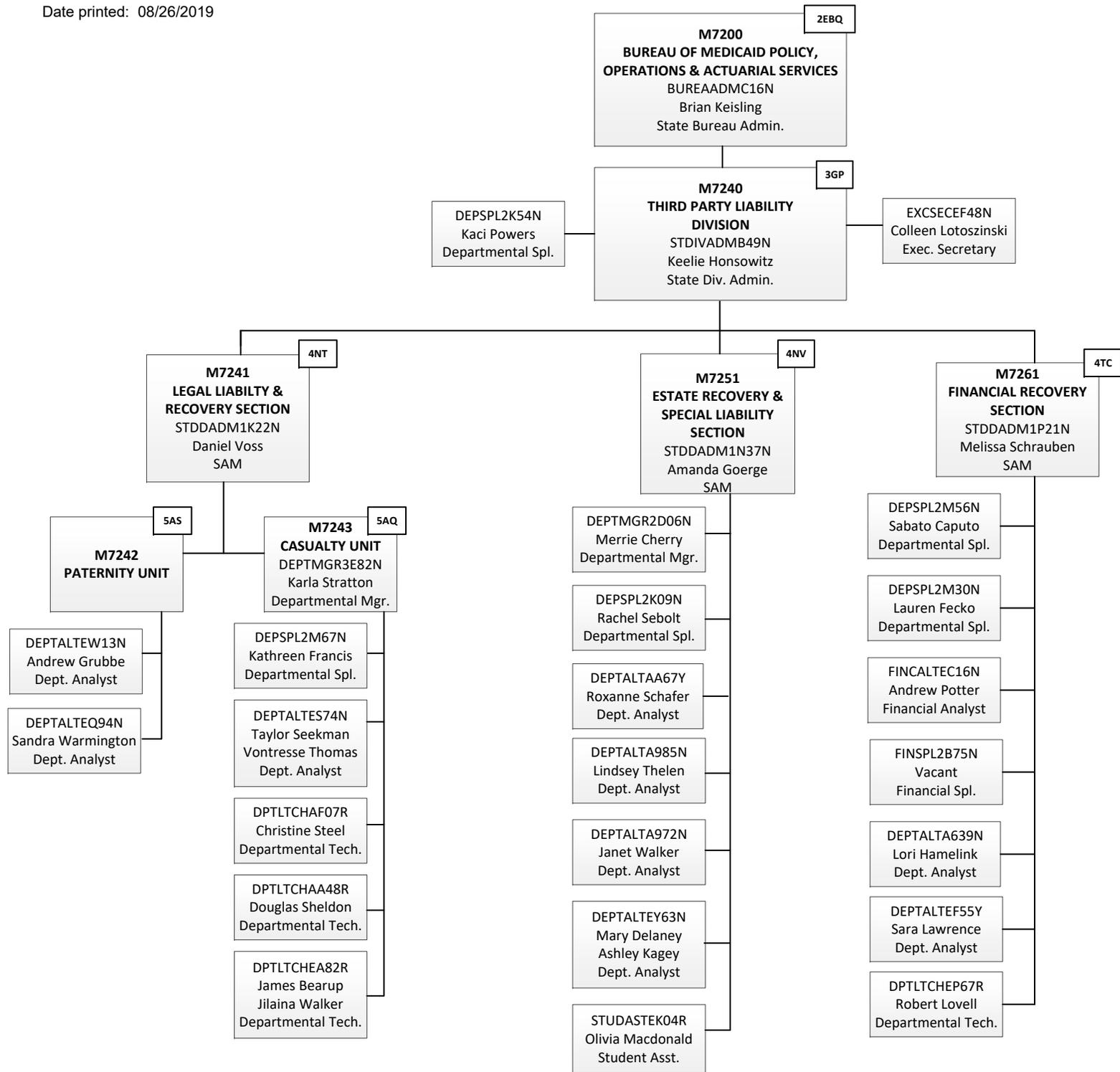


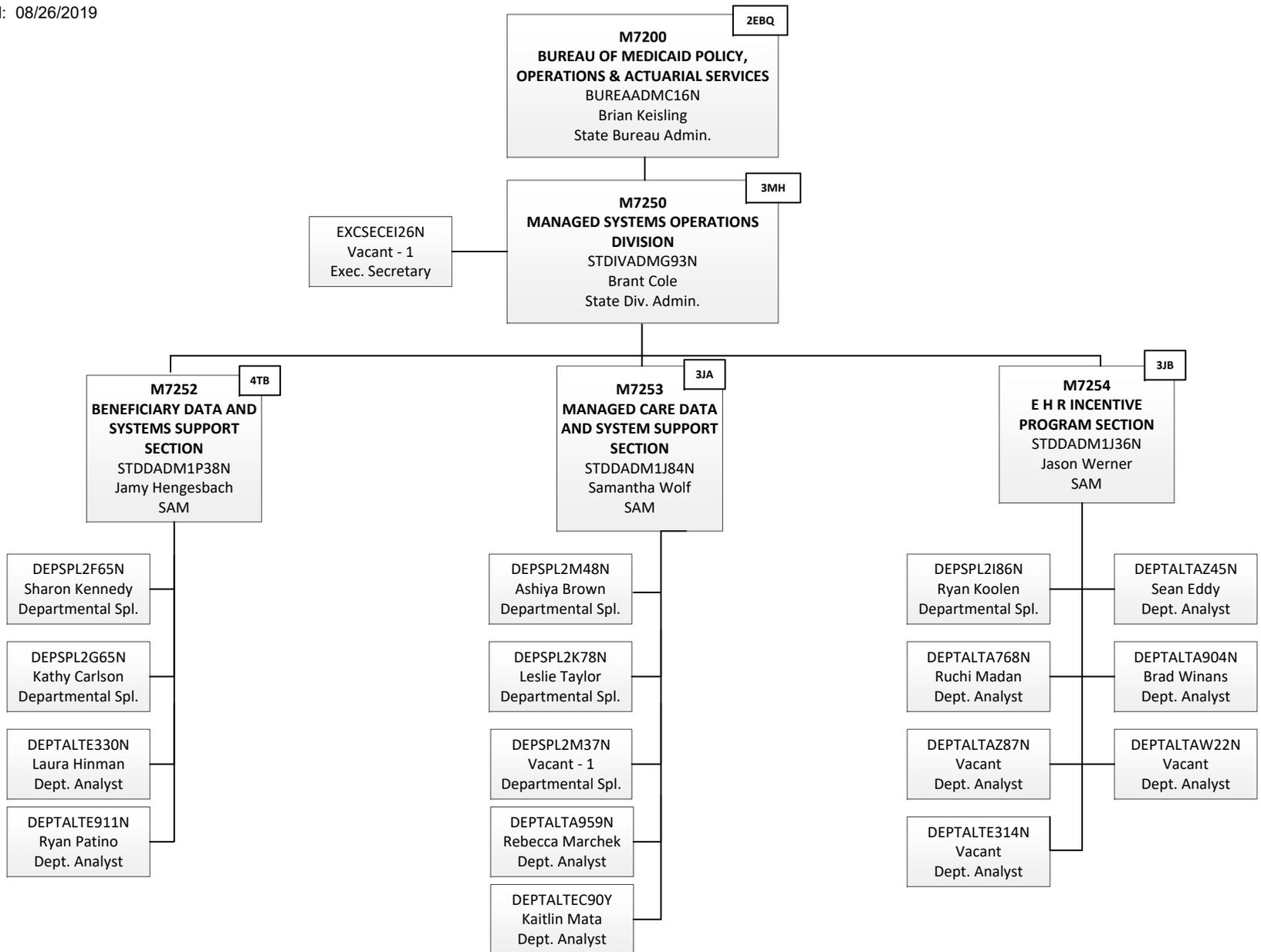


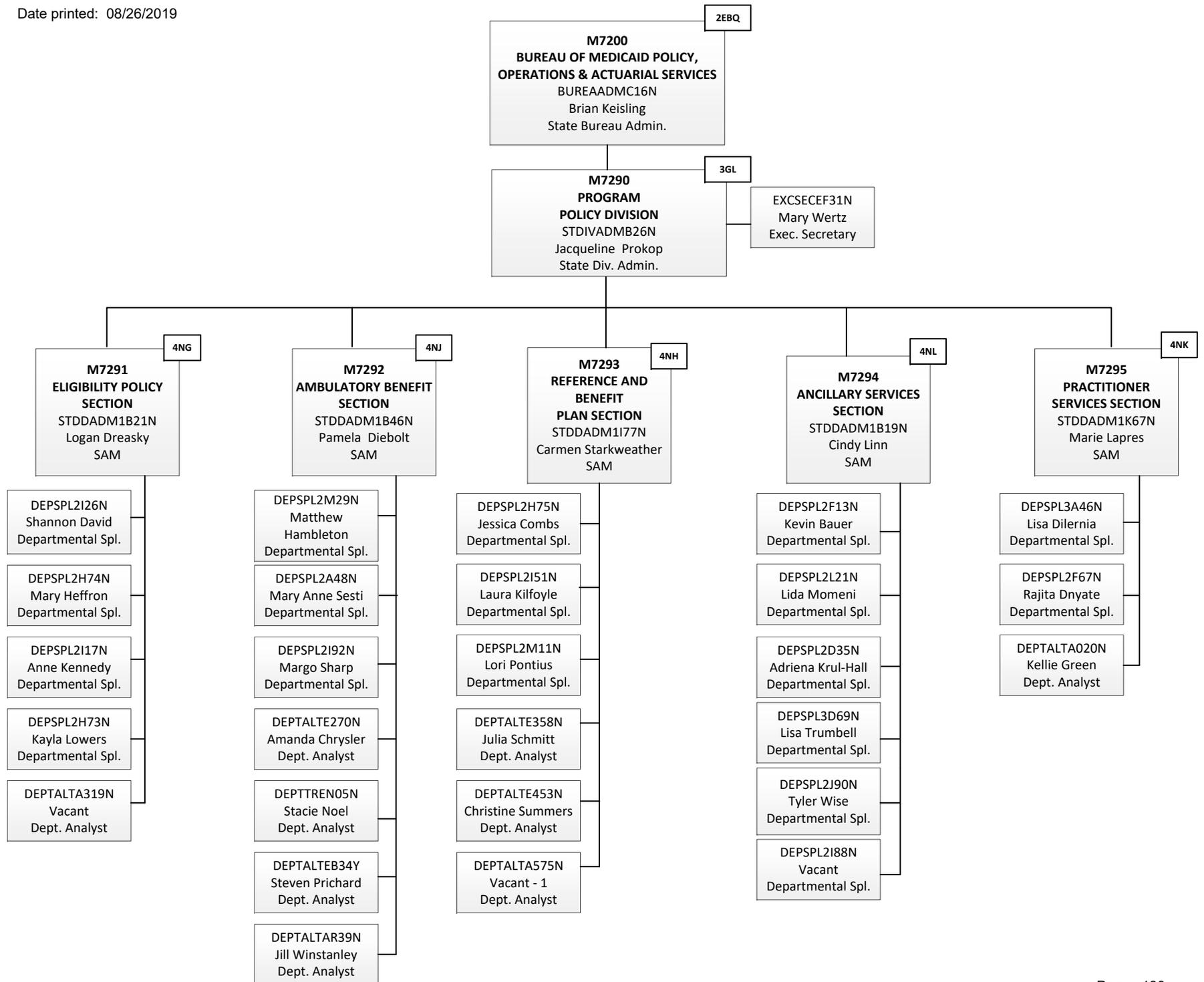


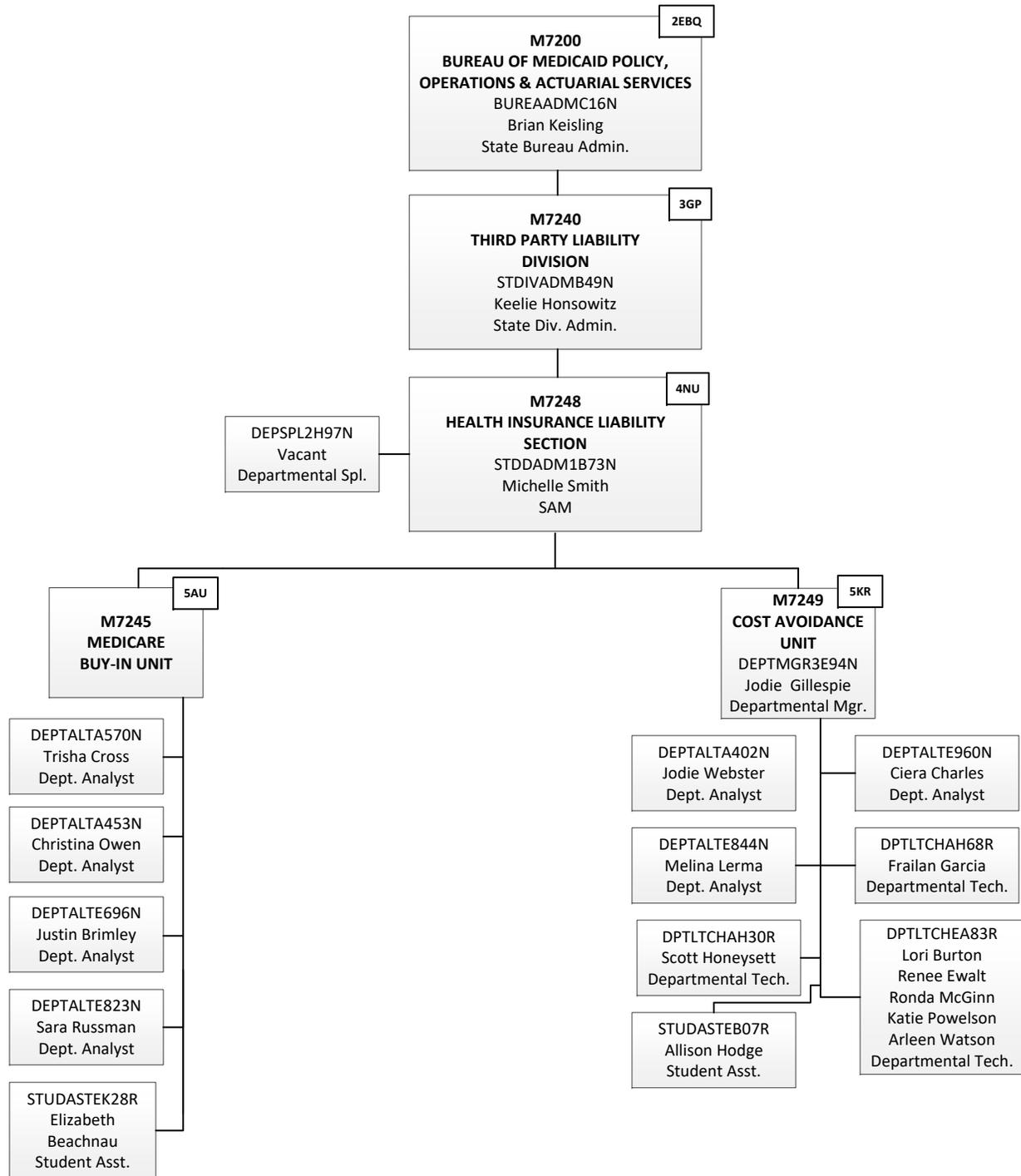












M7000
MEDICAL SERVICES ADMINISTRATION
 SENDPDIRA70N
 Katherine Massey
 Senior Deputy Director

M7300
BUREAU OF MEDICAID CARE
MANAGEMENT AND CUSTOMER
SERVICE
 SENMGEXCB42N
 Kathleen Stiffler
 Senior Mgt. Exec.

EXECS1AA44N
 Trena Larner
 Exec. Secretary

STASTADM21N
 Julianne Denny
 State Asst. Admin.

STASTADM08N
 Rita Subhedar
 State Asst. Admin.

M7310
CUSTOMER SERVICE
DIVISION
 STDIVADMB25N
 Daniel Ridge
 State Div. Admin.

M7330
MANAGED CARE PLAN
DIVISION
 STDIVADMB34N
 Kimberly Hamilton
 State Div. Admin.

M7341
PHARMACY MANAGEMENT
DIVISION
 STDIVADMF29N
 Trish Bouck
 State Div. Admin.

M7360
PROGRAM REVIEW
DIVISION
 STDIVADMB33N
 Gretchen Backer
 State Div. Admin.

M7370
CHILDREN'S SPECIAL
HEALTH CARE
SERVICES DIVISION
 STDIVADMB53N
 Lonnie Barnett
 State Div. Admin.

M7311
ENROLLMENT SERVICES
SECTION
 STDDADM1A86N
 Carol Gates
 SAM

M7331
QUALITY IMPROVEMENT
AND PROGRAM
DEVELOPMENT
 STDDADM1A85N
 Thomas Curtis
 SAM

DEPSPL2J34N
 Vicki Goethals
 Departmental Spl.

DEPTALEA54Y
 Michael Melvin
 Dept. Analyst

DEPTALTA327N
 Linda Vancamp
 Dept. Analyst

M7351
PHARMACY SERVICES
SECTION
 STDDADM1H18N
 Matthew Giering
 SAM

DEPSPL2I27N
 Vacant - 1
 Departmental Spl.

DEPTALTAT38N
 Grace Gere
 Dept. Analyst

DEPTALTA880N
 Jared Keilen
 Dept. Analyst

M7361
ANCILLARY REVIEW
SECTION
 STDDADM1H70N
 Eric Neilson
 SAM

M7363
MEDICAL EQUIPMENT
AND SERVICES
SECTION
 STDDADM1H06N
 Lori Hinkle
 SAM

DEPTALTAP17N
 Stacey Boutwell
 Dept. Analyst

M7371
FAMILY CENTER

M7372
CSHCS CUSTOMER SUPPORT
SECTION
 STDDADM1B62N
 Vacant
 SAM

M7377
POLICY AND PROGRAM
DEVELOPMENT SECTION
 STDDADM1B50N
 Theresa Christner
 SAM

M7378
QUALITY AND PROGRAM
SERVICES SECTION
 STDDADM1B62N
 Craig Boyce
 SAM

M7320
ELIGIBILITY QUALITY
ASSURANCE SECTION
 STDDADM1B70N
 Vacant - 1
 Jesse Burgett (WOC)
 SAM

M7332
PLAN MANAGEMENT
SECTION
 STDDADM1B36N
 Heather Slawinski
 SAM

M7342
FOSTER CARE
PSYCHOTROPIC
OVERSIGHT SECTION
 STDDADM1O34N
 Cheryl Schofield
 SAM

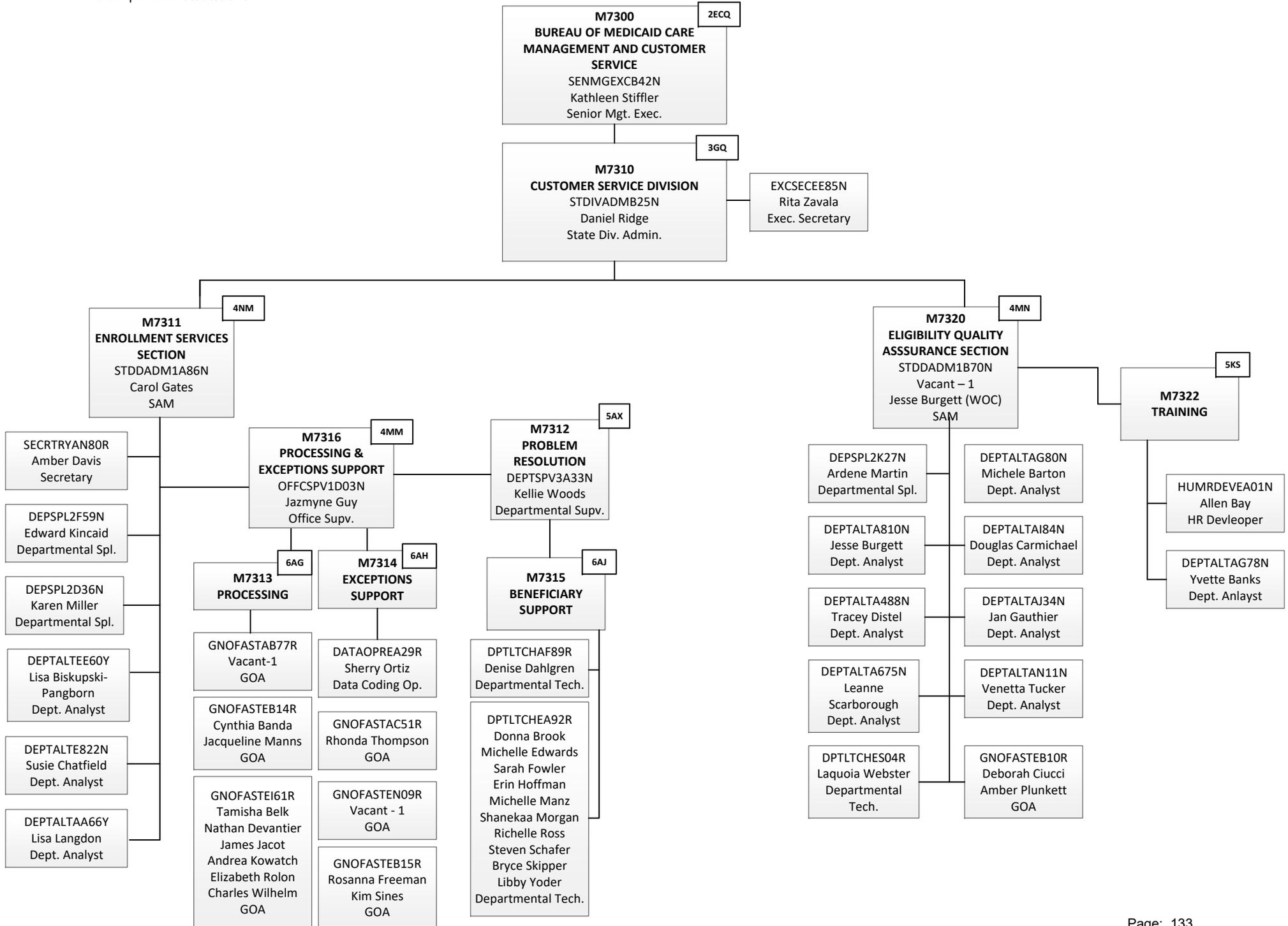
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 Cara Wilks
 Medicaid Util Anl.

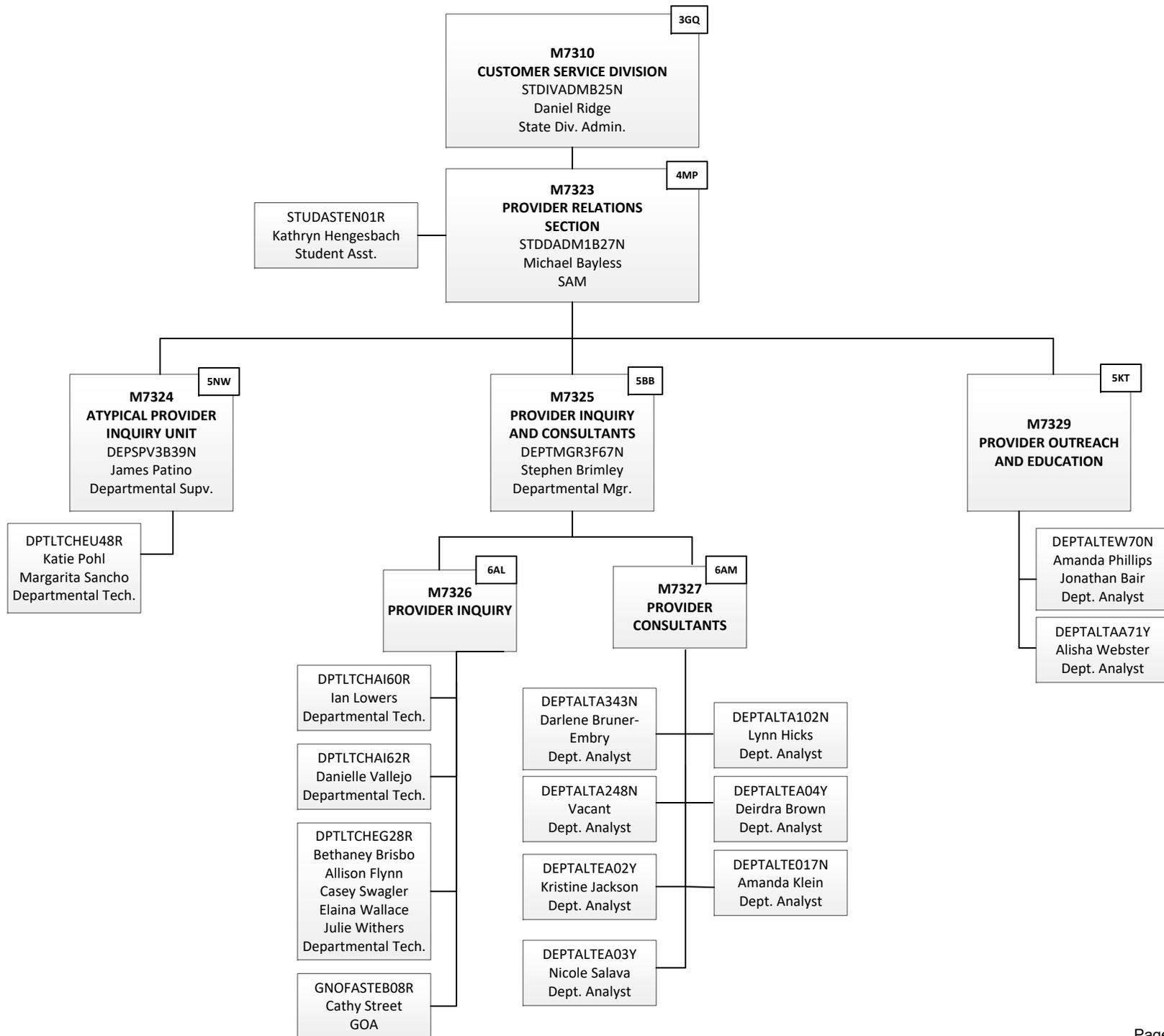
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 Suzanne Diaz
 Dept. Analyst

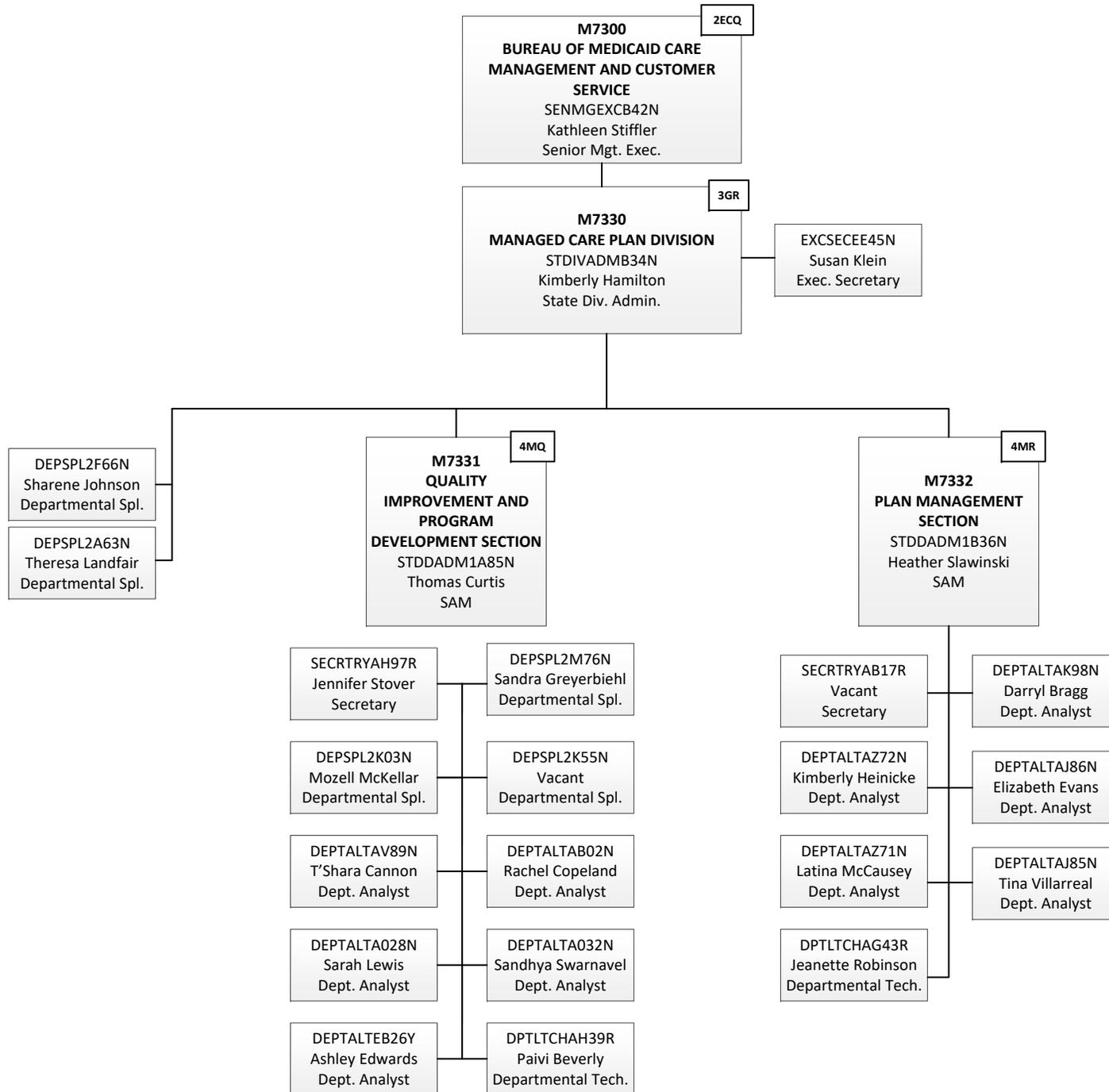
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 Departmental Spl.

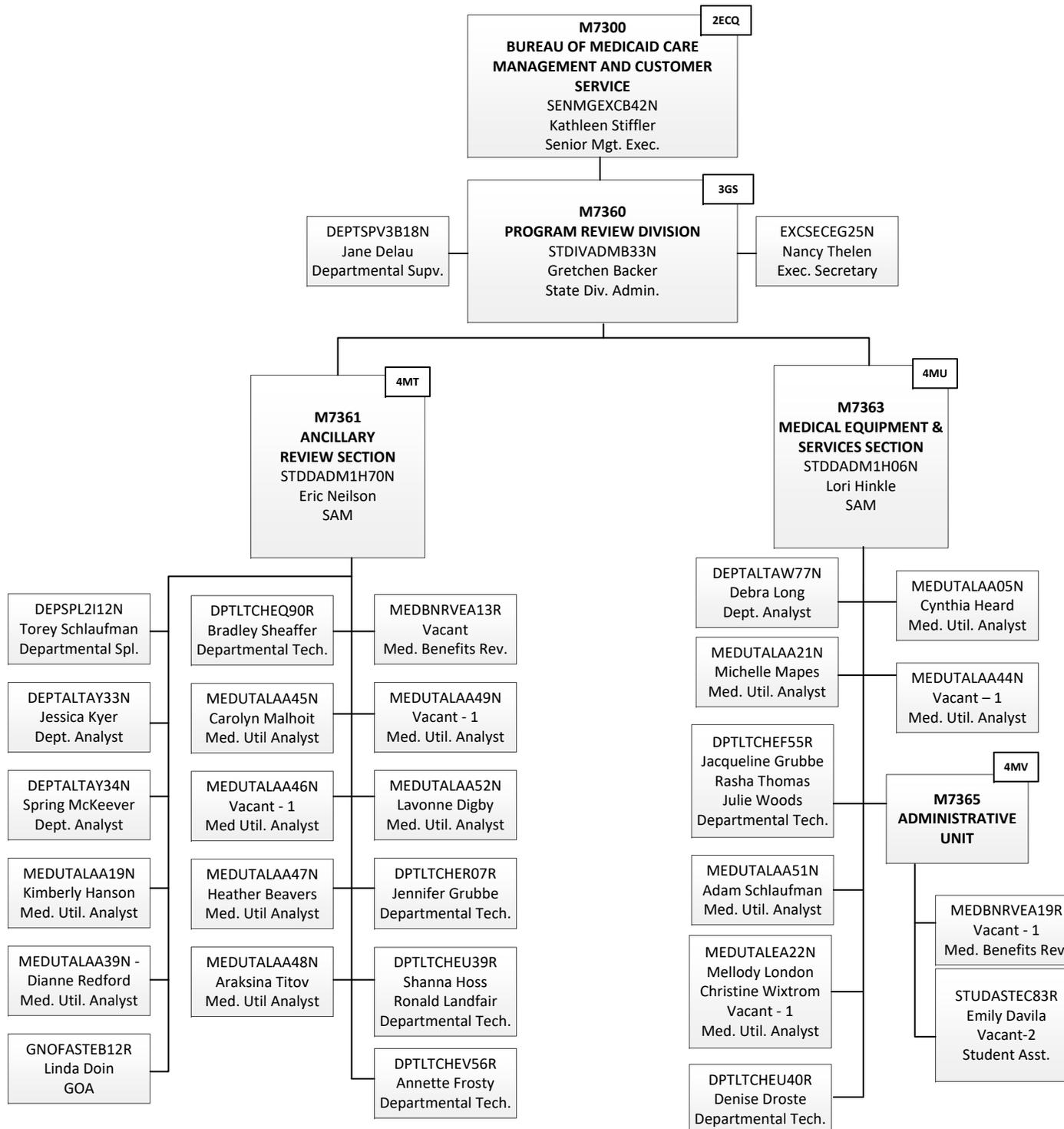
DEPTALTAB36Y
 Vacant
 Dept. Analyst

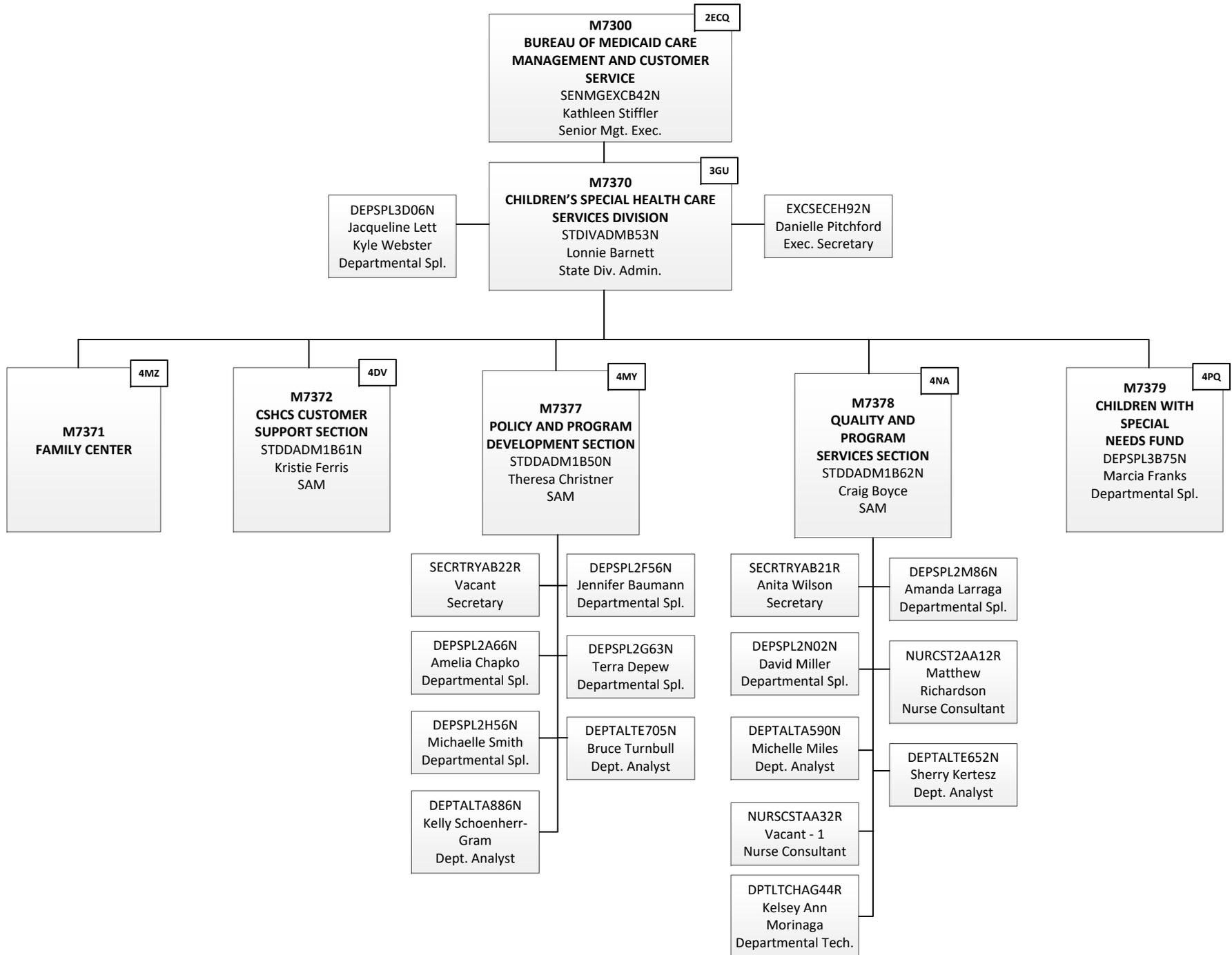
DPTLTCHAH35R
 Melanie O'Rourke
 Departmental Tech.

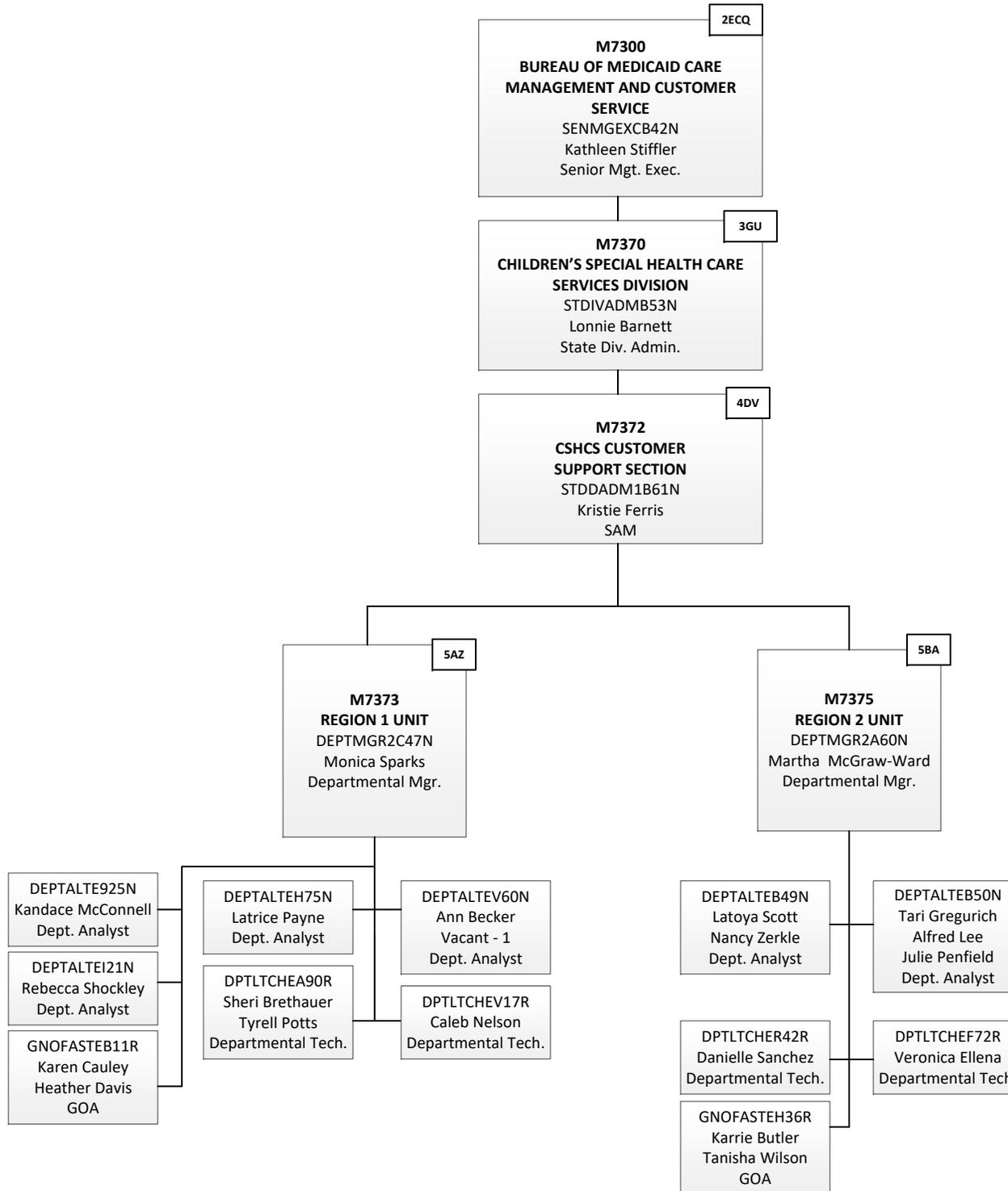


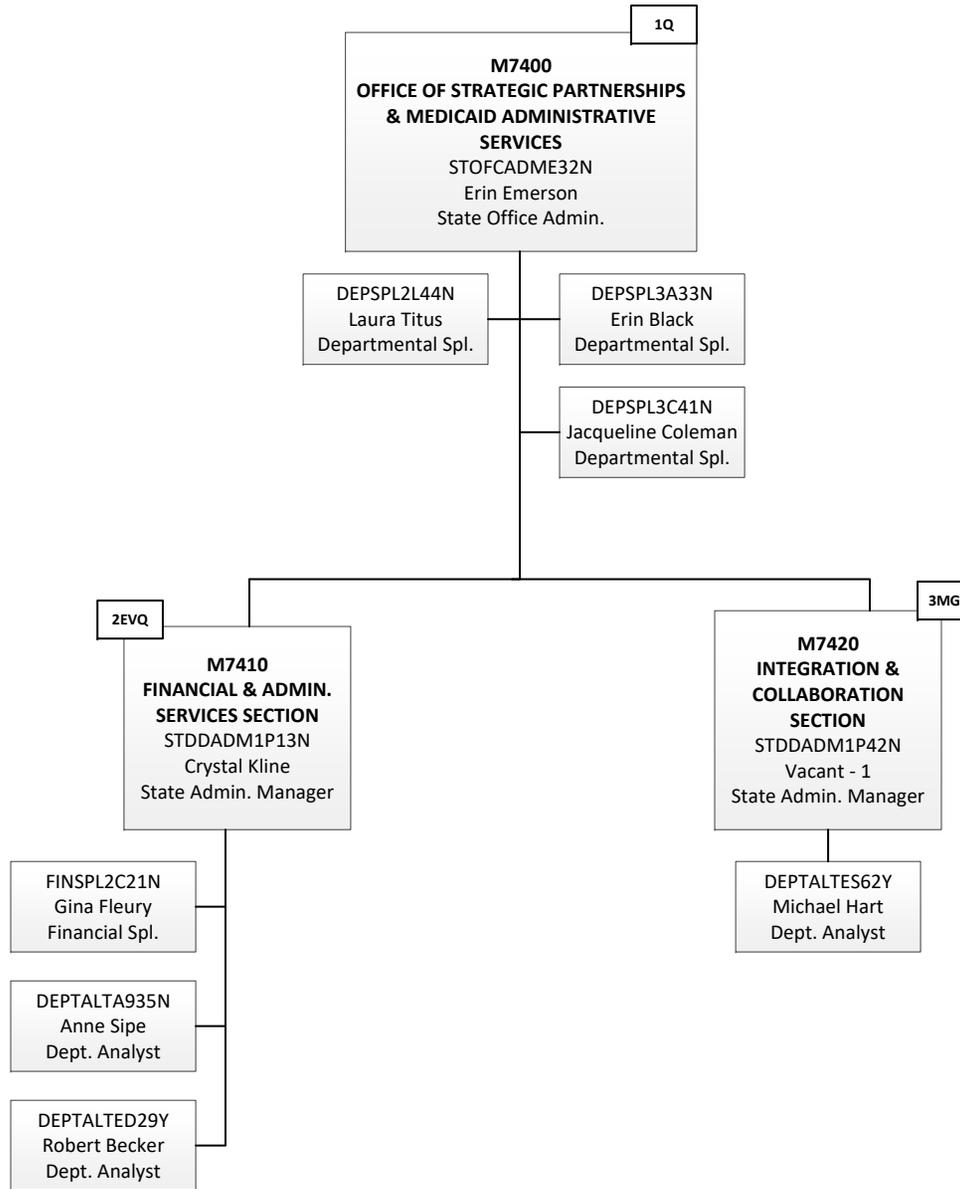


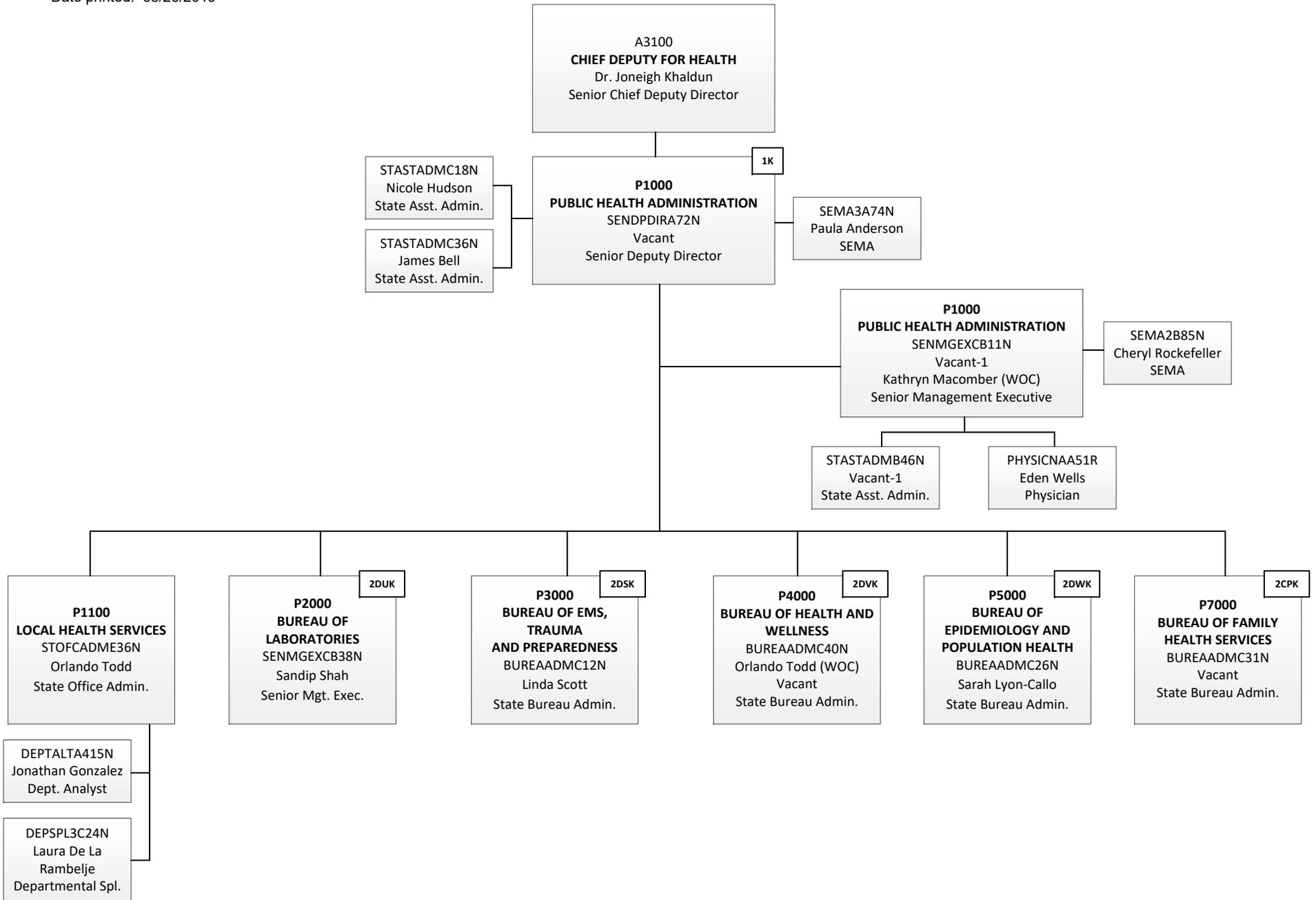


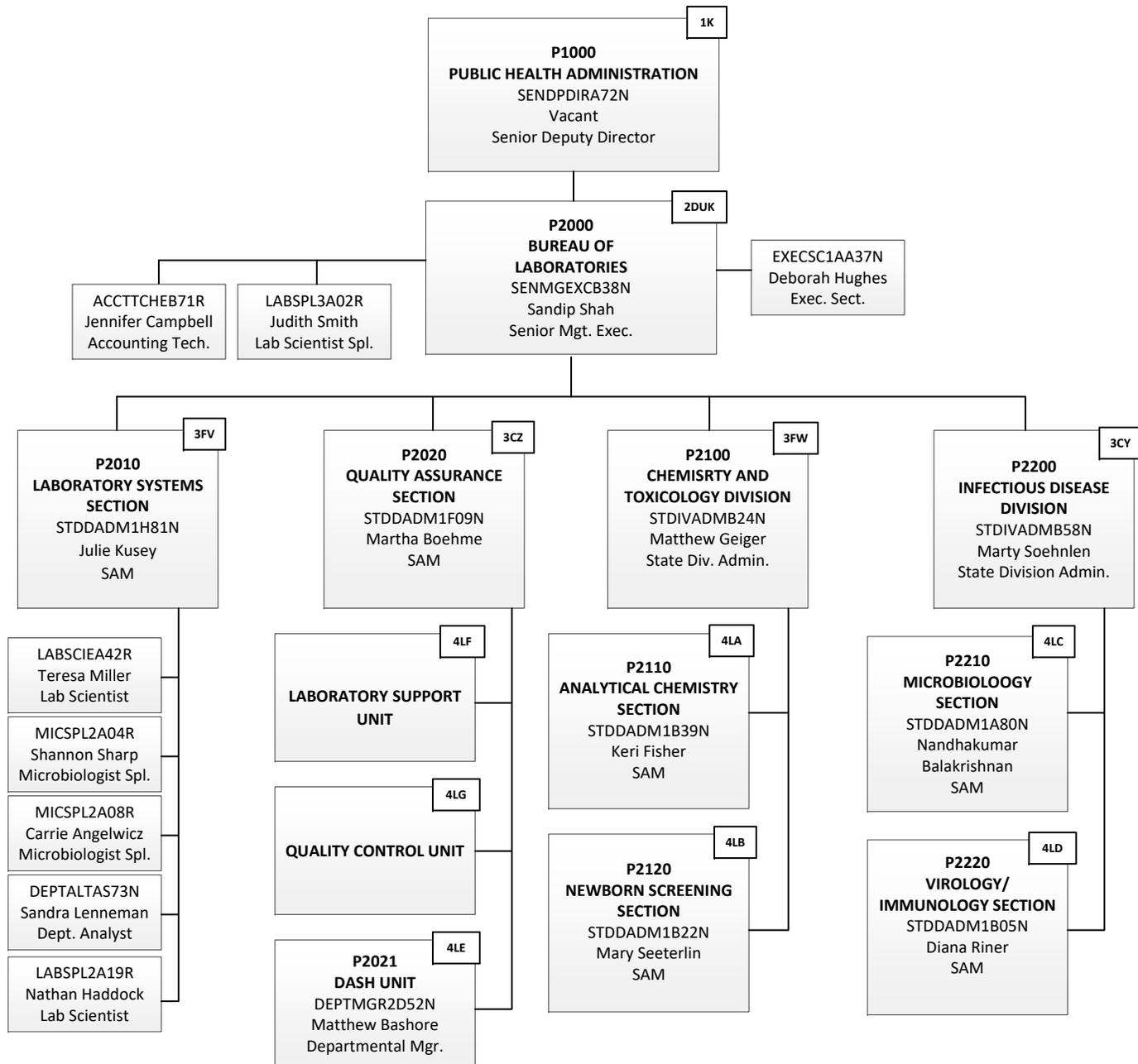


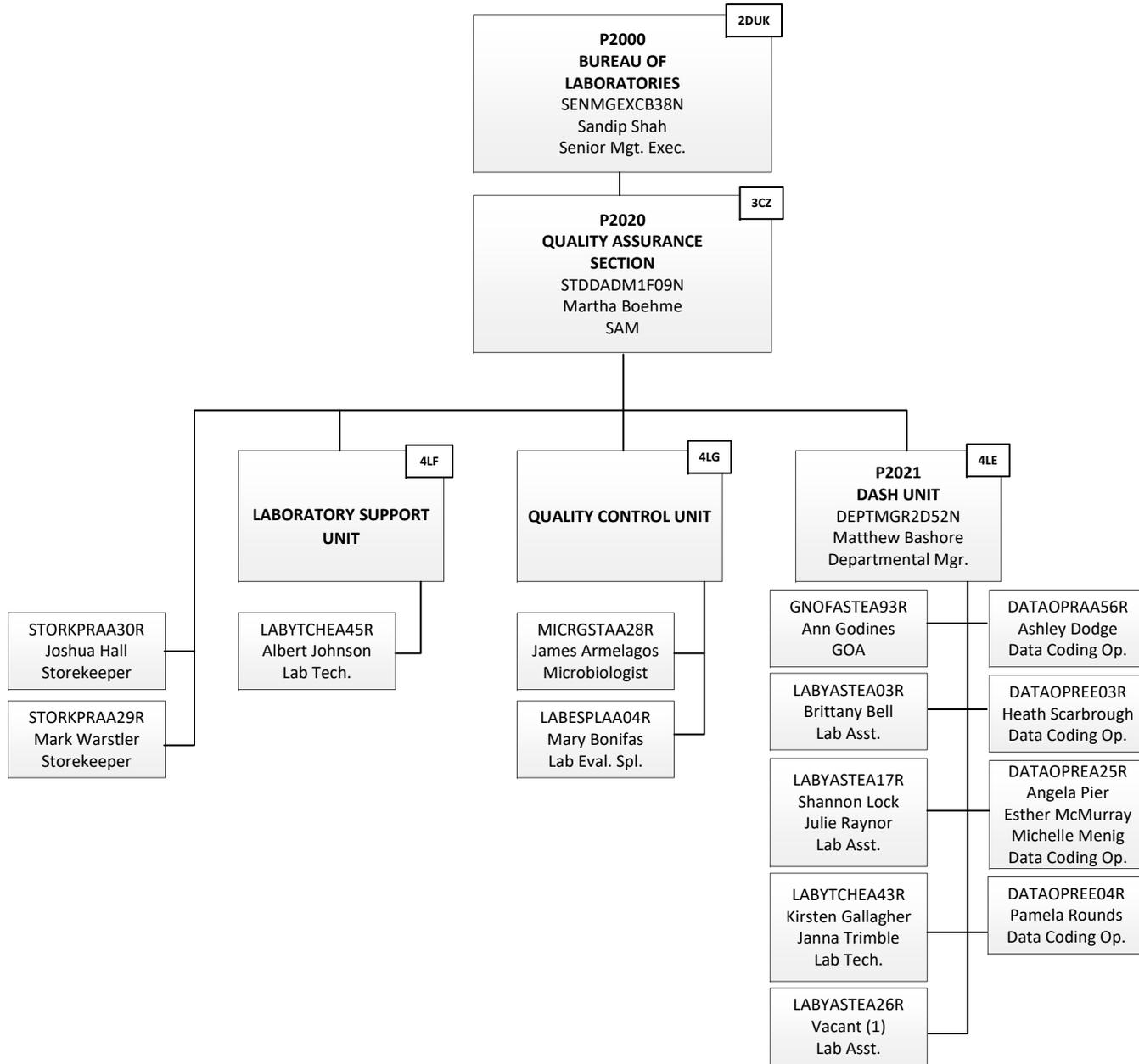












P2000
BUREAU OF
LABORATORIES
 SENMGEXCB38N
 Sandip Shah
 Senior Mgt. Exec.

2DUK

P2100
CHEMISRTY AND TOXICOLOGY
DIVISION
 STDIVADM24N
 Matthew Geiger
 State Div. Admin.

3FW

EXCSECEE46N
 Elizabeth Lounds
 Exec. Sect.

P2110
ANALYTICAL CHEMISTRY
SECTION
 STDDADM1B39N
 Keri Fisher
 SAM

4LA

P2120
NEWBORN SCREENING
SECTION
 STDDADM1B22N
 Mary Seeterlin
 SAM

4LB

P2111
ANALYTICAL
CHEMISTRY UNIT
 LABSMGR3A24N
 Tim Karrer
 Lab Scientist Mgr.

P2112
TRACE METALS
 LABSMGR3A04N
 Vacant (1)
 Lab Scientist Mgr.

5JG

P2113
ORGANIC UNIT
 LABSMGR3A28N
 Piotr Pawlak
 Lab Scientist Mgr.

5QD

LABSCIAA67R
 Krystyna Weiss-Pawlak
 Lab Scientist

P2121
ENDOCRINE UNIT
 LABSMGR3A08N
 Heather Wood
 Lab Scientist Mgr.

5JH

P2122
METABOLIC UNIT
 LABSMGR3A07N
 Shawn Moloney
 Lab Scientist Mgr.

5JJ

LABSCIAA32R
 Dean Walker
 Lab Scientist

LABSCIAA66R
 James O'Keefe
 Lab Scientist

LABSCIAA91R
 Jessica Morrison
 Lab Scientist

LABSPL2A17R
 Michael Stagliano
 Lab Scientist Spl.

LABSCIAA74R
 Vacant-1
 Lab Scientist

LABSCIAA82R
 Scott Smith
 Lab Scientist

LABYTCHAA38R
 Ronald Kulwicki
 Lab Tech.

LABYTCHAA05R
 Janette Moore
 Lab Tech.

STUDASTEJ47N
 Vacant
 Student Asst.

LABSCIAA24R
 Steven Hurney
 Lab Scientist

LABSCIAA53R
 Scott Forsyth
 Lab Scientist

LABSCIAA85R
 Andrew Hinman
 Lab Scientist

LABTCHSSA12R
 Vacant
 Lab Tech.

LABSCIAA88R
 Jenna Karazim
 Lab Scientist

LABSCIEA56R
 Andrew Garofalo
 Lab Scientist

STUDASTEB88N
 Aliza Palmer
 Student Asst.

LABSCIAA92R
 Robert Frisk
 Lab Scientist

LABSCIAA93R
 Sarah O'Brien
 Lab Scientist

LABSCIAA94R
 Douglas Carmack
 Lab Scientist

LABSCIEA62R
 Ellen Muth
 Meghan Caterino
 Sean Justice
 Alan Harrigan
 Lab Scientist

LABSCIAA86R
 Michael Sarzynski
 Lab Scientist

LABSCIAA60R
 Anne Clark
 Lab Scientist

LABYTCHAA17R
 Lori Foster
 Lab Tech.

LABYTCHAA24R
 Martin Seling
 Lab. Tech.

DPTLTCHV39R
 Jenny Kramer
 Dept. Tech.

LABYTCHAA28R
 Anuradha Patel
 Lab Tech.

LABSCIAA70R
 Rebecca Shaulis
 Lab. Scientist

LABSCIEA37R
 Ashley Kelsey
 Lab. Scientist

LABSCIEA60R
 Erika Jackson
 Lab. Scientist

LABSCIAA28R
 Susan Goodness
 Lab Scientist

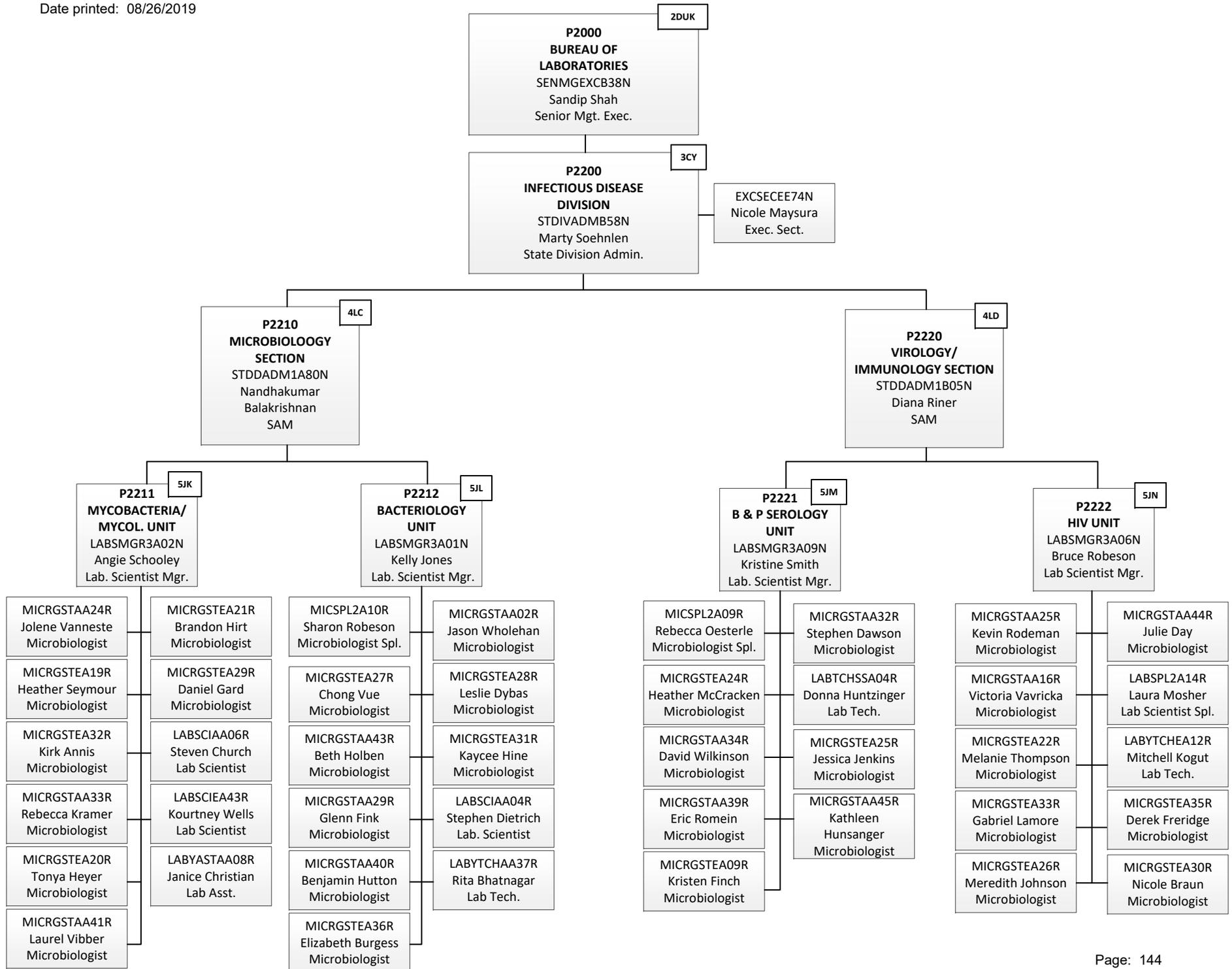
LABSCIAA02R
 David Westover
 Lab Scientist

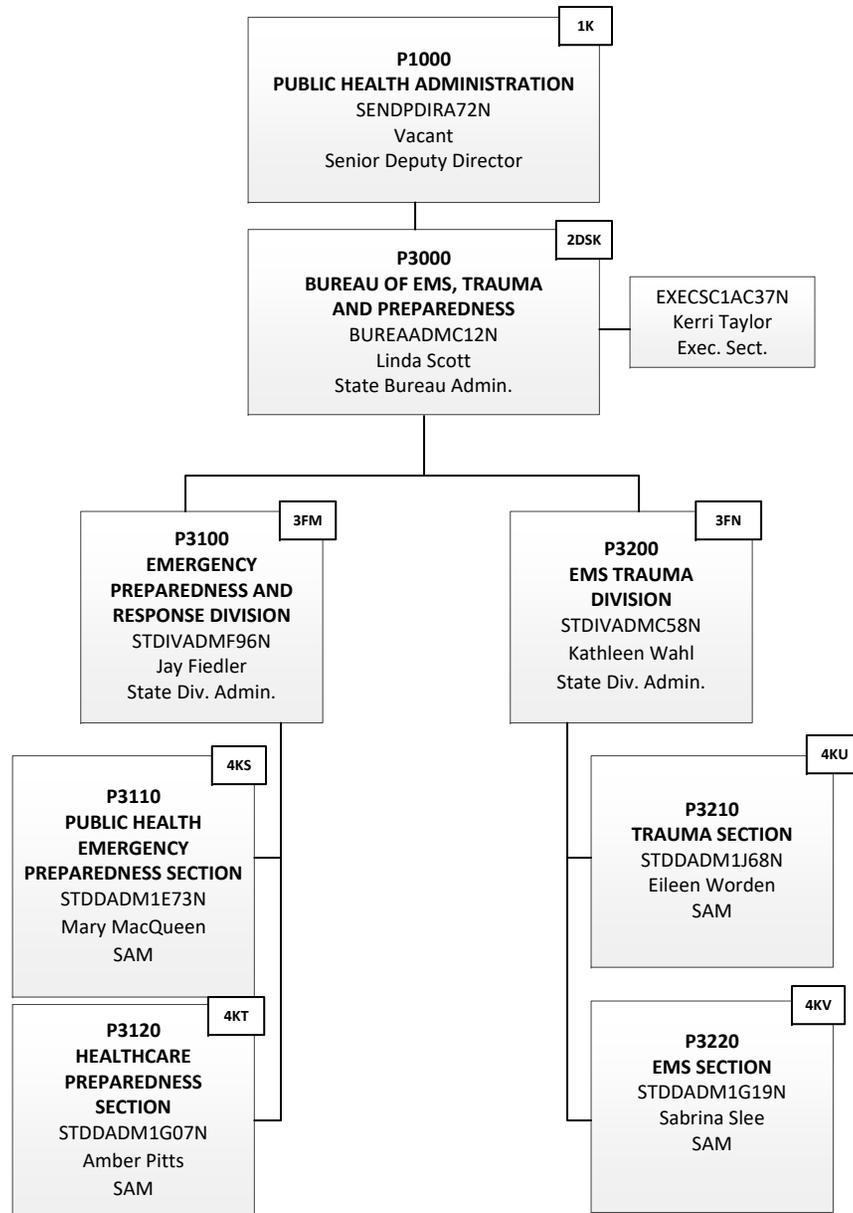
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 Renae Schnepf
 Lab Scientist

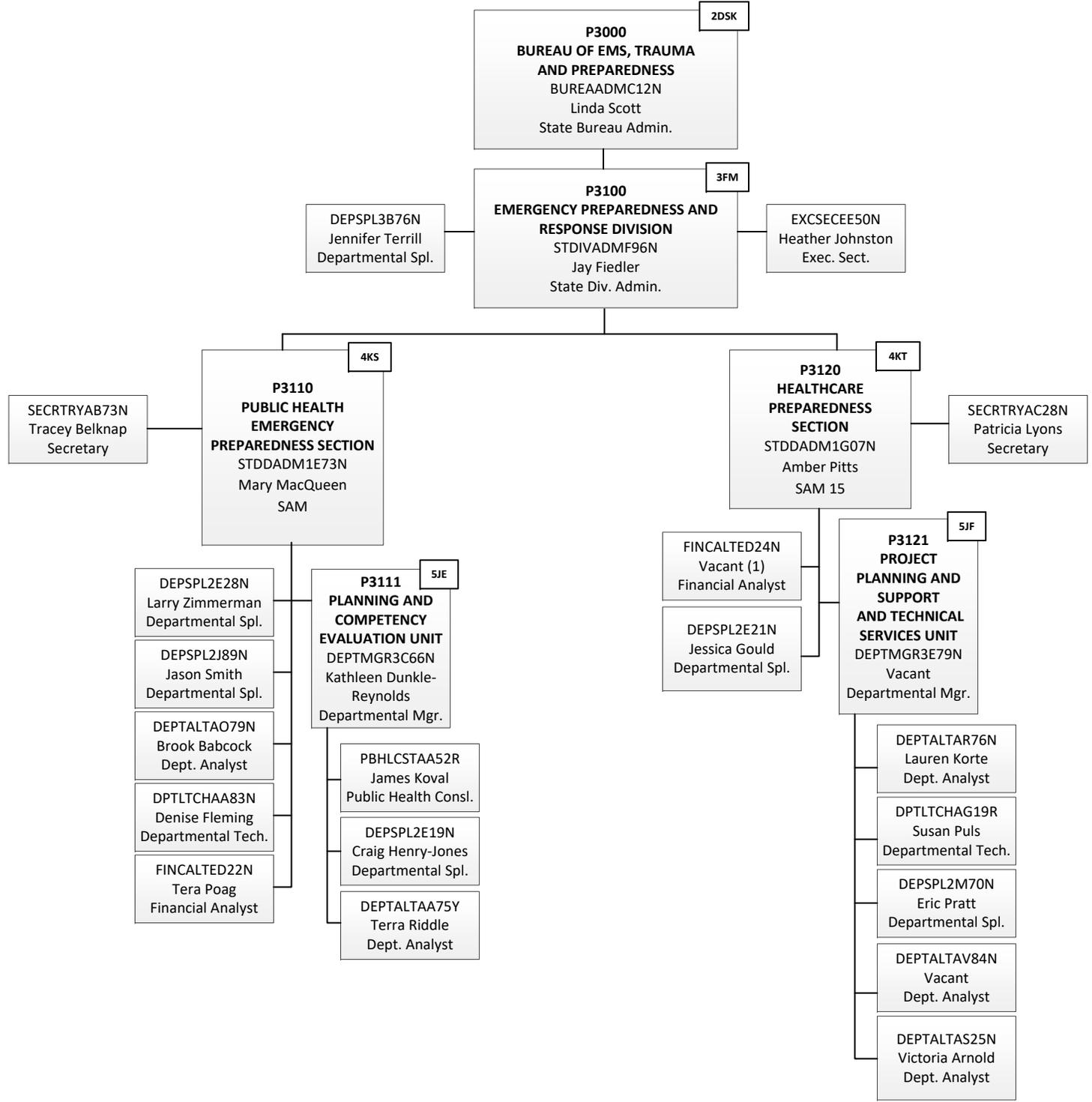
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 Laurie Fletcher
 Lab Tech.

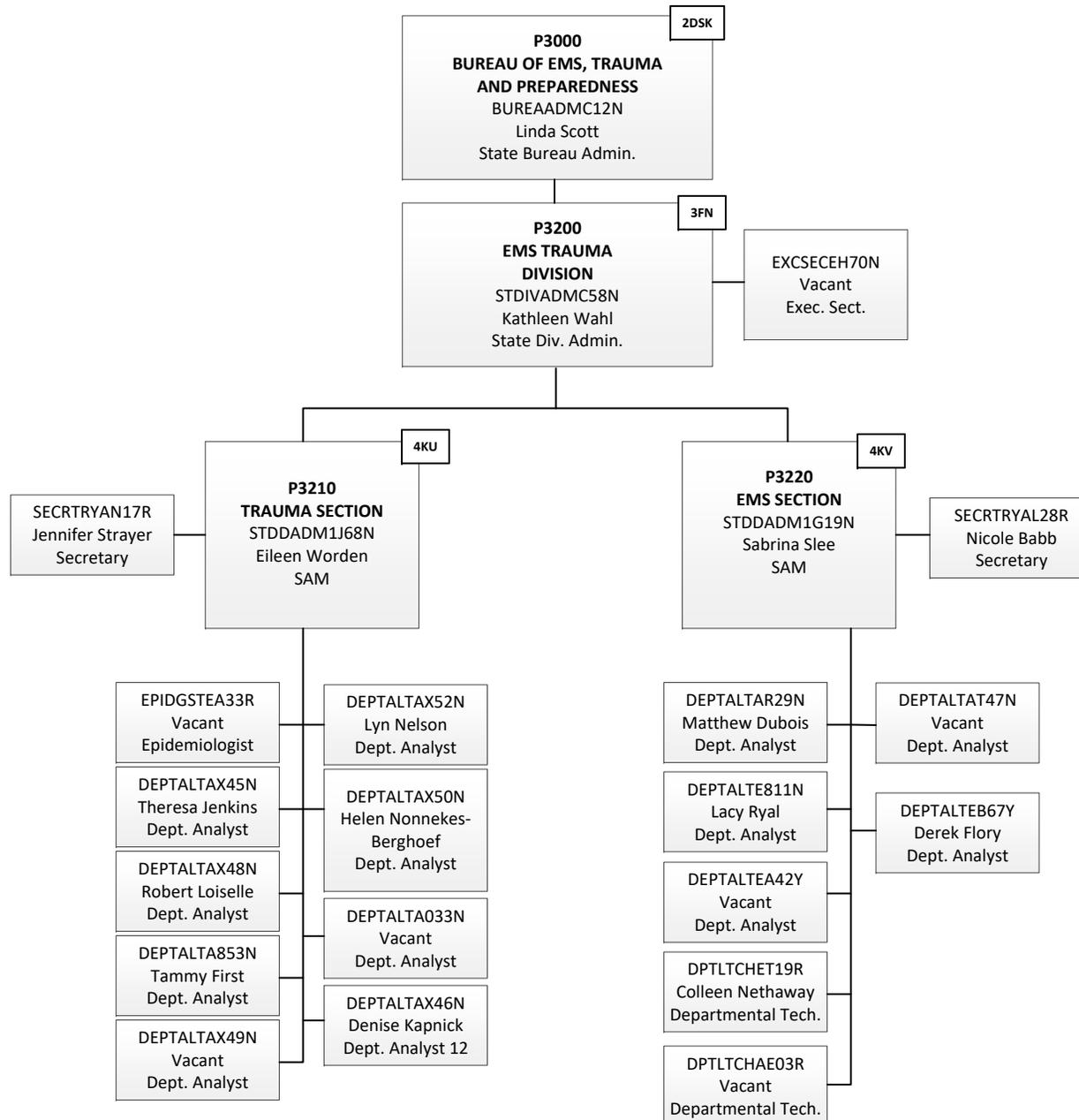
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 Damon Middlebrook
 Lab Tech.

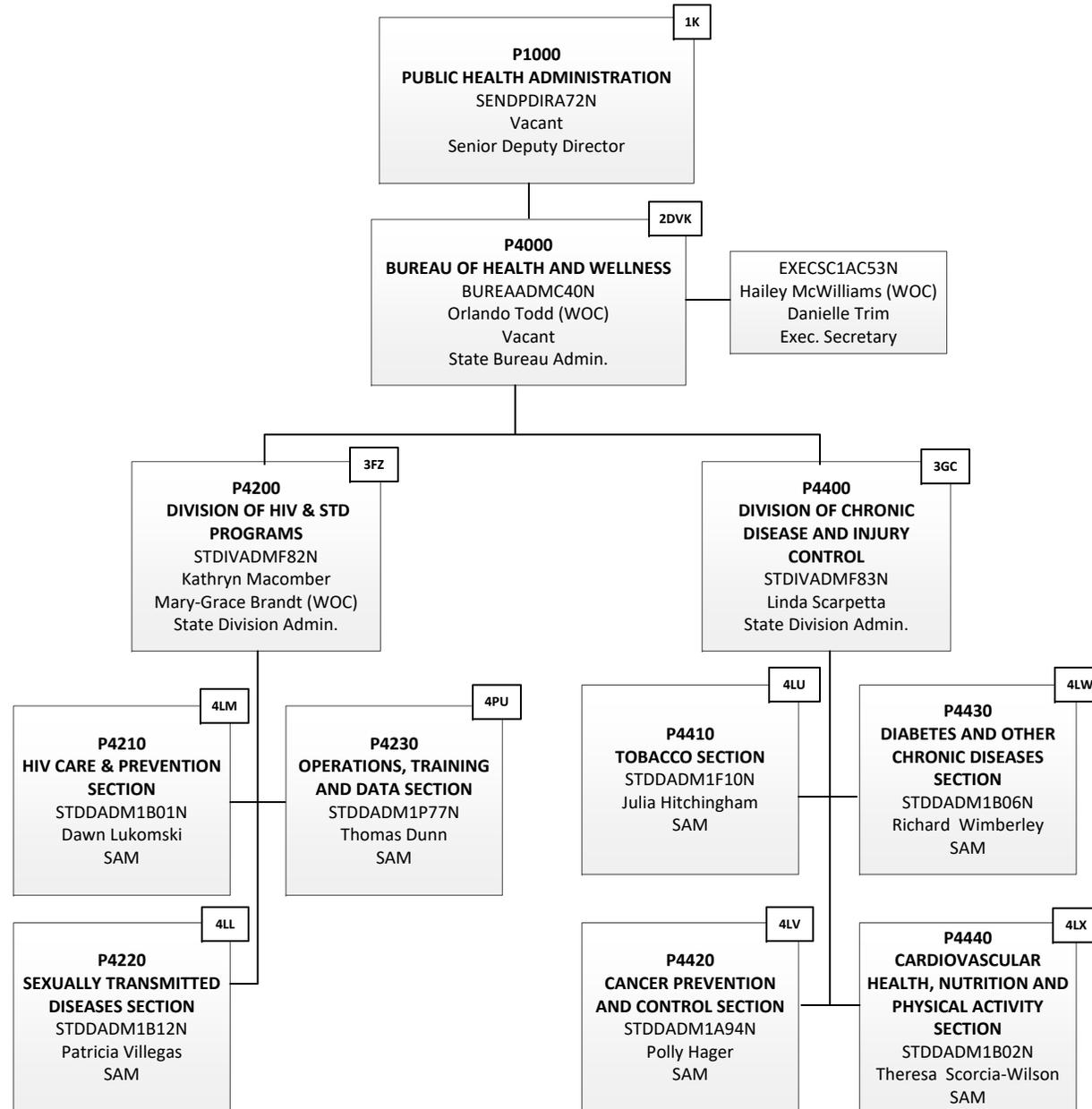
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 Nicole EnDyke
 Lab Tech.

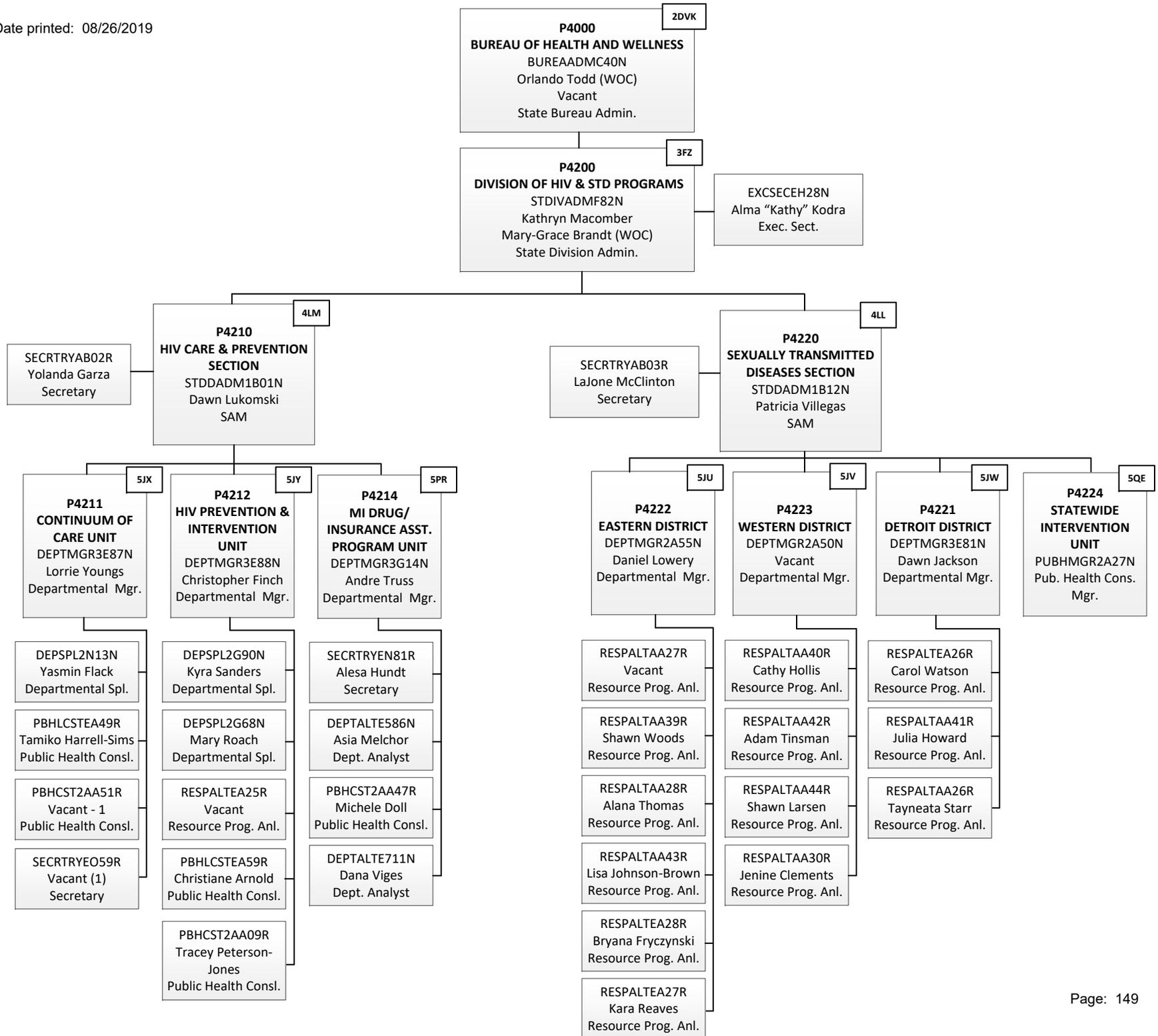


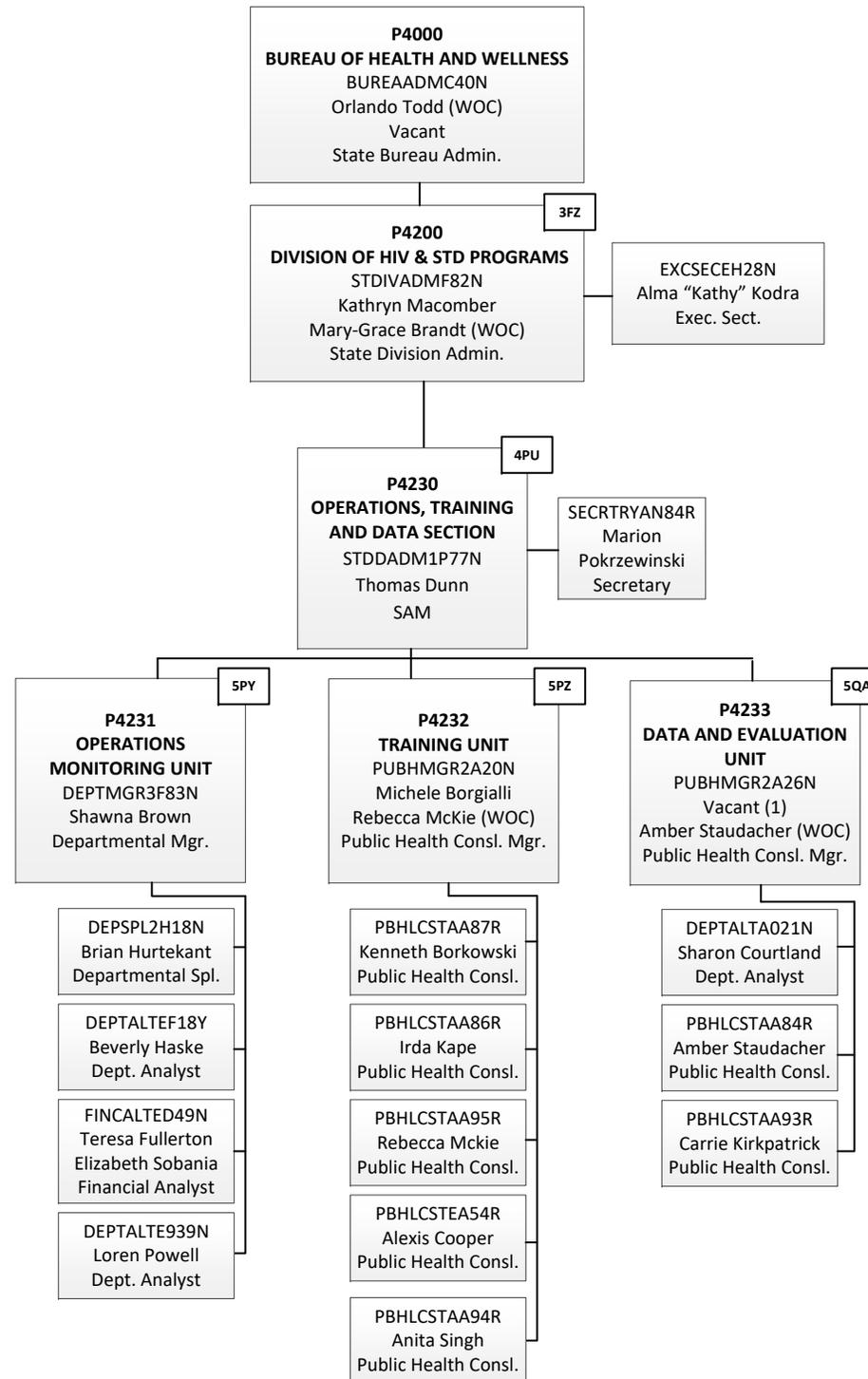


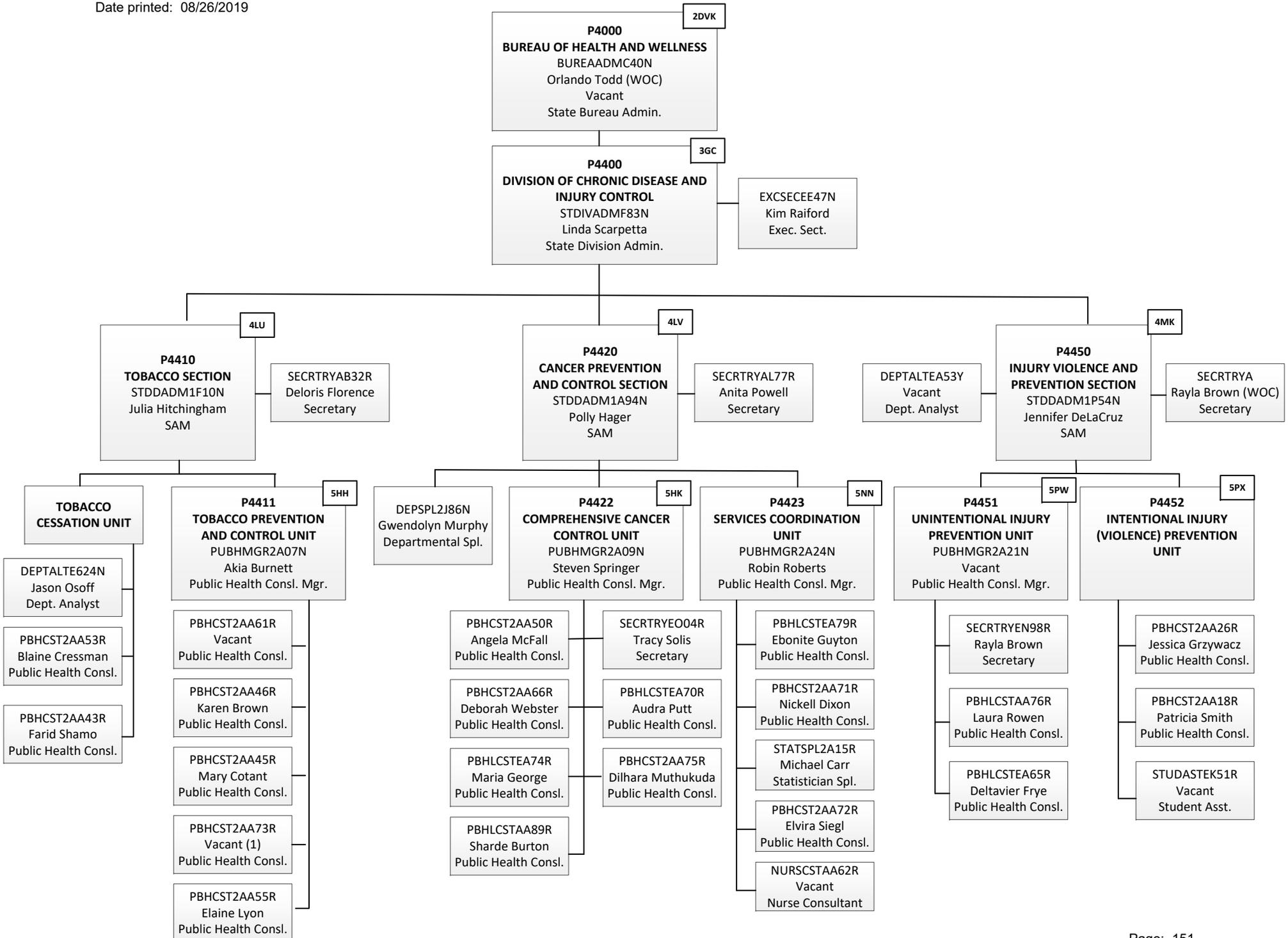


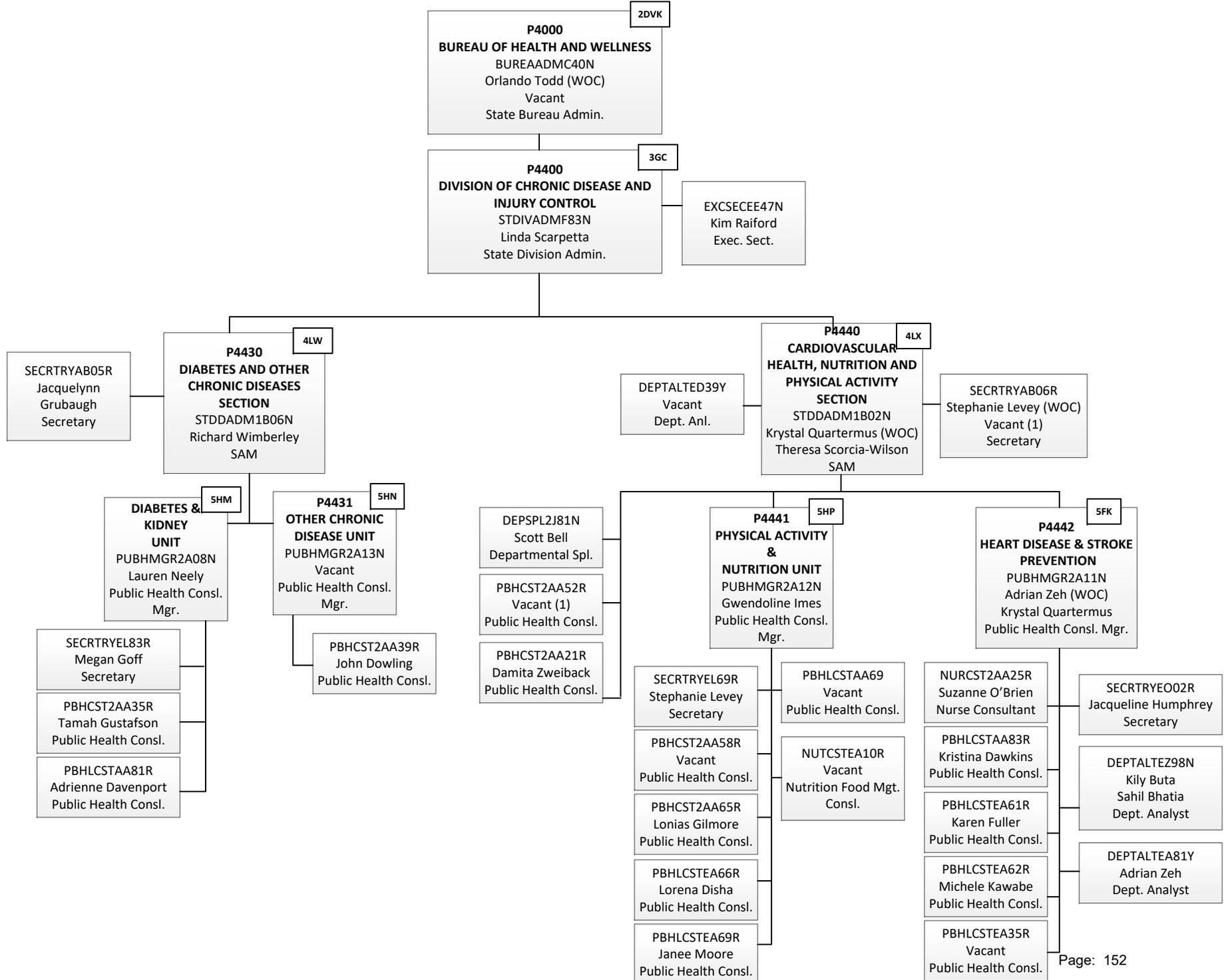


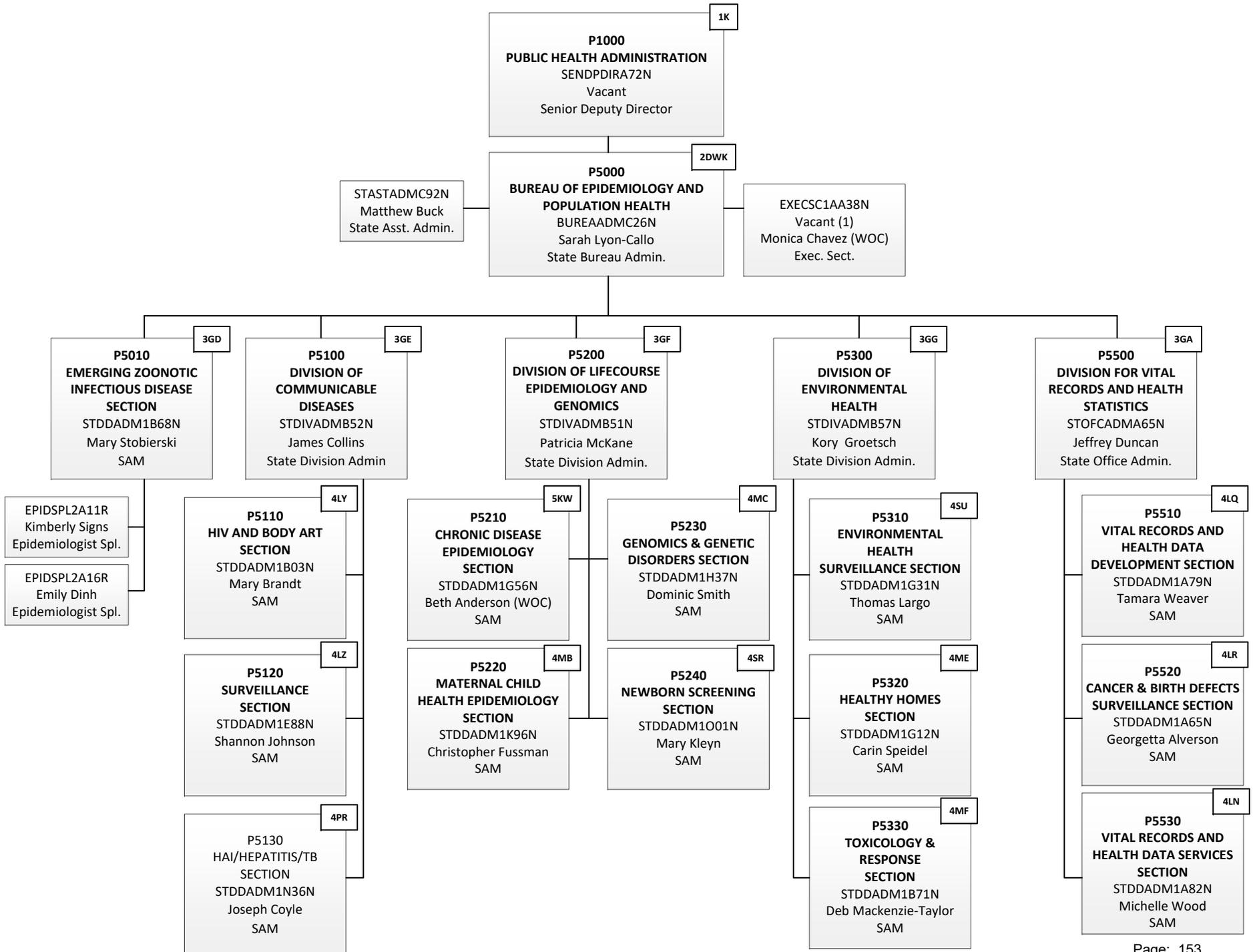


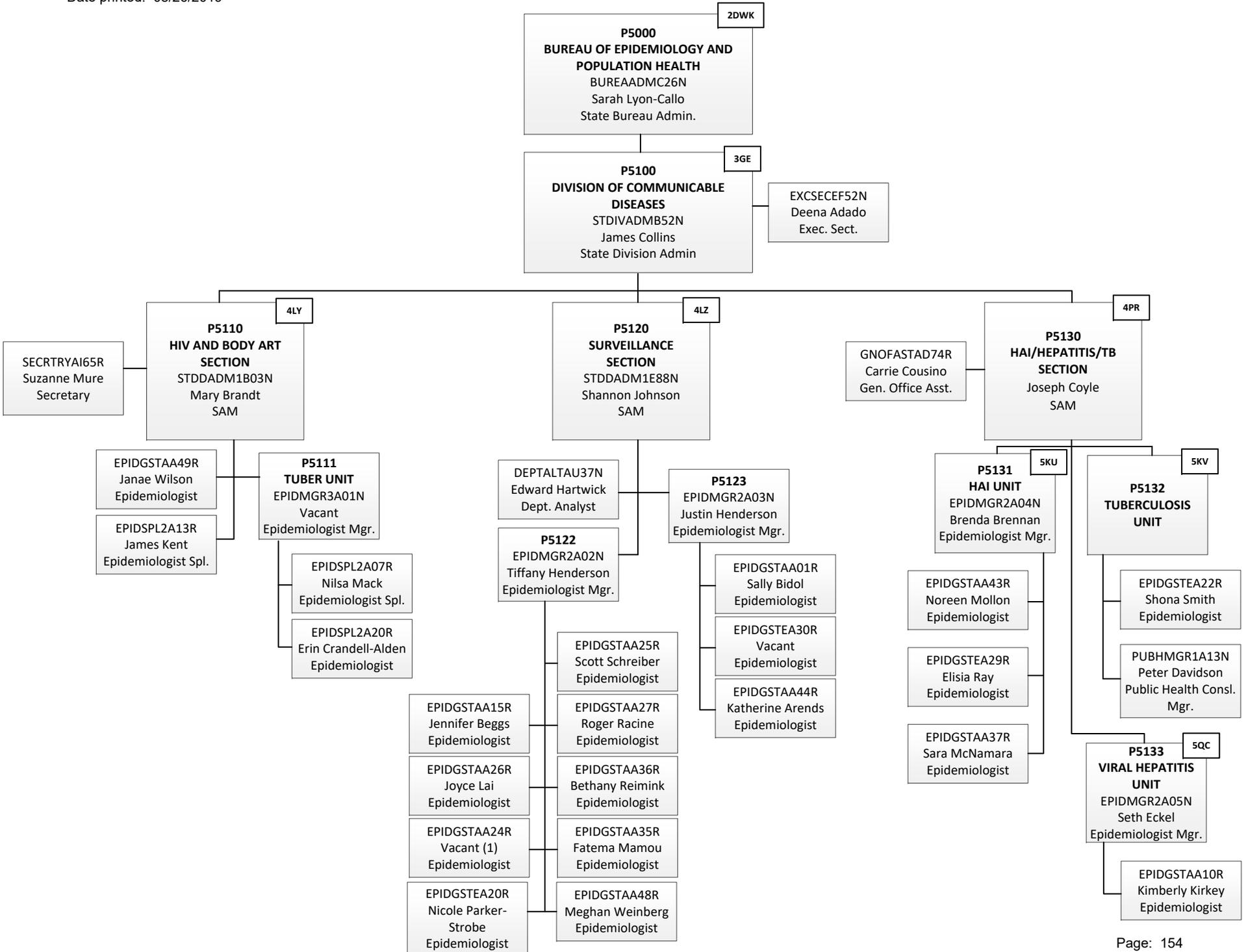


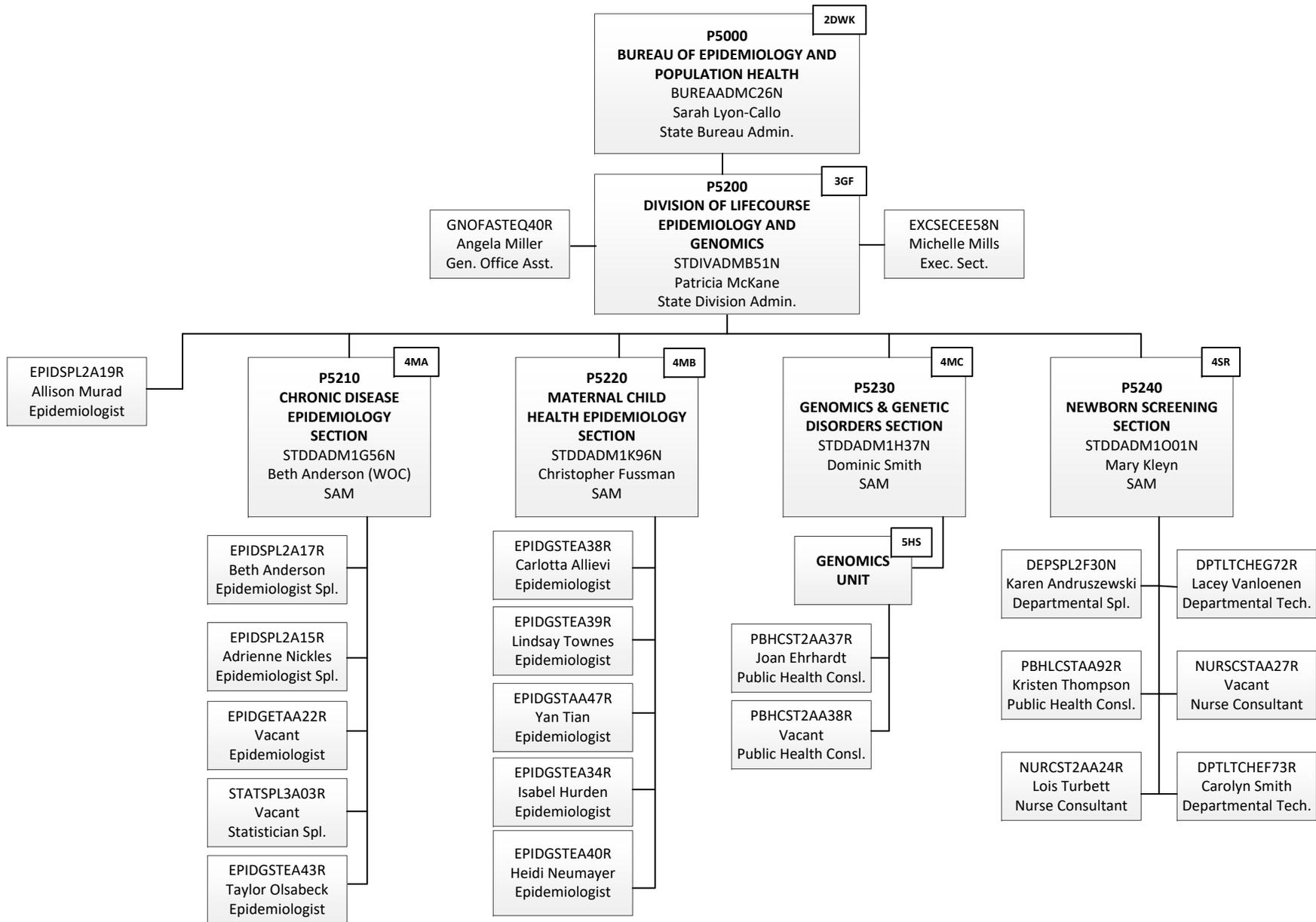


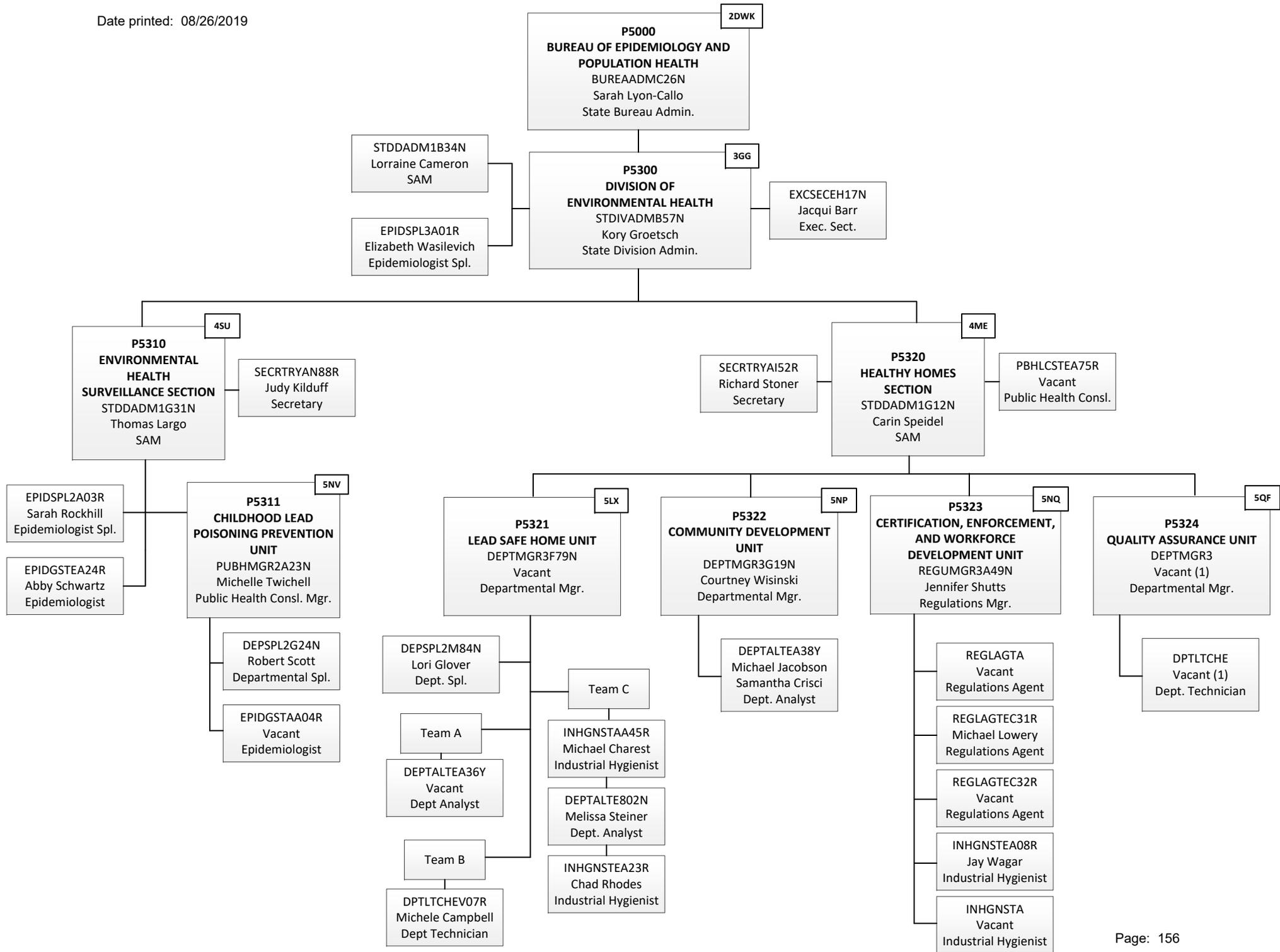


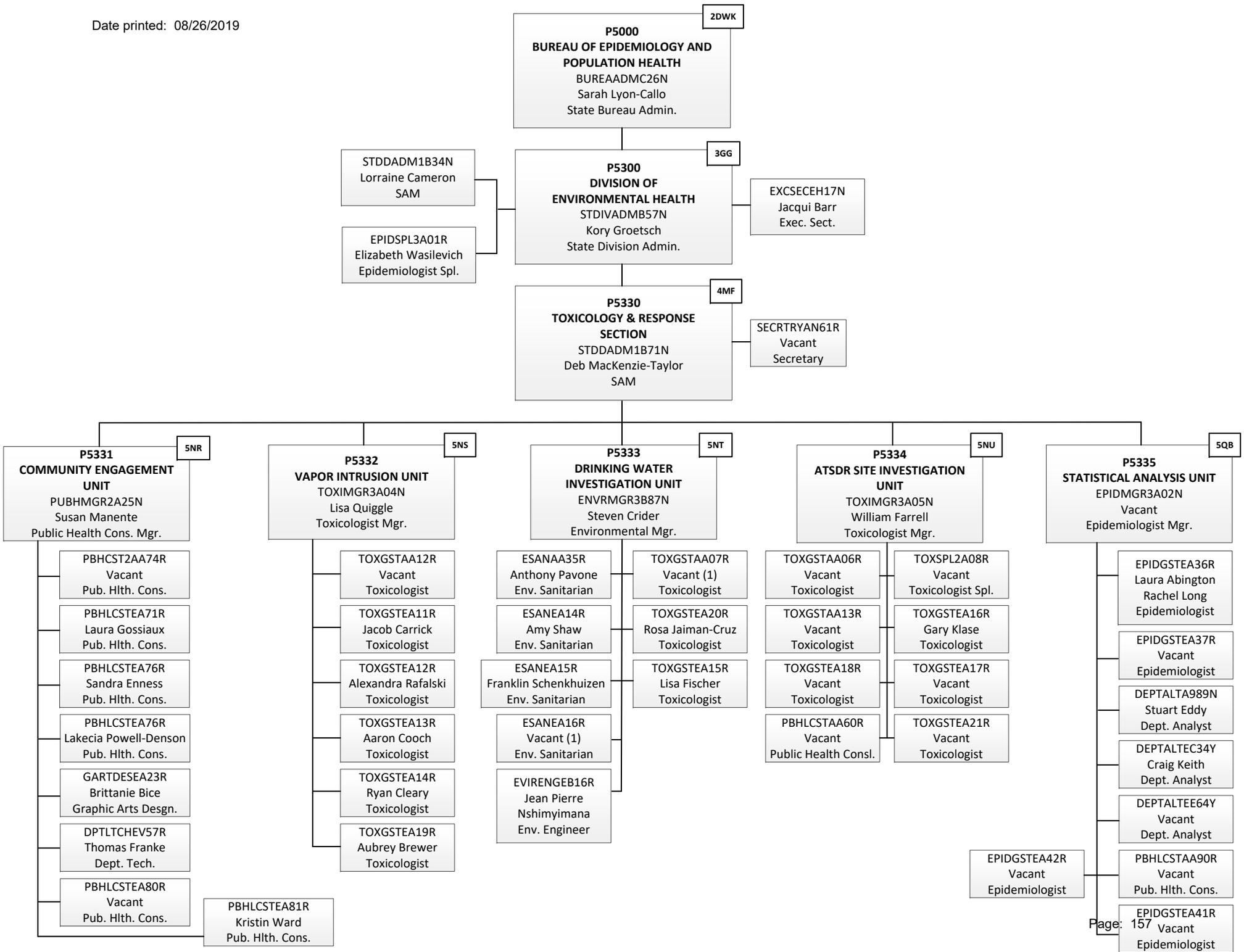


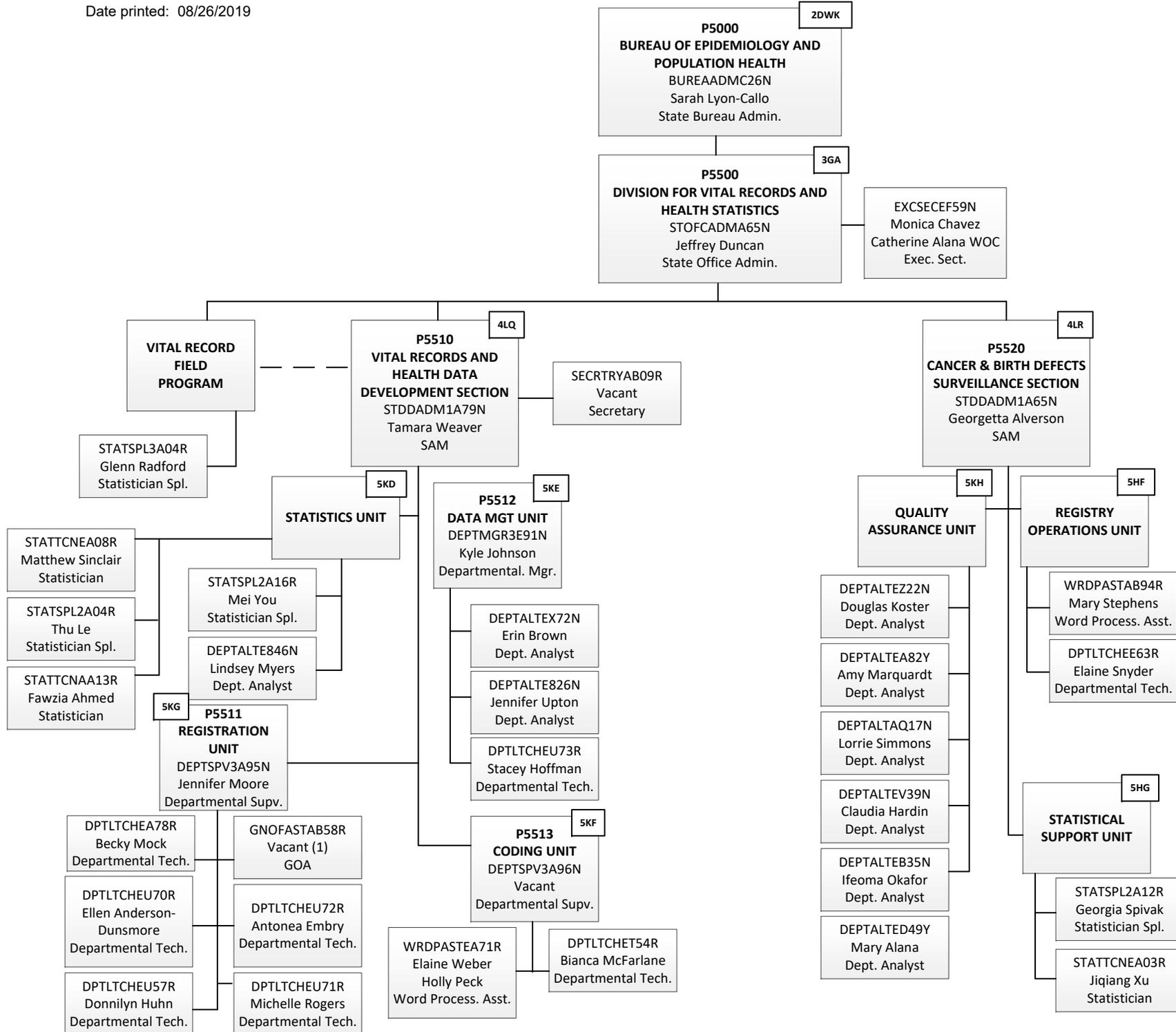












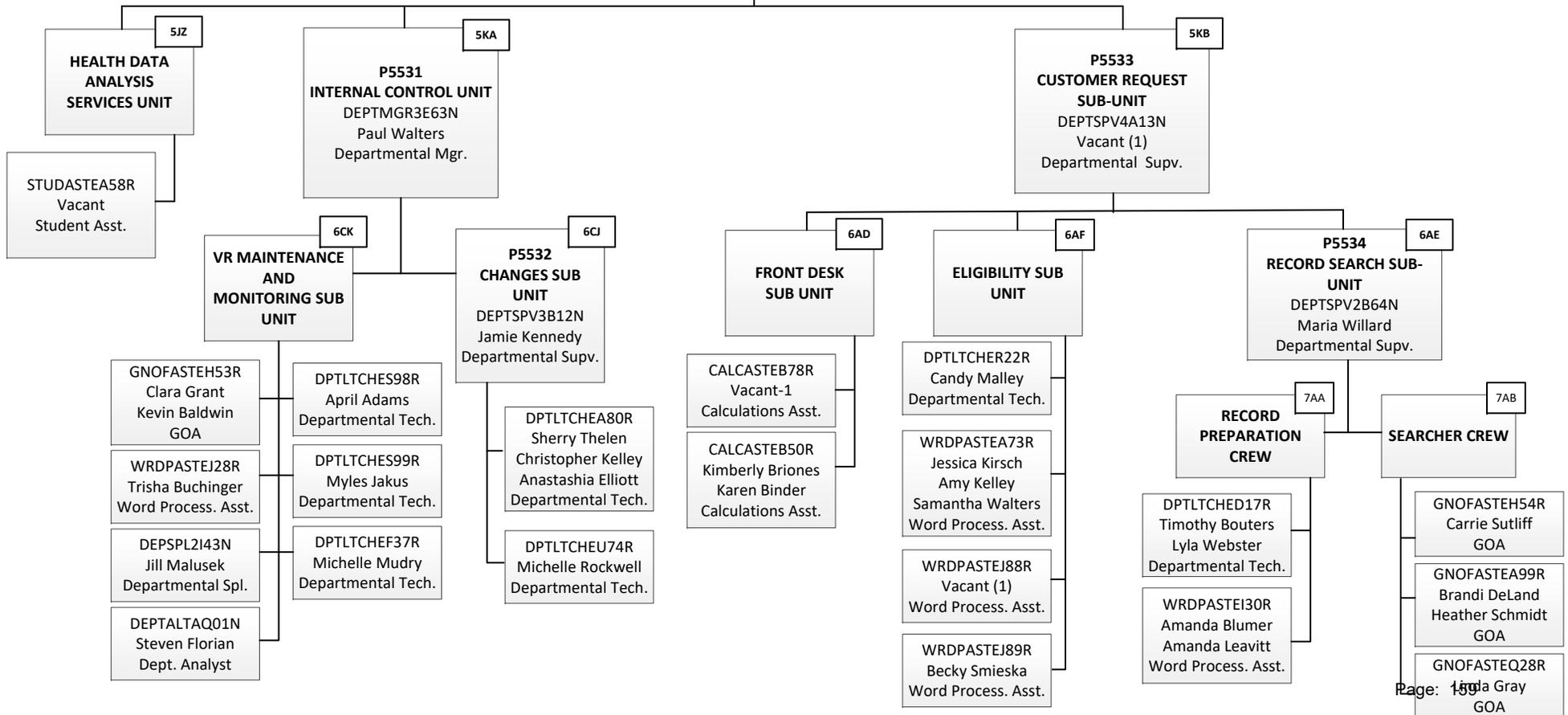
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 BUREAADMC26N
 Sarah Lyon-Callo
 State Bureau Admin.

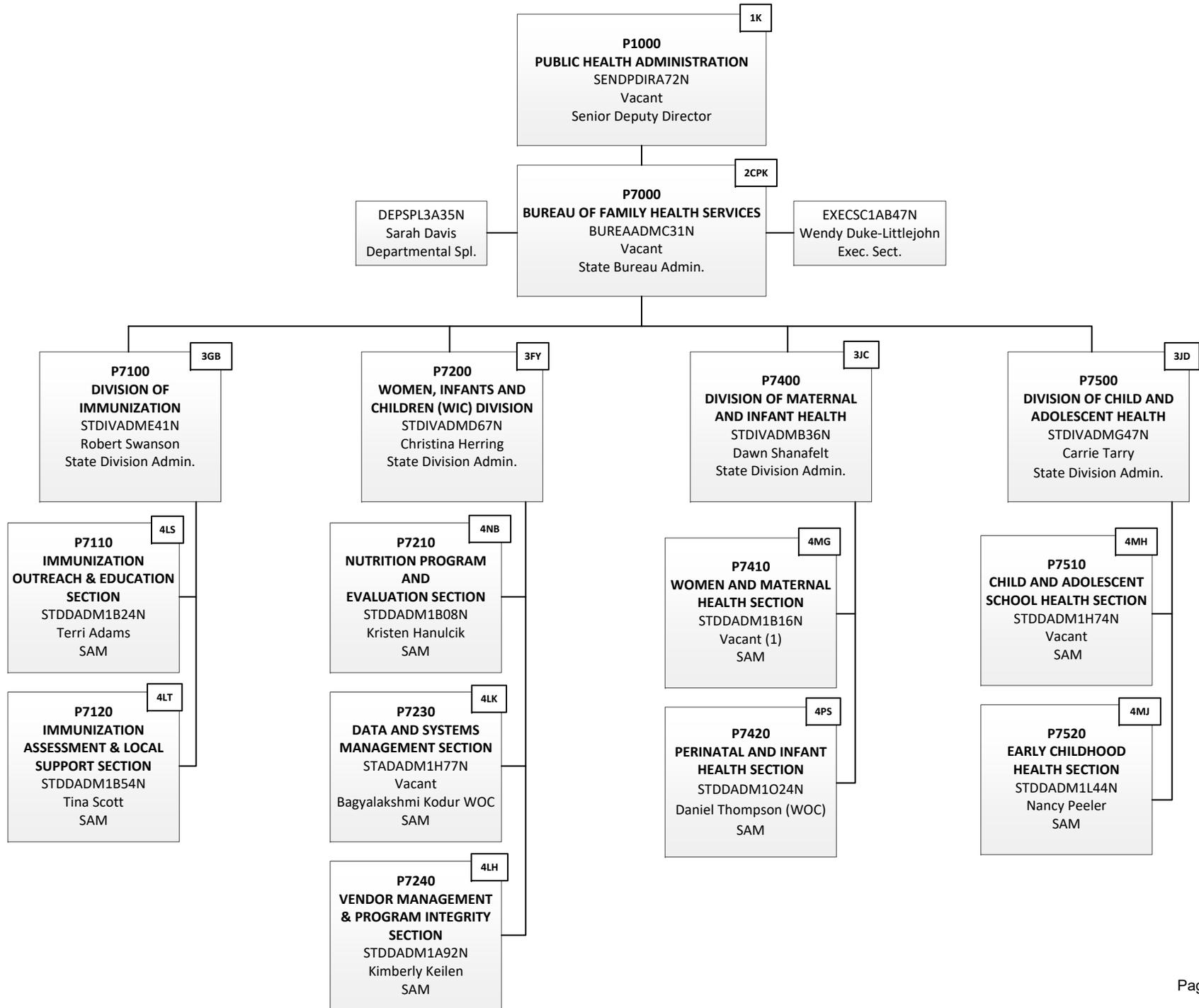
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DIVISION FOR VITAL RECORDS AND HEALTH STATISTICS
 STOFCADMA65N
 Jeffrey Duncan
 State Office Admin.

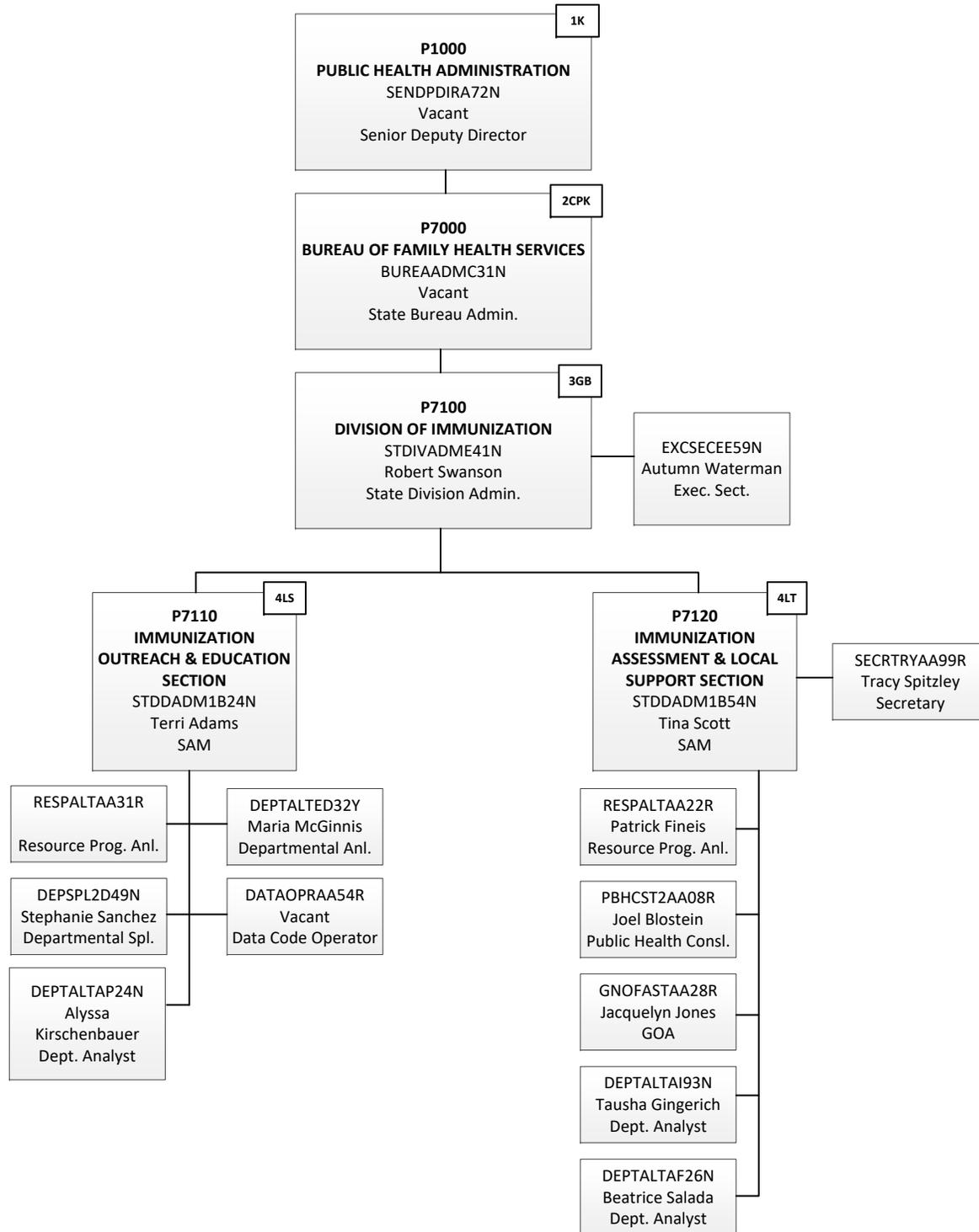
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 Monica Chavez
 Exec. Sect.

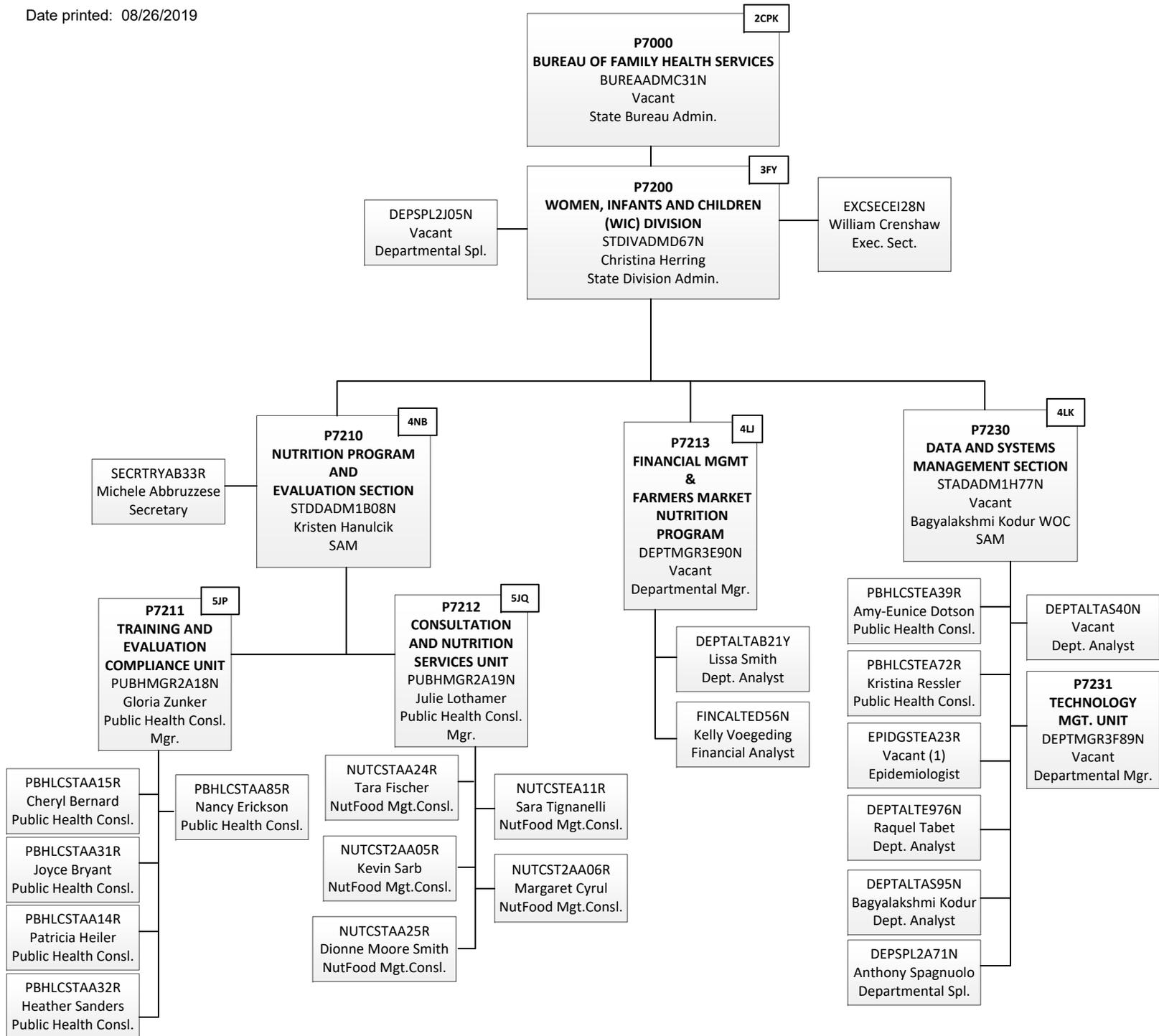
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VITAL RECORDS AND HEALTH DATA SERVICES SECTION
 STDDADM1A82N
 Michelle Wood
 SAM

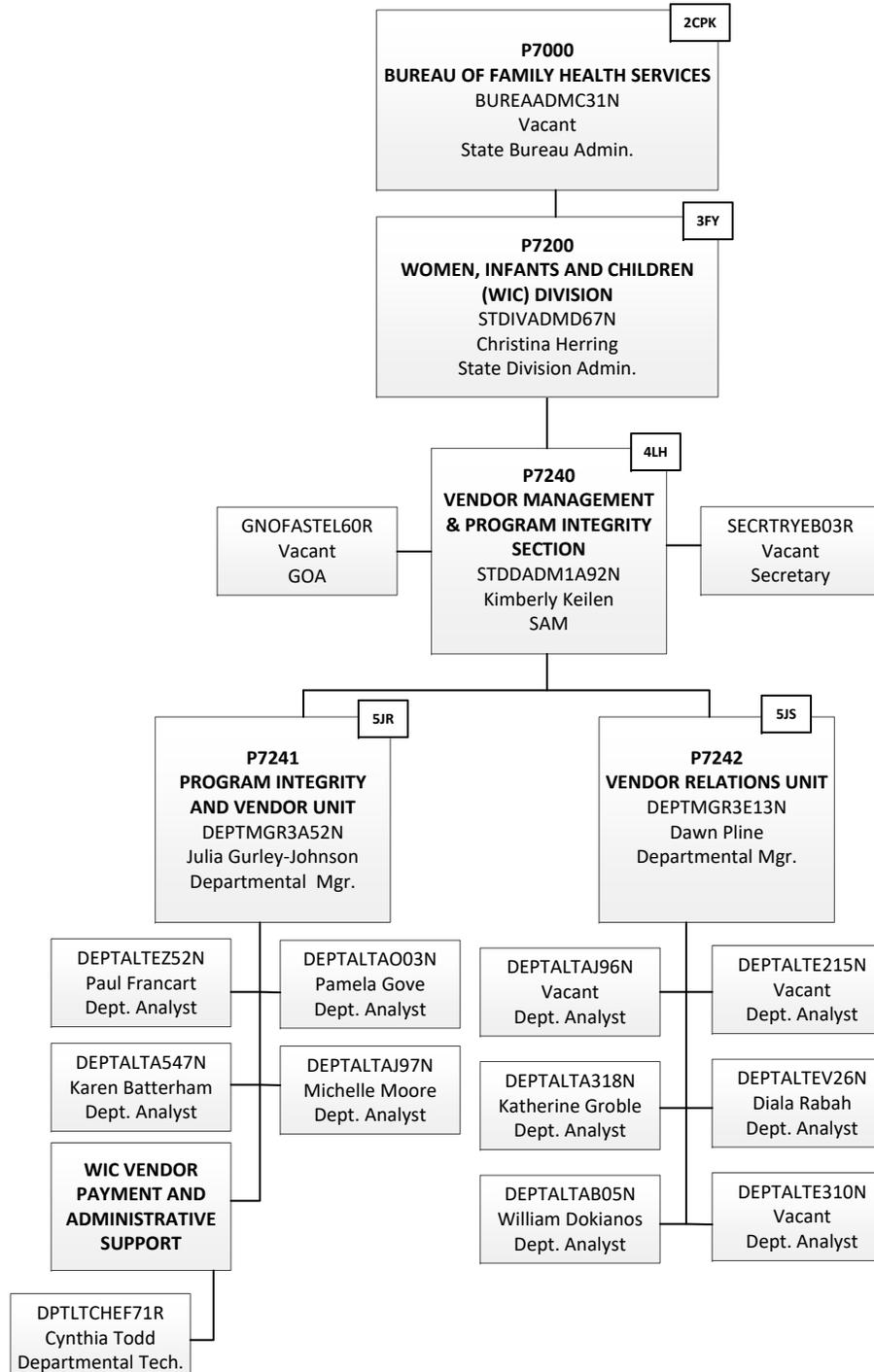
SECRTRYAB10R
 Catherine Alana
 Secretary

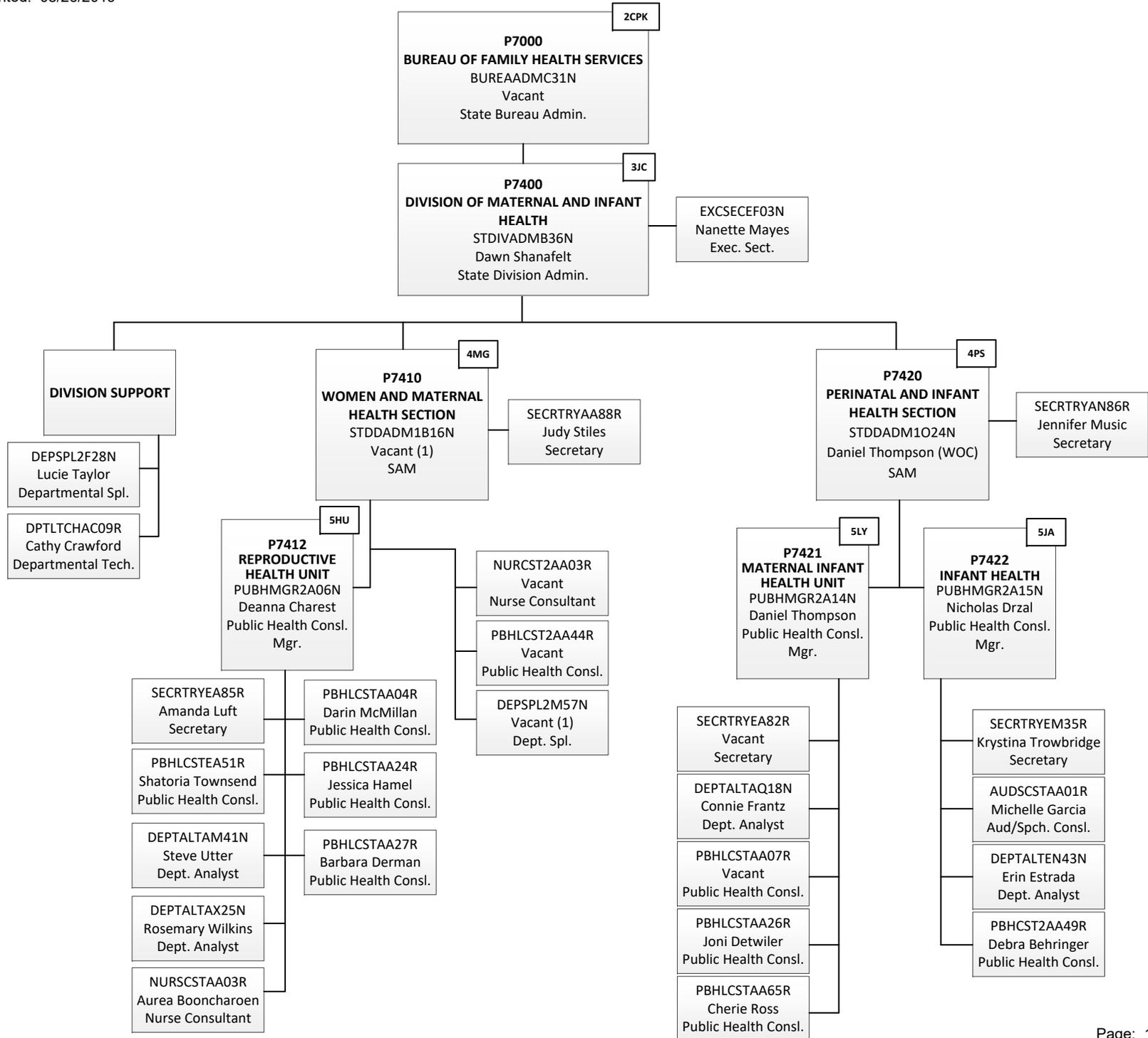


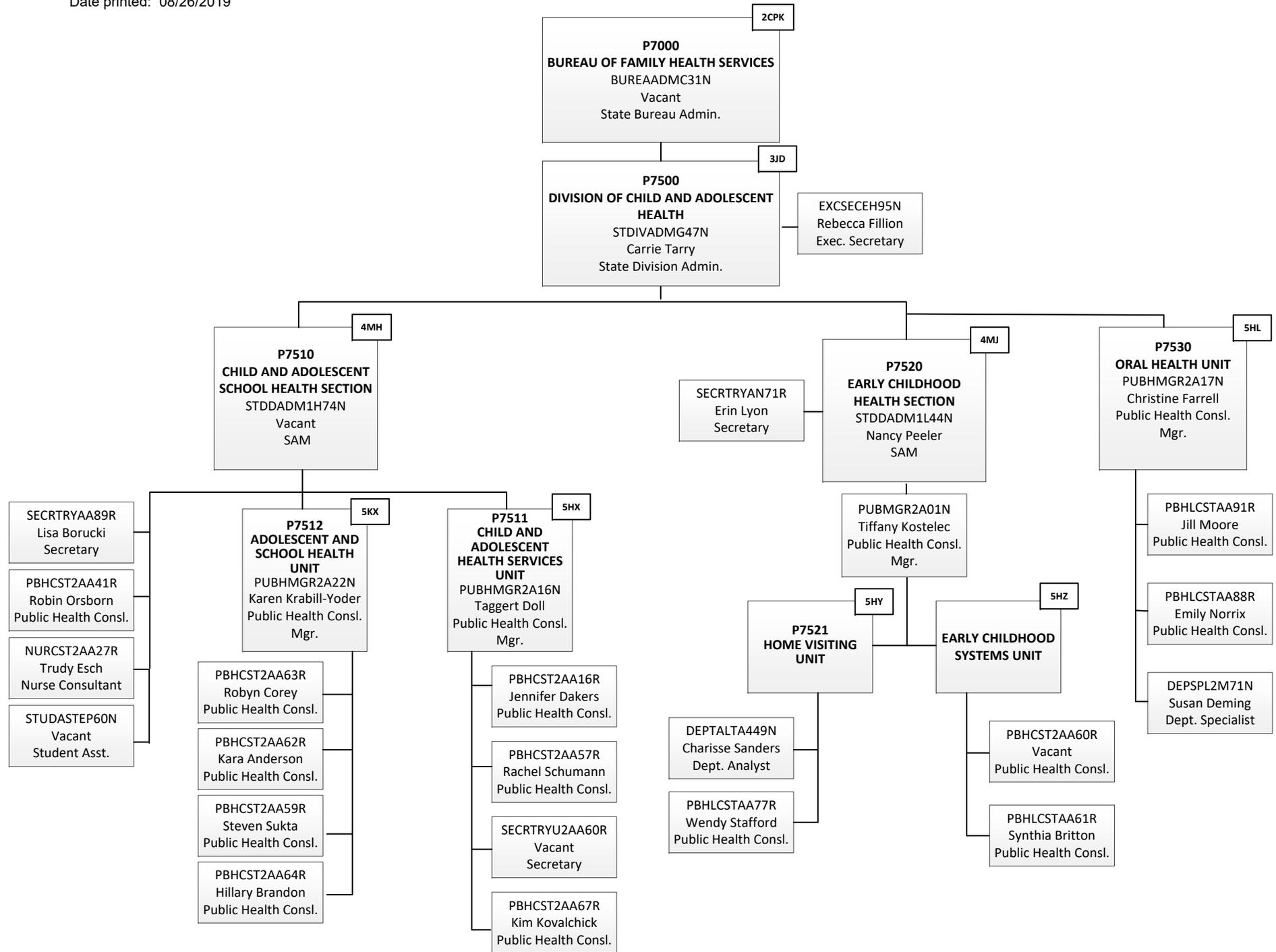












Michigan Tribal Leaders - Chairs, Presidents, Chief, Ogema
October, 2018

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Tyderyien@hannahville.org

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lromanelli@lrboi.com

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cdakota@kbic-nsn.gov

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jfooster@nhbp.org

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906-358-4785
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Manistee, MI 49660
231-723-8288
FAX Needed
jcross@lrboi-nsn.gov
sdrake@lrboi-nsn.gov

Match-e-be-nash-she-wish Band of Pottawatomi Indian

Kelly Wesaw, Health Director
1743 142nd Ave., P.O. Box 306
Dorr, MI 49323
616-681-0360 x 316
616-681-0380
kwesaw@hhs.glt-nsn.gov

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269-782-4295
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Jason Luna, AFS Director
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jluna@sagchip.org
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989-775-4912

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Anishnabek Community and Family Services
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906-632-5250
jbye@saulttribe.net
mvanluven@saulttribe.net

URBAN AND INDIAN ORGANIZATIONS/PROGRAMS/HEALTH SERVICES LEGEND

Legend Prompts and Icons/Graphics:

- Numbering and arrows represent total number of program type(s) per county.
- Icons/Graphics represent program type per county (See organization/program sections for details)

Indian Organization/Program (IOP = )

-  Center for Native American Studies
April Lindala, Director
Northern Michigan University
1901 Presque Isle Avenue
112 Whitman Hall
Marquette, MI 49855
906-227-1397
Email: cnas@nmu.edu
Website: www.nmu.edu/nativeamericanstudies/home-page
-  Indigenous Law Program (MSU)
ICWA Project
Kate Fort, Professor
Email: fort@law.msu.edu
- Ingham County Health Department
-  Native American Outreach Program
Jaclynn Lloyd, Coordinator
Phone: 517-272-4127
Email: JLloyd@ingham.org
-  Inter-Tribal Council of Michigan, Inc. (ITC)
L. John Lufkins, Director
2956 Ashmun, Suite A
Sault Ste, Marie, MI 49783
Phone: 906-632-6896 ext-116
Phone: 800-562-4957
Email: jlufkins@itcmi.org
Website: www.itcmi.org
-  Judson Center
Jackie Gant, Coordinator, Native American Outreach
Foster Care Navigator
Foster Care Navigator Program
3840 Packard Street, Suite 170
Ann Arbor, MI 48108
Direct: 734-794-2896
Cell: 734-828-9769
Email: Jackie_Gant@judsoncenter.org
Website: www.FCNP.org
-  Oakland County Michigan Indian Education Council
Dr. Martin Reinhart, President
PO Box 378
Haslett, MI 48840
Email: mreinhart@nmu.edu
Website: www.miec.org
-  Michigan Indian Employment & Training
Lansing: 517-393-0712
Grand Rapids: 616-538-9644
Muskegon: 231-722-7769
Portage: 269-323-3339
-  Website: www.michigan.gov/americanindians
- Michigan Rehabilitation Services (Wayne County)
Chris Bell, Outreach
Phone: 734-646-5650
Email: bellc6@michigan.gov
-  Native American Institute
Justin S. Morrell, Hall of Agriculture
446 West Circle Drive, Room 412
East Lansing, MI 48824
Phone: 517-353-6632
Email: nai@msu.edu
Website: www.nai.msu.edu
-  United Tribes of Michigan (UTM)
Frank Ettawageshik, Executive Director
5453 Hughston Road
Harbor Springs, MI 49740
Phone: 517-802-8650
Website: www.unitedtribesofmichigan.com
-  Uniting Three Fires Against Violence
Rachel Carr, Executive Director
Sault Ste. Marie, MI
Phone: 906-253-9775
Website: www.unitingthreefiresagainstviolence.org

Native Placement Agencies:(PAFC = )

 Binogii Placement Agency
Juanita Bye, Director
2218 Shunk Road
Sault Ste. Marie, MI 49783
Phone: 906-632-5250
Email: jbye@saulttribe.net
Website: www.saulttribe.org

 New Path Boy's Treatment Home
2605 Putnam Road
Peshawbetown, MI 49682
(Grand Traverse Band of Ottawa
and Chippewa Indians
Phone: 231-534-7906)

 Shkiniikwe Girl's Treatment Home
7282 Hoadley Road
Benzonia, MI 49616
(Grand Traverse Band of Ottawa
and Chippewa Indians
Phone: 231-534-7906)

 Sault Tribe Youth Detention Center
1130 North Street
St. Ignace, MI 49781
Phone: 906-643-0941
Fax: 906-643-6340

Urban Indian Health Services(UIHS = )

 American Indian Health and Family
Services of Southeastern MI, Inc.
Ashley Tuomi, Executive Director
4880 Lawndale
Detroit, MI 48210
Phone: 313-846-3718
Fax: 313-846-0150
Email: atuomi@aihfs.org
Website: www.aihfs.org

Urban Indian Organization (UIO = )

 American Indian Services, Inc.
Fay Givens, Executive Director
1110 Southfield Road
Lincoln Park, MI 48146
Phone: 313-388-4100
Fax: 313-388-6566
Email: amerinserv@ameritech.net

 Michigan Indian Legal Services
James Keedy
814 South Garfield Avenue, Suite A
Traverse City, MI 49686
Phone: 800-968-6877
Email: jkeedy@mils3.org

 Native American Family Services
671 Davis Street, NW, Suite 103
Grand Rapids, MI 49504
Phone: 616-451-6767
Email: NAfamilyservices@hotmail.com

 North American Indian
Association of Detroit
Brian Moore, Executive Director
22720 Plymouth Road
Detroit, MI 48239-1327
Phone: 313-535-2966
Fax: 313-535-8060
Email: bmoore@naiadetroit.org
Website: www.naiadetroit.org

 Nokomis Learning Center Inc.
5153 Marsh Road
Okemos, MI 48864-1198
Phone: 517-349-5777
Fax: 517-349-8560
Email: infor@nokomis.org
Website: www.nokomis.org

 South Eastern Michigan Indians, Inc.
Sue Franklin, Executive Director
26641 Lawrence Street
Centerline, MI 48015
Phone: 586-756-1350
Fax: 586-756-1352
Email: semii1975@yahoo.com
Website: www.semii.itgo.com



Office of Native American Affairs

Stacey Tadgerson **
Director, Native American Affairs

TadgersonS@michigan.gov
517-335-7782
Fax: 517-335-6618

Grand Tower Building
Central Office
235 S. Grand Avenue
Suite 601
PO Box 30037
Lansing, MI 48909



**Baraga/Houghton/Keenewaw
County MDHHS**

Isabelle Welsh *
Indian Outreach Worker

WelshI@michigan.gov
906-353-4705
Fax: 906-353-8415

108 Main Street
PO Box 10
Baraga, MI 49908



Antrim/Charlevoix/Emmet County MDHHS

Lisa Kurtz-Tollenaar *
Indian Outreach Worker

KurtztollenaarL@michigan.gov
231-445-8082
2229 Summit Park Drive
Petoskey, MI 49770



Chippewa County MDHHS

Justin Teeple *
Indian Outreach Worker

TeepleJ1@michigan.gov
906-298-1862
Fax: 906-635-4173

463 East 3 Mile Road
Sault Ste. Marie, MI 49783



Gogebic County MDHHS

Daniel Roberts *
Indian Outreach Worker

RobertsD3@michigan.gov
906-285-2956

301 E. Lead Street
Bessemer, MI 49911



Isabella County MDHHS

Heather Syrette *
Indian Outreach Worker

SyretteH@michigan.gov
989-264-5033
1919 Parkland Drive
Mt. Pleasant, MI 48858



Kent County MDHHS

Angelo Franchi *
Indian Outreach Worker

FranchiA@michigan.gov
616-438-2593
Fax: 616-248-1038

121 Franklin, SE
Grand Rapids, MI 49507



Luce County MDHHS

Barbara Sharp *
Indian Outreach Worker

SharpB@michigan.gov
906-290-3498
Fax: 906-293-3857

500 W. McMillan, Suite A
Newberry, MI 49868



Mackinac County MDHHS

Ronda Engle *
Indian Outreach Worker

EngleR@michigan.gov
906-643-6115
Fax: 906-643-7467

199 Ferry Lane
Ignace, MI 49781



**Alger/Marquette/Schoolcraft
County MDHHS**

Timothy Derwin *
Indian Outreach Worker

DerwinT@michigan.gov
906-235-8649
Fax: 906-228-3393

234 W. Baraga Avenue
Marquette, MI 49855



Menominee County MDHHS

Wendy Mojzych *
Indian Outreach Worker

MojzychW@michigan.gov
906-863-1406
Fax: 906-863-7426

2612 Tenth Street
Menominee, MI 49858



Van Buren County MDHHS

Greg Morsaw *
Indian Outreach Worker

MorsawG@michigan.gov
269-621-2802
Fax: 269-621-2962

PO Box 7
CR 681
Hartford, MI 49057



Wayne County MDHHS

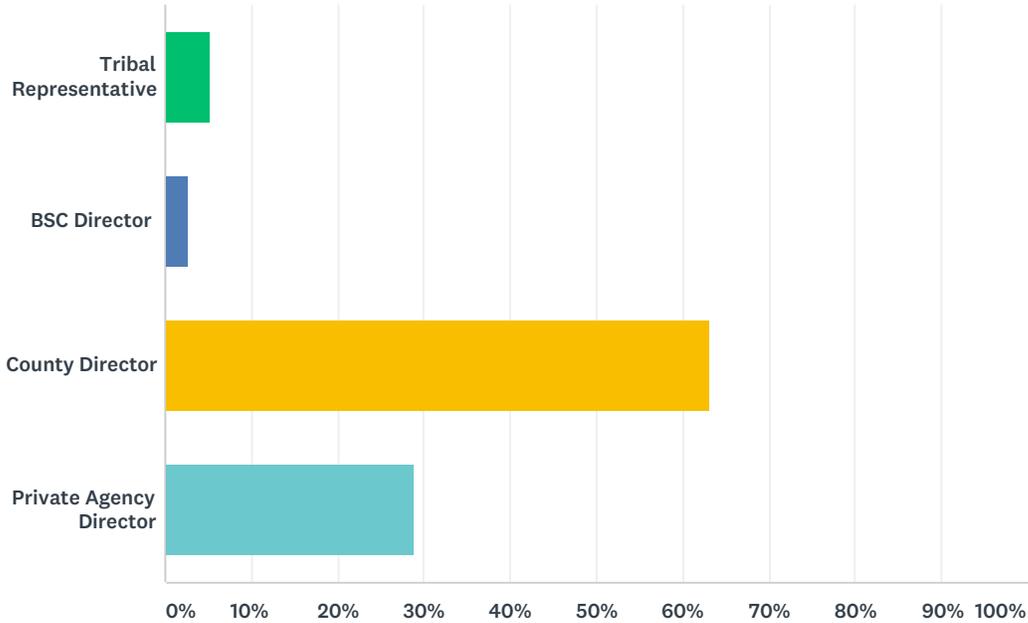
Michelle White *
Indian Outreach Worker

WhiteM2@michigan.gov
313-931-6395
Fax: 313-931-6438

MDHHS - CFS Western Wayne
27540 Michigan Avenue
Inkster, MI 48141

Q1 What is your professional role in child welfare?

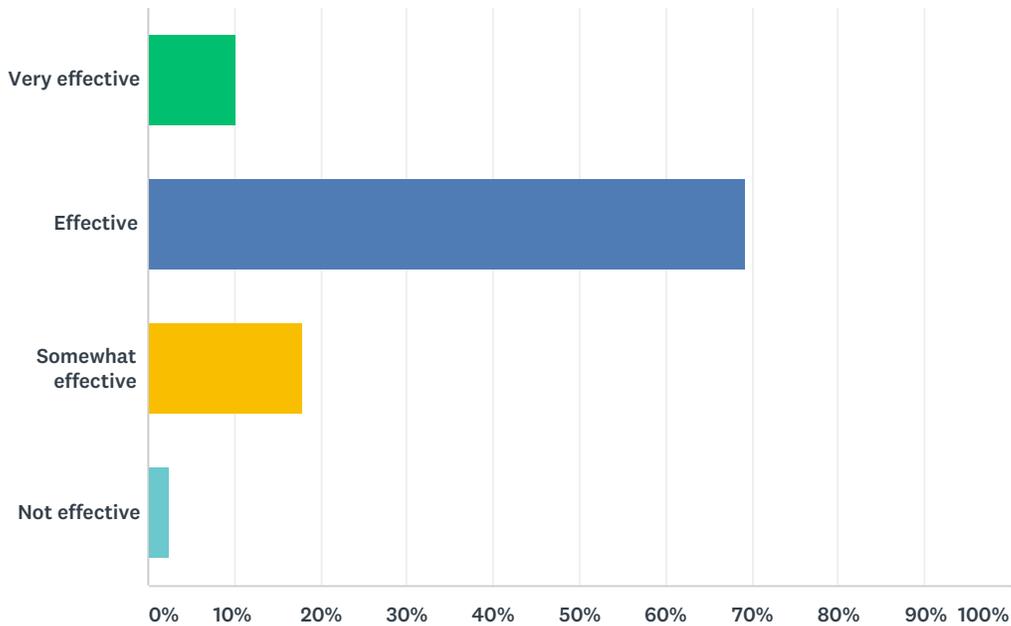
Answered: 38 Skipped: 1



ANSWER CHOICES	RESPONSES
Tribal Representative	5.26% 2
BSC Director	2.63% 1
County Director	63.16% 24
Private Agency Director	28.95% 11
TOTAL	38

Q2 How effective are the policies and practices that your staff have implemented when handling foster care cases involving Indian children?

Answered: 39 Skipped: 0

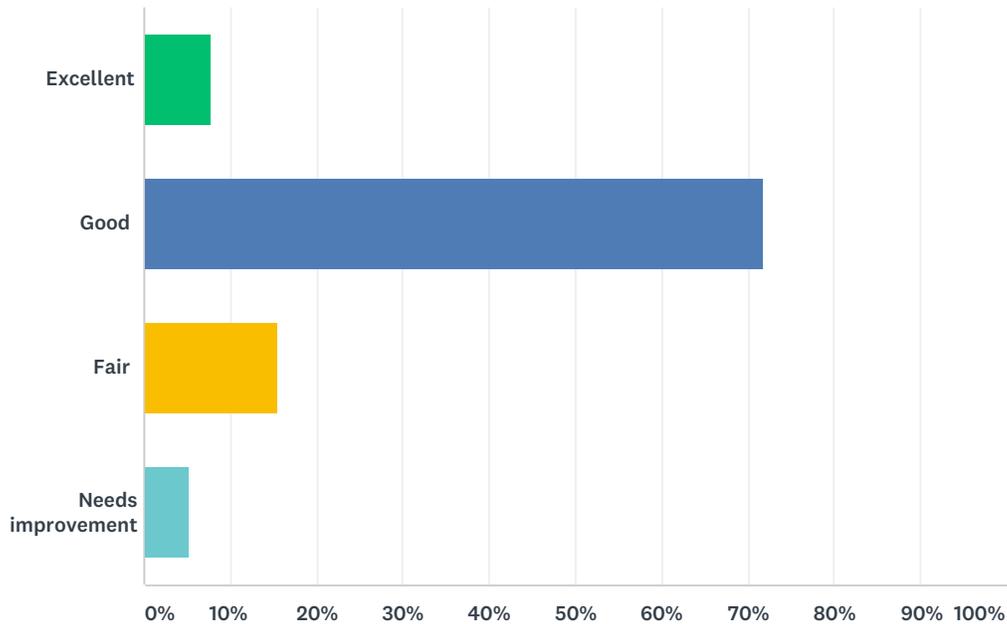


ANSWER CHOICES	RESPONSES
Very effective	10.26% 4
Effective	69.23% 27
Somewhat effective	17.95% 7
Not effective	2.56% 1
TOTAL	39

#	EXAMPLES OF EFFECTIVE POLICIES/PRACTICES ARE WELCOME:	DATE
1	Requesting an official, on the record, position from the Tribe regarding a change in a permanency goal prior to changing the goal. And requesting input from the tribal representative regarding permanency planning prior to deciding to or requesting to change the goal.	4/8/2019 3:00 PM
2	Collaboration from the Tribe is greatly appreciated.	4/3/2019 3:51 PM
3	Policy manual reviews and regular involvement with our tribe.	4/3/2019 12:55 PM
4	Coordination with the Tribal partners in the exploration of relatives and in seeking appropriate service providers.	4/3/2019 11:57 AM
5	Weekly phone conferences between DHHS staff and supervisors and Tribal staff and supervisors. Child welfare directors also attend. This has been helpful in identifying communication problems and policy interpretation issues.	4/1/2019 11:08 AM
6	Initial ICWA training and materials developed for ICWA have been very effective.	3/29/2019 10:35 AM
7	Test	3/25/2019 12:31 PM

Q3 How would you rate your agency/office's effectiveness in serving Indian children and their families who encounter the child welfare system?

Answered: 39 Skipped: 0



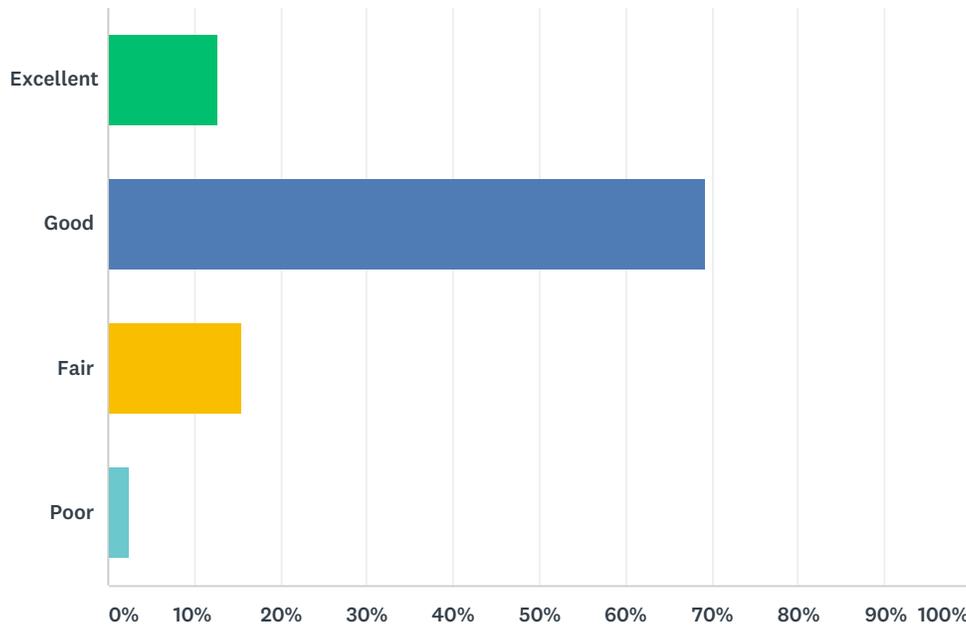
ANSWER CHOICES	RESPONSES
Excellent	7.69% 3
Good	71.79% 28
Fair	15.38% 6
Needs improvement	5.13% 2
TOTAL	39

#	EXAMPLES OF EFFECTIVELY SERVING INDIAN CHILDREN ARE WELCOME:	DATE
1	Placement preferences being followed early in a case is important--getting input/insight from the child regarding family members who are supportive and important to that child is an avenue to search for relatives not many caseworkers utilize.	4/8/2019 3:00 PM
2	We have not yet had a child on our caseload who has been verified to have Native American heritage. Our Agency is in Lenawee County and has only been in existence 4.5 years.	4/8/2019 9:52 AM
3	We do not see many Native American Families in my counties. The last foster care case was several years ago and the worker did a great job with active efforts that led to successful reunification.	4/4/2019 2:48 PM
4	Open communication with the Tribe and a clear understanding of a Tribe's expectations is crucial.	4/3/2019 3:51 PM
5	Most of the native cases are handled by the tribe but there is regular collaboration on non-SCIT members (members from other tribes that are domiciled on the SCIT reservation.	4/3/2019 12:55 PM
6	Coordination of service engagement and service delivery efforts.	4/3/2019 11:57 AM
7	We refer to policy as we do not have many cases involving Indian children and their families.	4/2/2019 8:27 AM

8	The county director has recently met in person with three of the Tribal child welfare directors in our region and they have reported positive relationships with workers and supervisors within our counties. Mistake and problems still exist but are identified and resolved more constructively.	4/1/2019 11:08 AM
9	we do not handle many cases but we have a good relationship	4/1/2019 10:58 AM
10	My agency does not serve a large volume of these cases. If opportunities arise supervisors and case management work well together to ensure protocol is managed effectively.	3/29/2019 10:35 AM
11	Test	3/25/2019 12:31 PM

Q4 Please rate your working relationships among tribal representatives, local MDHHS and private agency staff.

Answered: 39 Skipped: 0



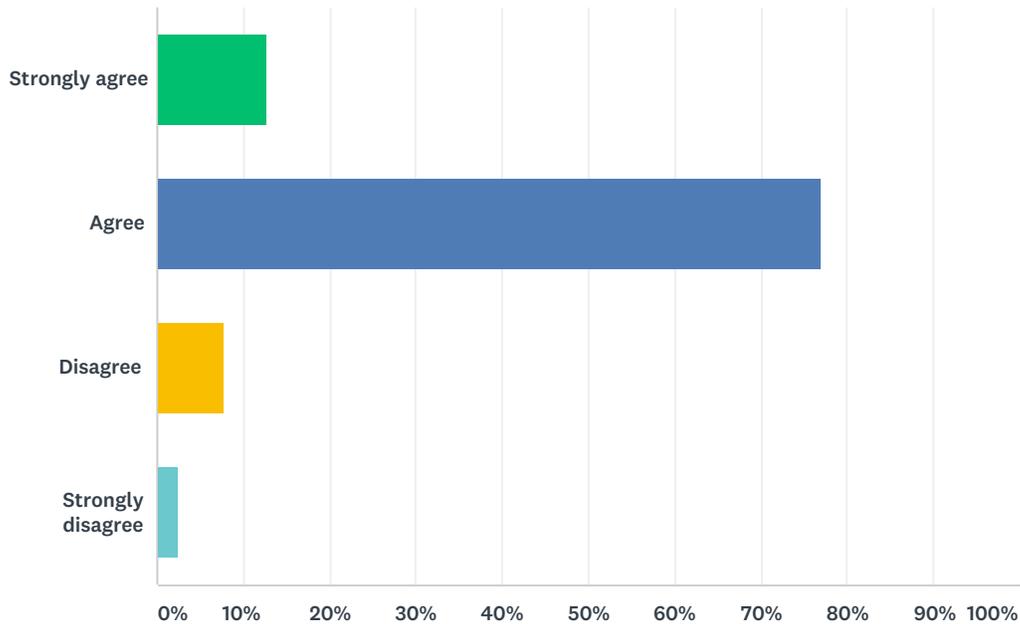
ANSWER CHOICES	RESPONSES
Excellent	12.82% 5
Good	69.23% 27
Fair	15.38% 6
Poor	2.56% 1
TOTAL	39

#	EXAMPLES OF STRONG RELATIONSHIPS OR THOSE THAT ARE MOST IMPORTANT ARE WELCOME:	DATE
1	This has improved tremendously over the last couple years. Good faith communication has been the key!	4/8/2019 3:00 PM

2	Recent collaboration :) Yes, we consistently have great collaboration with DHHS staff. (Otherwise, I would have been contacting you to problem solve. ^). From our perspective, you have quite a few tribal cases. We have 3 currently. The general commonalities are the attitudes of your staff – they work hard for families, are creative in their problem solving, open to coordination and collaboration, bring the tribe in as soon as they are aware of the tribal affiliation, and communicate in a timely and effective manner with everyone. We've also had this overall experience with others connected to ICWA cases –prosecutors, court, police, providers, etc.	4/8/2019 12:57 PM
3	Relationships are good because the people are good. But relationships only get you so far. Tribal representatives cannot be expected to conduct personal training sessions for each CPS worker and case manager involved in a case with an Indian child. Foster care case managers and their supervisors generally have no idea of what it means to manage a case involving and Indian child. Concepts of active efforts and consultation with the child's tribe are foreign and not part of the culture of the county office. No one takes responsibility for understanding what is needed in a case involving an Indian child and because of this, case managers have no "go to" person within the agency to provide guidance. Purchase of service agencies struggle, as well. Whatever training is provided is not effective.	4/8/2019 11:57 AM
4	We have not yet had a child on our caseload who has been verified to have Native American heritage. Our Agency is in Lenawee County and has only been in existence 4.5 years.	4/8/2019 9:52 AM
5	The Indian Outreach Worker was instrumental in identifying Tribal relationships involving the one family we serviced within the last year.	4/4/2019 3:57 PM
6	Marked as good, however, no local tribe or ongoing relationship.	4/4/2019 2:48 PM
7	Open lines of communication and responsive Tribal staff are very important.	4/3/2019 3:51 PM
8	We have not had many cases to base this on but its been fine when it occurred.	4/2/2019 12:37 PM
9	Always looking for ways to strengthen relationships and improve collaboration. Monthly meetings have been helpful.	4/2/2019 9:55 AM
10	I responded "Fair" because we have had very few occasions to work with tribal representatives.	4/1/2019 3:08 PM
11	see answers above.	4/1/2019 11:08 AM
12	we have contacts, we have worked on co-training	4/1/2019 10:58 AM

Q5 Between 2015-2019, MDHHS state-level operations improved or sustained effective collaboration among tribal representatives, local MDHHS and private agency staff.

Answered: 39 Skipped: 0

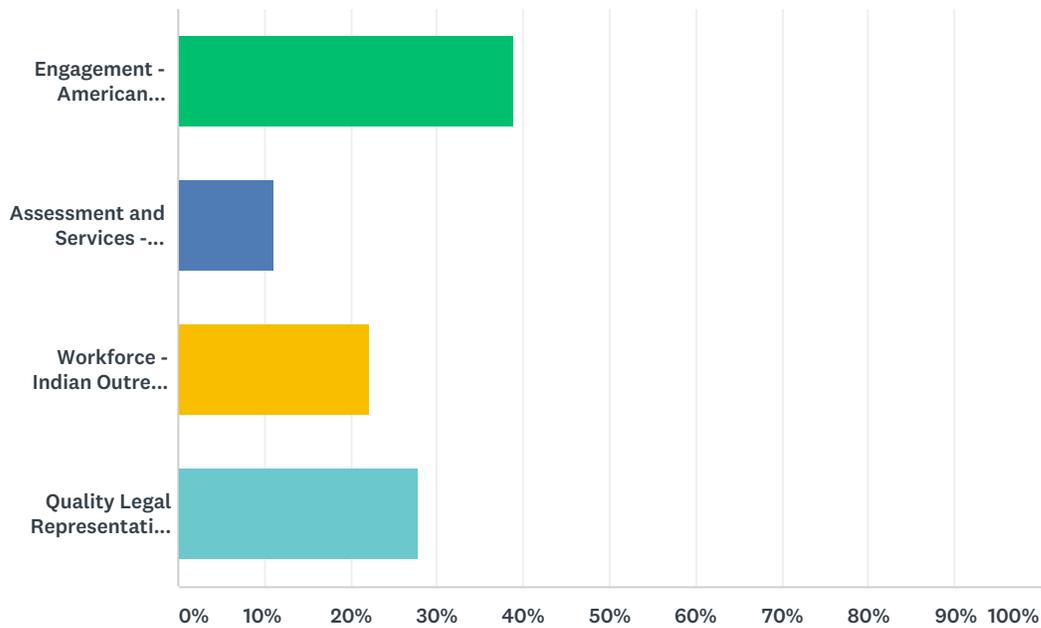


ANSWER CHOICES	RESPONSES	
Strongly agree	12.82%	5
Agree	76.92%	30
Disagree	7.69%	3
Strongly disagree	2.56%	1
TOTAL		39

#	EXAMPLES OF EFFECTIVE COLLABORATION OR SUGGESTIONS FOR IMPROVEMENT ARE WELCOME:	DATE
1	Agree the collaboration has improved. There is still much room for additional improvement. Keeping the communication lines open and refraining from imposing deadlines and arbitrary language into agreements that have already been worked out would help to avoid sliding back into ineffective collaboration.	4/8/2019 3:00 PM
2	I think during the quarterly meetings there should be discussions about what is going well. The meetings are helpful but normally there is tension in the room and can become adversarial.	4/8/2019 12:57 PM
3	Neutral due t lack of tribal presence.	4/4/2019 2:48 PM
4	More active involvement in decision making.	4/3/2019 12:55 PM
5	State Tribal partnership meeting	4/3/2019 11:57 AM
6	Each tribe is unique-effective collaboration needs to first be strengthened at the county level.	4/2/2019 9:55 AM
7	There still appears to be a lot of negativity between DHHS administration and Tribal representatives. I think some local offices have good relationships with Tribes.	4/1/2019 11:08 AM
8	Test	3/25/2019 12:31 PM

Q6 Which MDHHS Program Improvement Plan (PIP) Key Indicator Areas for improving the Child and Family Services Review Safety, Permanency and Well-Being findings do you feel MDHHS should create a tribal consultation goal (impact project) to focus on for the 2020-2024 Child and Family Services Plan?

Answered: 36 Skipped: 3



ANSWER CHOICES	RESPONSES
Engagement - American Indian/Alaska Native Foster Child/Home Tool Kits	38.89% 14
Assessment and Services - Please suggest a project below.	11.11% 4
Workforce - Indian Outreach Services System Enhancement	22.22% 8
Quality Legal Representation - Legal Aid for Tribal Families (Re: Michigan Indian Legal Services Contract)	27.78% 10
TOTAL	36

#	OTHER PROJECT IDEAS FOR THE PIP KEY INDICATOR AREAS ARE WELCOME BELOW:	DATE
1	I also recommend assessments and services, though, I do not recommend MILS. Training is critical—the correct information and where to find it is key.	4/8/2019 3:00 PM
2	We often have children with a Guardian Ad Litem and the caseworker is their advocate. That can be very challenging for obvious reasons.	4/3/2019 3:51 PM
3	Engagement would be beneficial as well.	4/1/2019 12:33 PM
4	More available homes for placement	3/29/2019 11:29 AM
5	Test	3/25/2019 12:31 PM

Title IV-E Training Matrix

Course/Module Title	Course Description	Title IV-E Administrative Function	FFP Rate	Hrs	Venue	Trainer	Duration	Target Audience		
<p style="text-align: center;">Allocation Methodology</p> <p style="text-align: center;">Costs for all courses are reduced by the title IV-E ratio to determine the IV-E eligible portion. The eligible portion is allocated between the Foster Care and Adoption Assistance programs by applying the FC/AA ratio. Each portion is claimed at either 50% or 75% FFP, for the respective programs.</p>										
Pre-Service Institute	<p>This nine-week training is mandatory for newly hired or promoted public and private child welfare caseworkers, including those in Children's Protective Services, foster care and adoption. This blended training includes four weeks of classroom training and five weeks of web-based and on-the-job (OJT) training. Trainees receive foundational child welfare knowledge and skills as well as program and job specific knowledge and skills. OJT activities are structured for the trainee to coordinate with their supervisor and mentor for reinforced learning. Successful progression through training allows the caseworker to assume a progressive caseload. There are two exams and a competency based evaluation of the trainee that is completed by the trainer and supervisor. During General portions of the training, caseworkers from all programs learn together to promote the continuum of care. During program specific classroom training and completion of structured on the job activities, caseworker learn how to apply program specific policy to their cases and how to document their work in MISACWIS. Training concludes with Engaging with the Customer, where youth, parents and foster parents provide an interactive Q&A with the caseworkers; finally the MDHHS Executive Team welcomes the new caseworker to child welfare.</p>									
General Classroom	<p>Note: the classroom hours will not add up exact. Unaccounted for classroom time is used for reviewing on the job experiences, answering questions, reviewing concepts, student testing, class evaluation, etc. The PSI is considered a single class, we do not provide credit for completion of each of the modules, therefore, the classroom hours are approximate. Child Welfare Certificate holders complete only the program specific portion of training.</p>									
Exploring Team Meetings	MiTEAM training teaches the following skills; Teaming, Engagement, Assessment, and Mentoring and the structure and processes of family team meetings and concurrent planning, relative and family engagement, and facilitation skills and <u>documentation requirements for MiTEAM.</u>	Social work practice, cultural competency, communication skills required to work with children and families	75%	3	Classroom	Multiple trainers	Long-term	Child Welfare		
Families at Risk	Takes a look at the effects of abuse and neglect on the family. Caseworkers discuss the impact of mental health, substance abuse, and domestic violence on families. Protective factors are introduced.	social work practice	75%	9	Classroom	Multiple trainers	Long-term	Child Welfare		
Communication Skills for Child Welfare Workers	Effective methods of communication including active listening, paraphrasing and checking for understanding are explored.	social work practice	75%	3	Classroom	Multiple trainers	Long-term	Child Welfare		
Children at Risk	This class will explore the impact of the child welfare system on child development, brain development and child behaviors. The impact of separation on children and families, including bonding and attachment will be introduced. Trainees will learn the importance of supporting caregivers in building and maintaining attachment.	social work practice	75%	3	Classroom	Multiple trainers	Long-term	Child Welfare		
Trauma Informed Child Welfare Practice	Caseworkers look at the principals of trauma and learn about the impact of traumatic stress on the brain, development, child and family. The Trauma Toolkit for child welfare workers is introduced.	social work practice	75%	6	Classroom	Multiple trainers	Long-term	Child Welfare		
Family Engagement and Assessment and Intervention	Caseworkers explore personal attitudes and beliefs and the impact on family engagement. The following engagement and assessment techniques are presented: strengths based assessment skills, motivational interviewing, and problem solving approaches.	social work practice	75%	6	Classroom	Multiple trainers	Long-term	Child Welfare		
Managing Yourself as a Child Welfare Professional	Techniques to manage the many aspects of being a child welfare professional are presented. Caseworkers explore motivation in the workplace, resiliency factors, working as part of a team and techniques for managing the impact of stress and burnout through the use of supervision, coaching and mentoring.	social work practice, communication skills required to work with children and families. This course would be allowed at 50% rather than 75%. The skills to	50%	3	Classroom	Multiple trainers	Long-term	Child Welfare		

Title IV-E Training Matrix

Continuum of Care	Caseworkers gain a better understanding of all of the roles in the child welfare system and how their role interacts with others in the system. Due to a greater understanding of the whole child welfare system, workers will be better able to make decisions with an understanding of the impact on the long-term best interest of the child. An exploration of attachment, separation, grief and loss in the context of it's importance on a child's permanence. Workers will learn about the importance of concurrent planning, relative search, assessment and engagement. Identification of effective engagement techniques are taught; the role of visitation in permanency for children and how to work with relatives is explored.	social work practice, communication and decision making skills.	75%	6	Classroom	Multiple Trainers	Long-term	Child Welfare			
Critical Thinking	This ½ day training will educate CPS, Foster Care, and Adoption workers on the use of Critical Thinking skills to enhance the use of structured decision making (SDM) tools and improve the accuracy of reports and decision making to improve outcomes for children and families.	Communication skills related to working with children & families, social work practice	75%	3	classroom	multiple trainers	long term	child welfare			
Domestic Violence	The cycle of domestic violence is introduced to workers. Techniques for working with the offender as well as aspects of safety planning are explored.	Candidates for care	75%	3	Classroom	Multiple Trainers	Long-term	Child Welfare			
Safety by Design	Thorough and inclusive safety assessment and planning increases immediate child safety, assists in better placement decisions and can enhance worker relationships with families, courts and other community partners. Enhance understanding of safety assessment and planning, as well as threatened harm policy and practice. Provide frontline staff the opportunity to identify obstacles to the application of these policies and	social work practice, assessment skills necessary to work with children and families. Case management and supervision; development of case	75%	3	Classroom	Multiple Trainers	Long-term	Child Welfare			
Medical	Medical identification of child abuse and neglect, medical needs of children in care, emergency and planned removal of children with medical needs and collecting documentation for adoption purposes are all explored.	Medical issues as related to child abuse to develop as plan (not treatment or providing	75%	3	Classroom	Multiple Trainers	Long-term	Child Welfare			
ICWA	The application of the Indian Child Welfare Act (ICWA) and the Michigan Indian Family Preservation Act (MIFPA) is presented.	Preparation for judicial determinations	75%	1.5	Classroom	Multiple Trainers	Long-term	Child Welfare			
Petition and Court Preparation	An opportunity to practice petition writing and explore effective testimony and court etiquette.	court procedures, social work practice, preparation for testifying, communication skills.	50%	3	Classroom	Multiple Attorney's from the Attorney General's Office	Long-term	Child Welfare			
Mock Trial	A role-play court experience for new caseworkers including a review of the adversarial process, court room etiquette, direct/cross examination, contempt of court and objections. Caseworkers participate in testimony for a mock case.	Preparation for and participation in judicial determinations	75%	6	classroom	Multiple Attorney's from the Attorney General's Office	Long-term	Child Welfare			
Engaging with Our Customer: Youth Panel and Office of Family Advocate	Delivered by Office of Family Advocate and Foster and adoptive youth present on their experiences in the system.	Social work practice, impact of child abuse and neglect on a child, cultural competency, communication skills required to work with children and families,	75%	3	classroom	Multiple presenters include foster and adoptive youth	Long-term	Child Welfare			

Title IV-E Training Matrix

Cultural Competence	Examining how social workers' cultural background influences their view of different cultures. Participants will gain knowledge on how to individualize services to meet the cultural needs of service recipients.	Cultural competency related to children and families.	75%	3	Classroom	Multiple trainers	Long term	Child Welfare			
Forensic Interviewing	Through role play and practice interviews this class will provide workers with the knowledge to identifying the eight phases of the Michigan Forensic Interviewing Protocol. Trainees will practice using the Protocol during child interviews. The training will explore identifying developmental and basic linguistic abilities of children. The requirement for Hypothesis Testing/Child Centered Interviews will be presented.	Communication skills related to working with children & families	75%	12	Classroom	Multiple Trainers	Long-term	Child Welfare			
General Field Activities	All caseworkers complete the field activities below under the supervision of their supervisor and mentor. Field activities and web-based training are completed throughout their 5 weeks on the job: Car Seat Safety Activity										
General Web-based											
Working Safe Working Smart	Worker safety in the office and in the field is explored. This class is required before a caseworker goes into the field.	Worker safety	50%	5	Web-based		Long-term	Child Welfare			
Family Preservation	The historical background of Family Preservation Services in Michigan; goals and values of family preservation, referral requirements and the similarities and differences between Families First of Michigan, Family Reunification, and Families	Social work practice, cultural competency, communication skills required to work with	75%	1	Web-based		Long-term	Child Welfare			
Law Enforcement Information Network Security Awareness	The procedures and confidentiality requirements for using LEIN, appropriate use of LEIN and the proper use, dissemination and disposal of such information.	Policy and procedures, worker safety	50%	1	Web-based		Long-term	Child Welfare, public agencies			
Working with LBGTO youth	The class addresses the special needs that occur surrounding issues of sexual orientation and gender identification.	Social work practice, cultural competency, communication skills required to work with children in families, placement of the child, referral to services	75%	1	Web-based		Long term	Child Welfare			
CASA Court Appointed Special Advocates	An overview of Court Appointed Special Advocates; how and why they came into existence; and the role of a CASA volunteer, including their responsibility to the court. Describes how children benefit from working with a volunteer, and the process used to connect the child to the CASA volunteer.	Referral to services	75%	1	Web-based		Long term	Child Welfare			
Engaging the Family	Designed to help child welfare professionals gain the knowledge necessary to engage their customers in actively developing and participating in service planning. Goal development as well as the resources that might help customers reach these goals are covered.	Social work practice, cultural competency, communication skills required to work with children and families	75%	1	Web-based		Long term	Child Welfare			
Foster Care Review Board	An overview of the Foster Care Review Board, which is administered by the Michigan Supreme Court. Includes how cases come to the attention of the Board, how cases are selected for review, and the procedures that are necessary if the board requests to review a foster care case. Discusses the relationship of the caseworker and the Foster Care Review Board.	Policy and procedures	75%	1	Web-based		Long term	Child Welfare			
Interstate Compact on the Placement of Children	Addresses the procedures necessary when receiving or requesting interstate assistance on a child welfare case.	Policy and procedures, placement of children	75%	1	Web-based		Long term	Child Welfare			
Introduction to Substance Abuse	Provide an understanding of the role of caretaker substance abuse/dependency, as it relates to child abuse, neglect and the development of caretaker treatment plans.	Social work practice, communication skills required to work with	75%	1	Web-based		Long term	Child Welfare			

Title IV-E Training Matrix

Introduction to Mental Health	Caseworkers develop a working knowledge of the signs, symptoms and behavioral manifestations of mental health disorders commonly encountered in the child welfare system. Will be able to identify specific protective processes and resources that serve to neutralize risks associated with mental health disorders.	Social work practice, cultural competency, communication skills required to work with children and families, referral	75%	1	Web-based		Long term	Child Welfare			
Poverty	Provides caseworkers with an understanding of the following: acknowledging the difference between poverty and neglect; recognizing how your beliefs impact outcomes; recognizing the importance of identifying services to assist families dealing with	Social work practice, cultural competency, communication skills required to work with	75%	1	Web-based		Long term	Child Welfare			
Report Writing	Provides caseworkers with an understanding of the following: purpose of the Child and Family Services Review (CFRS); knowledge of behaviorally-based narrative statements; and knowledge of Specific, Measurable, Attainable, Relevant, Time-Sensitive (SMART) goals and policy.	Job performance enhancement skills	75%	1	Web-based		Long term	Child Welfare			
Licensing	An overview of the role and responsibility of the licensing worker. Licensing rules that regulations are presented.	social work practice, rules and regulations	75%	1	Web-based		Long term	child welfare			
Time Management	Tips and techniques for managing workload.	Job performance enhancement skills	50%	1	Web-based		Long term	child welfare			
Sexual Abuse	Outlines the steps necessary upon case assignment involving sexual abuse. Techniques for identification of child sexual abuse, characteristics of sexual offenders and introduction to policies regarding child sexual abuse and treatment.	Social work practice, communication skills required to work with children and families, impact of child abuse and neglect on a child	75%	1	Web-based		Long term	Child Welfare			
Adoption Program Specific	The program specific portions of the PSI training are offered stand alone to experienced workers who have already completed PSI and are transferring programs (PSTT).										
Adoption Legal	An interactive training providing caseworkers with the knowledge of laws that directly impact the practice of adoption in Michigan and the skills to use laws to justify placement decisions.	Preparation for and participation in judicial terminations	75%	3	Classroom	Multiple trainers	Long-term	Adoption			
MISACWIS Adoption	Documenting adoption cases on MISACWIS	Permanency planning, preparation for and participation in judicial determinations, and case management	75%	12	Classroom	multiple trainers	Long-term	Adoption			MISACWIS is billed through system implementation grant
Termination of Parental Rights/ Voluntary Release/Referral from Foster Care	This training provides the basis for termination of parental rights, including the CPS referral process and categories of service, foster care services and reasons for termination, the differences between termination vs. voluntary release and includes information on the Safe Delivery Act. Foster care placement process and the referral packet, adoption services available through private agencies and how to document in	Permanency planning, preparation for and participation in judicial determinations, and case management, service referral, SACWIS training	75%	1.5	Classroom	multiple trainers	Long-term	Adoption			
Family Assessments	Adoptive Family Assessments requirements, timeframes and exclusions. Title IV-E Funding Requirements. Personal and Adult Child References, Health and Medical Status, Circumstances Requiring Additional Evaluation/Documentation	Permanency planning, preparation for and participation in judicial determinations, case management, and service referral	75%	1.5	Classroom	multiple trainers	Long-term	Adoption			
Confidentiality and Child Assessments and Quarterly Progress Reports	Child assessment, the importance of accurate, thorough assessments to assure permanency for the child and documentation on SACWIS if appropriate. Information sharing with prospective adoptive families, discussing adoption with children, visitation guidelines and legal placement in the	Case planning, social work practice, permanency planning, SACWIS system training, including visitation	75%	1.5	classroom	Multiple trainers	Long-term	Adoption			

Title IV-E Training Matrix

Recruitment, Orientation, Training and Application	Foster parent recruitment, orientation of prospective adoptive families, PRIDE training, the application process and potential conflicts.	Placement of the child, permanency planning, recruitment and licensing of foster homes	75%	1.5	classroom	Multiple trainers	Long-term	Adoption			
Background Checks and Clearances and Approval/Denial Process	Background checks/clearances and timeframes for their completion, recent changes in requirements including CPS clearances, substantiations and fingerprinting. The difference between approval/denial and recommendations and the DHS-	Placement of the child, development of a case plan, Family centered practice, case	75%	1.5	classroom	Multiple trainers	Long-term	Adoption			
ICWA and Interstate Compact on the Placement of Children (ICPC)	Working with the Indian Child Welfare Act and process required to place a child out of state and the financial resources available.	Family centered practice, placement of the child	75%	1.5	classroom	Multiple trainers	Long-term	Adoption			
Matching	Placement Decisions will be discussed, highlighting the importance of making appropriate matches. Disruption vs. Dissolution will be discussed. The history of MARE, services provided and how adoption workers should interface with MARE.	Family centered practice, placement of the child, development of a case plan, permanency planning, referral to services	75%	1.5	classroom	Multiple trainers	Long-term	Adoption			
Adoption Assistance Programs	Michigan's three assistance programs and their intended purpose, the Adoption Assistance Manual, time requirements, who qualifies and how, rates and finalization. Medical subsidy and non-recurring expenses.	Rate setting, case management	75%	1.5	classroom	Multiple trainers	Long-term	Adoption			
Preparing children and families for adoption, visitation and transitioning	Discussing adoption with children and the use of Lifebooks. Visitation Guidelines and Transition Plan Activity. Revisit information sharing, timeframes and redaction activity.	Development of case plan, social work practices, permanency planning activities designed to strengthen family.	75%	3	classroom	Multiple trainers	Long-term	Adoption			
Michigan Children's Institute (MCI)	Michigan Children's Institute staff provides discussion of the consent process, denial of consent, and how adoption workers should interface with the MCI.	Case management, placement of the child, permanency	75%	3	classroom	Multiple trainers	Long-term	Adoption			
Adoptive placements, finalization/Post Adoption and Closed	Adoption workers will learn about the legal risk in adoption, filing the petition, the supervisory period, finalization, closing documents and post adoption services. Case files and closed file	Preparation for and participation in judicial determinations.	75%	2	classroom	Multiple trainers	Long-term	Adoption			
Structured On The Job Field Activities	Adoption Field Activities include: •Observe a worker talking to a child about adoption •Identify Community Resources •Read an Adoption Case File •Read a Child Assessment	Case reviews, case management and supervision, home studies	75%	200	Web-based, work environment	Field supervisor and mentor	long term	Adoption			
Foster Care Program Specific	The program specific portions of the PSI training are offered stand alone to experienced workers who have already completed PSI and are transferring programs.										
Foster Care Legal	An interactive training that provides caseworkers with the knowledge of laws that directly impact the practice of foster care in Michigan and the skills to use laws to justify placement decisions.	Preparation for and participation in judicial terminations	75%	6	Classroom	Multiple trainers from the Assistant Attorney	Long-term	Foster Care			
MiSACWIS foster care	Documenting foster care casework on MiSACWIS	MiSACWIS training other than development and operational costs	75%	12	Classroom	Multiple trainers from the Assistant Attorney	Long-term	Foster Care			

Title IV-E Training Matrix

Referral from CPS and Initial Service Plans	Referral from CPS and what to do in the first 30 days. Preparing an ISP and holding initial Interviews, Triads, First meeting and Gathering intrusive information. Conducting Home Studies, FANS/CANS, creating goals and a parenting Time Plan. Using a behavior Management Plan - common issues	Case management and supervision, social work practices, such as family centered practice.	75%	6	Classroom	Multiple trainers from the Assistant Attorney	Long-term	Foster Care			
USP, reunification and replacement	How to write an updated services plan. Safety assessment and using decision trees as part of a reunification assessment. Use knowledge of policy and best practices to make good decisions regarding children's placement in foster care.	Development of case plan, case reviews, case management and supervision	75%	6	Classroom	Multiple trainers from the Assistant Attorney	Long-term	Foster Care			
AWOLP, Termination of parental rights and referral to adoption	Review the policies related to children who are absent without legal permission. Effectively manage an AWOLP situation. Review the policies related to Termination of Parental Rights, discuss how to make appropriate decisions related to Termination of Parental Rights and make appropriate referrals	Case management and supervision, social work practices, placement of child.	75%	6	Classroom	Multiple trainers from the Assistant Attorney	Long-term	Foster Care			
Structured On The Job Field Activities	Foster Care Activities include: <ul style="list-style-type: none"> •FTM Shadowing guide •Parenting Time Shadowing Guide •Visitation Shadowing Guide •Interview the Permanency Resource Monitor 	Title IVE policy and procedures, effective communication skills	75%	200	Web-based, work environment	Field supervisor and mentor	long term	Foster Care			
CPS Program Specific	The program specific portions of the PSI training are offered stand alone to experienced workers who have already completed PSI and are transferring programs. Several more classes are offered for CPS specialists, and are not listed here, as they do not fall under any IVE administration functions.										
CPS Legal	An interactive training that provides caseworkers with the knowledge of laws that directly impact the practice of CPS in Michigan.	social work practice, legal basis for removal, preparing for and participating in judicial determinations.	75%	3	classroom	multiple guest trainers from the attorney general office	long-term	CPS			
On-going and Case Closure	During this module trainees will be trained on how to identify Ongoing case responsibilities along with how to complete a USP and how to conduct a case closing.	Development of case service plan, placement of child, case reviews and case management and supervision, referral to services	75%	0.5	Classroom	multiple trainers	Long-term	CPS			
Removal	During this module, trainees will learn petition types and their requirements and how to correctly assess the conditions needed to remove children/ perpetrators from home. Trainees will be trained on how to identify kinship care & complete assessments and gain an understanding of the impact removal has on families.	Preparation for and participation in court hearings, placement of youth,	75%	0.5	Classroom	multiple trainers	Long-term	CPS			
Petition Writing	During this module trainees will learn the basic fundamentals of writing a petition.	Preparation for and participation in court hearings	75%	0.5	Classroom	multiple trainers	Long-term	CPS			
Structured On The Job Field Activities	CPS Activities include: <ul style="list-style-type: none"> •Child Protection Law •Conduct a variety of CPS home calls •Complete the Home Call Checklist •Complete a Forensic Interview of a child 	All activities support the IVE program. Preparation for and participation in court hearings, placement of	75%	200	Web-based, work environment	Field supervisor and mentor	long term	CPS			
Family Preservation											

Title IV-E Training Matrix

<p>Family Preservation Families First of Michigan Core Training</p>	<p>The Families First of Michigan (FFM) Core training series is a seven day training series that is mandatory for all FFM staff. The three part training series is broken up over an eight week period. The series is divided in the following way. Part A is three days. Staff return to their agencies for one full week. Part B is two days and will occur two weeks after the beginning of part A. Families First staff are eligible to take a case while being shadowed after completing part B of the series. Part C is two days and occurs six weeks after Part B. FFM staff must complete all three parts of the series prior to solo, active casework. It is expected that participants attend the three part series in the order presented. (Part A; Part B; Part C).</p>	<p>Assessments to determine whether a situation requires a child's removal from the home. Social work practice, such as family centered practice and social work methods including interviewing and assessment. Child abuse and neglect issues, such as the impact of child abuse and neglect on a child, and general overviews of the issues involved in child abuse and neglect investigations. General substance abuse, domestic violence, and mental health issues related to children and families in the child welfare system. Effects</p>	<p>75%</p>	<p>42</p>	<p>Classroom</p>	<p>Multiple Trainers</p>		<p>Family Preservation Workers</p>			
<p>Family Preservation Family Reunification Program Core Training</p>	<p>The Family Reunification Program (FRP) Core Training series is a two part, five day mandatory training for all new FRP staff. Part I Focuses on better understanding the foster care and court system, program values and characteristics, FRP team roles, engagement and safety planning, assessment, beginning to use solution focus interviewing techniques, and documentation. Part II - The focus of the training is as follows: court testimony, skill teaching, confrontation of a client family, solution-focused crisis intervention, team building, working with difficult to engage clients/individuals, and documentation.</p>	<p>Assessments to determine whether a situation requires a child's removal from the home. Social work practice, such as family centered practice and social work methods including interviewing and assessment. Child abuse and neglect issues, such as the impact of child abuse and neglect on a child, and general overviews of the issues involved in child abuse and neglect investigations. General substance abuse, domestic violence, and mental health issues related to children and families in the child welfare system. Effects</p>	<p>75%</p>	<p>30</p>	<p>Classroom</p>	<p>Multiple Trainers</p>		<p>Family Preservation Workers</p>			

Title IV-E Training Matrix

<p>Family Preservation Families Together Building Solutions Core Training</p>	<p>This 2-day training is mandatory for all new FTBS workers. Focus is on the Solution-Focused Brief Therapy approach developed by Stephen DeJong and Insoo Kim Berg. Both theory and practice will be taught. Emphasis is also placed on skill-building in the areas of engagement, goal-setting, communication, documentation, and safety-planning. This workshop will provide a framework for understanding and building on Solution focus. Participants attending this workshop will expand their knowledge of the five question techniques and solution focus language with the utilization of scenarios and documentation specific to the FTBS model.</p>	<p>Assessments to determine whether a situation requires a child's removal from the home. Social work practice, such as family centered practice and social work methods including interviewing and assessment. Child abuse and neglect issues, such as the impact of child abuse and neglect on a child, and general overviews of the issues involved in child abuse and neglect investigations. General substance abuse, domestic violence, and mental health issues related to children and families in the child welfare system. Effects</p>	<p>75%</p>	<p>12</p>	<p>Classroom</p>	<p>Multiple Trainers</p>		<p>Family Preservation Workers</p>			
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Course/Module Title	Course Description	Title IV-E Administrative Function	FFP Rate	Hrs	Venue	Trainer	Duration	Target Audience	
<p>Yellow highlight indicates new to 2018</p> <p style="text-align: center;">Allocation Methodology</p> <p style="text-align: center;">Costs for all courses are reduced by the title IV-E ratio to determine the IV-E eligible portion. The eligible portion is allocated between the Foster Care and Adoption Assistance programs by applying the FC/AA ratio. Each portion is claimed at either 50% or 75% FFP, for the respective programs.</p>									
New Supervisor Institute Child Welfare Topics	This course is designed for all newly hired child welfare supervisors, including Child Protective Services, Foster Care, Licensing, and Adoption Supervisors.								
Introduction	This section provides new child welfare supervisors with a face to face discussion with child welfare leadership and helps to set the foundation of being a child welfare supervisor.	Case management and supervision	75%	2	Classroom	Multiple-Trainers	Long-term	Child Welfare Supervisors	
Time Management	This section helps new child welfare supervisors define what a workflow organization plan is and explain the benefits of having one. There are also discussions of best practice for time management.	Job performance enhancement skills	50%	2	Classroom	Multiple-Trainers	Long-term	Child Welfare Supervisors	
Office Culture	This section provides new child welfare supervisors with strategies to create office culture and ways to identify secondary traumatic stress with staff and amongst themselves.	Team building and stress management training	50%	5	Classroom	Multiple-Trainers	Long-term	Child Welfare Supervisors	
Trauma Informed Supervision	This section helps new child welfare supervisors describe what trauma informed supervision looks like when coaching workers and recognize it in action.	Team building and stress management training	50%	1.5	Classroom	Multiple-Trainers	Long-term	Child Welfare Supervisors	
Data-Driven Decision-Making	This section helps new child welfare supervisors recognize the types of data that are used in child welfare to monitor and support outcomes and identify the ways data can be used during the supervision process to improve outcomes.	Job performance enhancement skills	50%	1.5	Classroom	Multiple-Trainers	Long-term	Child Welfare Supervisors	
Assessing Staff for Performance	This section provides new child welfare supervisors with the ability to review the key tasks of assessing staff for performance and identifying how it may be challenging to do so.	General supervisory skills or other generic skills needed to perform specific jobs	50%	1.5	Classroom	Multiple-Trainers	Long-term	Child Welfare Supervisors	

Continuum of Care: Collaborating in Child Welfare	This section provides new child welfare supervisors with a discussion of the impact that the differences in how we address common tasks along the continuum has on the outcome of our cases along with an opportunity to practice working to solve the problems that result.	Case management and supervision	75%	1.5	Classroom	Multiple-Trainers	Long-term	Child Welfare Supervisors	
Onboarding and Support of New Workers	This section helps new child welfare supervisors state the benefits of having an excellent onboarding plan and examine the resources for creating this plan with support from workers. There is also discussion of ongoing support to workers.	General supervisory skills or other generic skills needed to perform specific jobs	50%	2	Classroom	Multiple-Trainers	Long-term	Child Welfare Supervisors	
Creating Support Plans	This section provides new child welfare supervisors the opportunity to list ways to offer a supportive path towards success of workers, define a support plan, and identify how to develop and implement a support plan with workers.	General supervisory skills or other generic skills needed to perform specific jobs	50%	1	Classroom	Multiple-Trainers	Long-term	Child Welfare Supervisors	
Office of Family Advocate	This section provides new child welfare supervisors a chance to learn who the Office of Family Advocate is and how they interact with child welfare.	Case management and supervision	75%	1	Classroom	Office of Family Advocate staff	Long-term	Child Welfare Supervisors	
ICWA/MIFPA for Supervisors	This section helps new child welfare supervisors identify their role in working with Native American families in child welfare and learn new ways to support those cases.	Case management and supervision	75%	2	Classroom	Native American Affairs staff	Long-term	Child Welfare Supervisors	
MiTEAM Fidelity Tool	This section provides new child welfare supervisors with information on the administration of the MiTEAM Fidelity tool with workers and an opportunity to practice the skills.	Case management and supervision	75%	3	Classroom	MiTeam	Long-term	Child Welfare Supervisors	
New Supervisor Institute Adoption		Please see the breakdown for each module			Classroom	Multiple trainers	Long-term	Child Welfare Supervisors	
Philosophy of Adoption	Permanency, reunification and strength based services Child safety and well being Values and ethics Best interest of the child. In addition the course will provide information that will help the supervisor understand more fully the importance of adhering to timeframes and their impact on families and children.	Placement of the child; Development of the case plan; Case management and supervision; referral to services	75%	1.5	Classroom	Multiple trainers	Long-term	Adoption Supervisors	

Modified Settlement Agreement and Implementation, Sustainability Exit Plan mandates	Modified Settlement Agreement and Implementation, Sustainability Exit Plan and the requirements for Adoption Supervisors to be in compliance: Post Adoption Services, Caseload progression and caseload size, hiring and acceptable degrees.	Case management and supervision	75%	1	Classroom	Multiple trainers	Long-term	Adoption Supervisors	
Confidentiality	Working with identifying information Redaction of info Medical, mental health & substance abuse records: SRM 131.	Confidentiality, referral to services,	50%	1	Classroom	Multiple trainers	Long-term	Adoption Supervisors	
Child Death Reporting and Mandated Reporters	Review ADM and SRM policy regarding Child death reporting process and actions to be taken.	Policy and procedure; Case management and supervision	50%	1	Classroom	Multiple trainers	Long-term	Adoption Supervisors	
Referral to Adoption	Termination of Parental Rights Voluntary release Safe delivery Act Relative licensing Continuity of relationships Impact of placement & re-placement Permanency and changing goals. Timeframes for referral to Adoption	Referral to services; permanency; Placement of the child; Development of the case plan	75%	1	Classroom	Multiple trainers	Long-term	Adoption Supervisors	
Adoption Matching Process	Child Assessment Family Recruitment and the use of the child assessment and family assessment in the matching process. Application for Adoption; required information to be provided to prospective families	Permanency; Placement of the child; Case management and supervision	75%	1.5	Classroom	Multiple trainers	Long-term	Adoption Supervisors	
Report Writing & Documentation	Reading reports Case reads and audits for compliance Supportive documentation. Review of the three types of Adoption Family Assessments	Development of the case plan; Case reviews; Case management and supervision	50%	1	Classroom	Multiple trainers	Long-term	Adoption Supervisors	
Achieving Permanency	Consent to adopt, Legal risk adoptions, tracking birth parent appeals via SCAO; Supervision of placement and required visits Finalization and closing.	Permanency; Placement of the child; Case management and supervision	75%	3	Classroom	Multiple trainers	Long-term	Adoption Supervisors	
MDHHS & private child placing agency Interface for Adoption	Roles and responsibilities of private child placing agency and building collaborative relationships with MDHHS. Access to and review MDHHS Adoption Contract and language, billing rates and Standards of Promptness for Subsidy, Consent and Fingerprinting	Case management and supervision; job performance enhancement skills	75%	2	Classroom	Multiple trainers	Long-term	Adoption Supervisors	
Michigan Children's Institute Superintendent	Role & responsibility for children; Best interest criteria used by MCI Competing parties; resources and services offered by the Michigan Adoption Resource Exchange.	job performance enhancement skills; permanency	75%	3	Classroom	Guest speaker from MCI office	Long-term	Adoption Supervisors	

Adoption Assistance Guardianship Office	Application process for Adoption Assistance, Medical Subsidy and Non-Recurring expenses.	rate setting; referral to services	75%	2	Classroom		Long-term	Adoption Supervisors	
New Supervisor Institute Children's Protective Services	Additional classes are offered for CPS Supervisors that are not listed here as they do not fall under any IVE administrative functions.	Please see the breakdown for each module			Classroom	Multiple trainers	Long-term	CPS Supervisors	
Policy Manuals	Locate and navigate the departmental and public policy manuals.	Case reviews, case management and supervision, policy and procedure, permanency, social work practice	75%	1	Classroom	Multiple trainers	Long-term	CPS Supervisors	
Implementation Sustainability and Exit Plan (ISEP)	Identify the main CPS Program Specific Commitments named in the Implementation Sustainability and Exit Plan (ISEP).	policy and procedure, SACWIS system training, family centered practice	75%	1	Classroom	Multiple trainers	Long-term	CPS Supervisors	
Intake	<ul style="list-style-type: none"> • Verify that assigned intakes/complaints meet the Four Legal Criteria for assignment. • Complete the process to link an intake, unlink an intake, and submit a Reconsideration Request in MISACWIS. • Describe strategies that a CPS supervisor can utilize to assist and monitor staff when a new complaint is assigned for investigation. • Assign a case in MISACWIS. • Verify complaints that warrant assignment have been sent to the correct county. • Identify the assigning supervisor in another county and transfer a case to another county in MISACWIS. 	Case reviews, case management and supervision, policy and procedure, permanency, social work practice	50%	3	Classroom	Multiple trainers	Long-term	CPS Supervisors	
Reviewing and Approving a CPS Initial Service Plan (ISP)	<ul style="list-style-type: none"> • Verify that all policy requirements of a thorough CPS investigation have been met and that the appropriate decision has been made for a sample training case. • Approve a work item (ISP) in MISACWIS. 	Case management and supervision	75%	3	Classroom	Multiple trainers	Long-term	CPS Supervisors	
Removal and Transfer to Foster Care	Identify cases that require a mandatory petition per the Child Protection Law.	policy and procedure, SACWIS system training, permanency	50%	1	Classroom	Multiple trainers	Long-term	CPS Supervisors	
Reviewing and Approving a CPS Updated Service Plan (USP)	<ul style="list-style-type: none"> • Locate and utilize the job aid to approve a USP in MISACWIS. • Locate the job aid to escalate an ongoing case in MISACWIS. 	policy and procedure, SACWIS system training	50%	3	Classroom	Multiple trainers	Long-term	CPS Supervisors	

Assessing Staff Performance - Caseload Weights	<ul style="list-style-type: none"> Calculate a worker's caseload weight, using the spreadsheet tool, to ensure compliance with the ISEP. Utilize the DMU spreadsheet from a caseload count to verify a worker's caseload weight. 	General supervisory skills or other generic skills needed to perform specific jobs	50%	1	Classroom	Multiple trainers	Long-term	CPS Supervisors	
Utilizing Data Warehouse Reports	Utilize the Data Warehouse as a tool for assessing staff performance.	General supervisory skills or other generic skills needed to perform specific jobs	50%	4	Classroom	Multiple trainers	Long-term	CPS Supervisors	
CPS Supervisor Strategies	Describe supervisor strategies to maximize a unit's overall performance.	General supervisory skills or other generic skills needed to perform specific jobs	50%	2	Classroom	Multiple trainers	Long-term	CPS Supervisors	
Case Conferences	<ul style="list-style-type: none"> Identify the requirements for case conferencing. List the tools available to assist supervisors during case conferences. 	General supervisory skills or other generic skills needed to perform specific jobs	50%	1	Classroom	Multiple trainers	Long-term	CPS Supervisors	
New Supervisor Institute Foster Care		Please see the breakdown for each module			Classroom	Multiple trainers	Long-term	Foster Care Supervisors	
Policy Manuals/Assessing Resources	Locate and navigate key policy manuals (both internal and public sites):	Family centered practice, job enhancement skills, case reviews	50%	1	Classroom	Multiple trainers	Long-term	Foster Care Supervisors	
Foster Care Collaboration with Specialty Roles	Identify internal staff with child welfare specialty roles and responsibilities that can be a resource for foster care staff when working with their caseloads.	Case reviews, case management and supervision, policy and procedure, permanency, social work practice, Family centered practice	75%	2	Classroom	Multiple trainers	Long-term	Foster Care Supervisors	
Identify an accurate and complete CPS transfer packet	Identify an accurate and complete CPS Transfer packet.	Case management and supervision	75%	3	Classroom	Multiple trainers	Long-term	Foster Care Supervisors	
Placement/ Replacement	Locate the resources for a placement/replacement.	Recruitment and licensing of foster homes, permanency, effect of abuse/neglect on children, family centered practice	75%	2	Classroom	Multiple trainers	Long-term	Foster Care Supervisors	
Case Assignments/Case Transfers	Demonstrate case load distribution using an Excel spreadsheet tool and provide additional supervisory resources.	Permanency, case management and supervision, policy and procedure, Title IV-E policy and procedures	75%	1	Classroom	Multiple trainers	Long-term	Foster Care Supervisors	

Payments	Examine and approve Determination of Care, Case Service Payments and Board and Care. Additionally, provide step by step instruction in MiSACWIS regarding supervisory procedures	Case management and supervision; job performance enhancement skills	50%	2	Classroom	Multiple trainers	Long-term	Foster Care Supervisors	
Examine and Approve Service Plan	Verify that all policy requirements of an Initial and Updated Service Plan have been met. Additionally this segment will provide job aids and resources.	Development of the case plan; Case reviews; Case management and supervision	50%	4	Classroom	Multiple trainers	Long-term	Foster Care Supervisors	
Implementation Sustainability and Exit Plan (ISEP)	Identify the Foster Care Program Specific Commitments in the Implementation Sustainability and Exit Plan (ISEP)	Case management and supervision	75%	1.5	Classroom	Multiple trainers	Long-term	Foster Care Supervisors	
Monitor Staff Compliance and Audit Preparation	Identify which Book of Business Reports and resources can be a tool for monitoring staff performance and preparing for audits	General supervisory skills or other generic skills needed to perform specific jobs	50%	1.5	Classroom	Multiple trainers	Long-term	Foster Care Supervisors	
Workload Organization for Supervisors	Identify effective techniques for managing supervisor workload organization	Confidentiality, referral to services,	50%	3	Classroom	Multiple trainers	Long-term	Foster Care Supervisors	
New Supervisor Institute Leadership Topics	This portion of New Supervisor Institute training is for MDHHS supervisors only								
Building Teams	In this ½ day session supervisors will recognize why teams fail and ways to ensure your team is successful. Learner will recognize their impact on the team, as well as gain skills to allow successful team development	Team building and stress management training	50%	3	Classroom	Multiple trainers	Long-term	Child Welfare	
Conflict Resolution	In this ½ day session supervisors are shown how to recognize that a conflict is escalating and minimize damage by using the most appropriate resolution tactic, regardless of which stage a conflict is in	General supervisory skills or other generic skills needed to perform specific jobs	50%	3	Classroom	Multiple trainers	Long-term	Child Welfare	
Engaging and Motivating Staff	In this ½ day session supervisors will be introduced to concepts such as: leadership principles, how to engage and motivate staff, communication, trust and professional boundaries as a supervisor	General supervisory skills or other generic skills needed to perform specific jobs	50%	3	Classroom	Multiple trainers	Long-term	Child Welfare	
Leadership Basics-Communication	In this ½ day session supervisors will be able to be able to recognize how to improve their communication practices by understanding the barriers and process's to remove them, as well as key points in communicating effectively via electronic, in person as well written	General supervisory skills or other generic skills needed to perform specific jobs	50%	3	Classroom	Multiple trainers	Long-term	Child Welfare	

Managing Change	This ½ day session for supervisors focuses their role and how crucial it is in initiating change in the workplace. Discussions are had around how to introduce a change initiative and lead discussions with employees to explore how best to implement the changes. They also learn to help others overcome their resistance to change. These skills enhance a supervisor's ability to minimize the potentially negative effects of change on morale, processes, and productivity.	General supervisory skills or other generic skills needed to perform specific jobs	50%	3	Classroom	Multiple trainers	Long-term	Child Welfare	
One on Ones and Coaching	This half day session for supervisors focuses on One on Ones which are a type of meeting that will allow time for coaching and relationship building. Discussions and tools that focuses on the importance and how to assist participants with coaching their staff.	General supervisory skills or other generic skills needed to perform specific jobs	50%	3	Classroom	Multiple trainers	Long-term	Child Welfare	
Trust	In this ½ day session supervisors focus on things that contribute to breaking trust, practice techniques in building trust, and take action to create an environment in which people work together to create and sustain high levels of trust	General supervisory skills or other generic skills needed to perform specific jobs	50%	3	Classroom	Multiple trainers	Long-term	Child Welfare	
Family Preservation									
Family Preservation Supervisor Training I	This 2 day training is focused on the hiring process. It includes an examination of posting job positions, resume review, telephone and in person interviews, and orientation of the new worker. Day 2 assists the participant in examining their own management style and joining that with a	General supervisory skills or other generic skills needed to perform specific jobs	50%	12	Classroom	Multiple Trainers	Long-term	Family Preservation Supervisors	
Family Preservation Supervisor Training II	This 2 day training examines the participants' use of clinical skills to supervise workers in case management. The areas of safety planning for families, using solution focus techniques, and a strength-based approach with families is emphasized. Modeling effective communication across generations in a workplace and assisting workers in personal goal planning is woven	Case management and supervision	75%	12	Classroom	Multiple Trainers	Long-term	Family Preservation Supervisors	

Family Preservation Supervisor Training III	This 2 day training is focused on Leadership and Team Building. Participants will focus on identifying their own leadership style and philosophy. Day 2 centers around the definition of team and team development. Team building activities will be demonstrated.	General supervisory skills or other generic skills needed to perform specific jobs	50%	12	Classroom	Multiple Trainers	Long-term	Family Preservation Supervisors
Family Preservation Families First Supervisor Orientation	This supervisory orientation provides a review of the FAMILIES FIRST contract and the various ways by which the program structure is designed to preserve the integrity of the FAMILIES FIRST model. The training explores the various roles of the agency, the supervisor, and the DHHS referring worker, while emphasizing the major aspects of the agency program manager and supervisors' role in the area of	Case management and supervision	75%	6	Classroom	Multiple Trainers	Long-term	Family Preservation Supervisors
Family Preservation Family Reunification Program Supervisor Orientation	This two-day Family Reunification Supervisory Orientation provides a review for supervisors of the FAMILY REUNIFICATION PROGRAM including contract, program components and structure designed to preserve the integrity of the FAMILY REUNIFICATION PROGRAM model. The training explores the various roles of the agency, the supervisor, and the DHS referring worker, as well as the FRP program manager and team members (one team comprised of one master level team leader and two bachelor level workers). The training also includes how to perform supervisory duties and responsibilities related to: forms and documentation review; providing leadership in team and individual supervision meetings; solution focused treatment planning; collaborative and solution focused approach with referring staff, FRP staff and families.	Case management and supervision	75%	12	Classroom	Multiple Trainers	Long-term	Family Preservation Supervisors

Course/Module Title Yellow highlight indicates new to 2018	Course Description	Title IV-E Administrative Function	FFP Rate	Hrs	Venue	Duration	Target Audience	Total completions 1/1/2018 - 12/31/18
Allocation Methodology Costs for all courses are reduced by the title IV-E ratio to determine the IV-E eligible portion. The eligible portion is allocated between the Foster Care and Adoption Assistance programs by applying the FC/AA ratio. Each portion is claimed at either 50% or 75% FFP, for the respective programs.								
Absent Parent Protocol	This course introduces new workers to the Absent Parent Protocol and Safety of Placement issues in Child Welfare.	Case management and supervision	75%	1	online	long term	child welfare	706
Continuum of Care	This course is an introduction to the continuum of care. Participants will learn the essential components of the CPS, Foster Care, Licensing, and Adoption roles along the continuum, common challenges that exist, and how the	General issues related to children and families in child welfare systems	75%	1	online	long term	child welfare	261
Human Trafficking of Children	Provides instruction on using the Human Trafficking of Children Protocol to identify and serve victims of human trafficking.	General issues related to children and families in child welfare systems	75%	0.5	online	long term	child welfare	230
Mandated Reporter -2018	Mandated Reporters of Abuse and Neglect. Formerly in Pathlore as APW921. To introduce Department of Human Services (DHS) staff to new AHP, CFF, CFP, JJ2, JR5, and DAM items in online manuals which support the topic of	General issues related to children and families in child welfare systems	75%	1	online	long term	child welfare	139
Adoption Assistance Negotiation Recorded Webinar	Effective January 21, 2014 the process for adoption assistance applications is being updated to include a worksheet to assist in the negotiation process. This webinar will discuss those changes described in CSA CI 13149. This webinar is mandatory training for all new hires.	Negotiation and review of adoption assistance agreements	75%	2	online	long term	child welfare	11
Completing the DHS1927 Child Adoption Assessment	A job aid that shows how to complete the DHS-1927.	Adoptive home studies	75%	0.5	online	long term	child welfare	149
Complying with the Multiethnic Placement Act MEPA of 1994 and Interethnic Adoption Provisions IEAP of 1996	Provides information about MEPA and IEAP that adoption workers and foster care workers need to know	Training on referral to services case planning; case management	75%	1	online	long term	child welfare	597
Note: Replaces Domestic Violence	Discusses definitions relating to domestic violence/intimate partner violence relationships, rationale and tactics used by abusers, impact of exposure to domestic violence, when domestic violence becomes lethal, protective strategies, and barriers to leaving	General issues related to children and families in child welfare systems	75%	1	online	long term	child welfare	956
Helping Adoptive Parents Apply for Adoption Assistance	This web-based training will show you how the Adoption and Guardianship Assistance Office determines adoption assistance eligibility and how you can help adoptive parents apply for adoption assistance programs	Negotiation and review of adoption assistance agreements	75%	0.5	online	long term	child welfare	166

ICWA	This CBT is designed to provide participants with knowledge to establish a fundamental understanding regarding Native American culture and history, and an introduction to Michigan's federally recognized tribes. In addition, the participant will be provided a foundation in the ICWA, ICWA Mandates, DHS Office of Native American Affairs (NAA) and DHS Native American Affairs (NAA) policies and procedures. Participants will learn about the Michigan Indian Family Preservation Act (MIFPA) P.A. 565 of 2012. Participants will also learn about In Re Morris and In Re Gordon and how this impacts their duties and responsibilities when working with American Indian and Alaska Native children and families.	Case planning; preparation for judicial determinations.	75%	1.5	online	long term	child welfare	1061	
Management and Data-Driven Decision Making Training - Supervisor	During this recorded webinar, supervisors will learn the importance of data in child welfare. They will learn what data we use, why we use the data and how the data will improve case management	Generic skills needed to perform specific jobs	50%	1	online	long term	child welfare	14	
Management and Data-Driven Decision Making Training - Worker	During this recorded webinar, workers will learn the importance of data in child welfare. They will learn what data we use, why we use the data and how the data will improve case management	Generic skills needed to perform specific jobs	50%	1	online	long term	child welfare	30	
Mentoring PSI New Hires	This online course is intended for experienced caseworkers (CPS, Foster Care, and Adoption) who are or will be assigned to mentor a newly hired caseworker. They will learn the importance and benefits of mentoring	Job performance enhancement skills	50%	1.5	online	long term	child welfare staff who will be mentoring PSI students	60	
MiTEAM Specialist and Liaison - Roles and Responsibilities	This course is a high-level introductory overview for the MiTEAM specialist position—previously known as a peer coach.	Social work practice - family centered practice; development of case plan	75%	1	online	long term	MiTEAM Specialist	42	
Petition Writing for Child Welfare Workers	This course will educate caseworkers on how to draft initial and supplemental petitions in court for a child protective proceeding. This training will help a worker identify the purpose for a court petition, when to file one and how to draft and file one. It will also provide a base knowledge for establishing a legal and putative father. The	Job performance enhancement skills	50%	1	online	long term	child welfare	382	
Young Adult Voluntary Foster Care	Young Adult Voluntary Foster Care (YAVFC) is the extension of foster care services until the age of 21 for youth who were in state supervised foster care at the age of 18 or older. This training is a guide to the implementation of the Young Adult Voluntary Foster Care Act. Learners will be informed of federal and state legislation, eligibility criteria, program requirements and	Case planning	75%	1	online	long term	child welfare	489	
A Guide to Critical Thinking in Child Welfare, DHS-3130a and DHS-588	This training will assist child welfare workers and supervisors in understanding the basics of critical thinking and help support the development of critical thinking skills utilized in the completion of thorough home assessments.	Communication skills related to working with children & families, social work practice	75%	1	online	long term	child welfare	212	
Abbreviated Licensing Training For Child Welfare Workers	A brief training to help CPS and Foster Care workers define the basic licensing application process, list pertinent licensing rules that apply to CPS and Foster Care placements, learn about the Family Incentive Grant (FIG) can help when licensing barriers exist	Social work practice - family centered practice; development of case plan;	75%	1	online	long term	child welfare	143	

<p>Achieving Safety and Self-Sufficiency for Battered Women and Their Children</p> <p>Note: This course replaces Domestic Violence</p>	<p>Provides an introduction to the topic of domestic violence and the specific strategies that eligibility specialists and family independence specialists can use to help clients who are experiencing domestic violence. Produced in cooperation with the Michigan Domestic and Sexual Violence Prevention and Treatment Board.</p>	<p>General issues related to children and families in child welfare systems; case planning</p>	<p>75%</p>	<p>2</p>	<p>online</p>	<p>long term</p>	<p>child welfare</p>	<p>210</p>	
<p>Caseworker-Child Visits</p> <p>Note: This course replaces CPS Caseworker Visits with Children and Foster Care - Adoption - JJ Caseworker Visits with Children</p>	<p>Find out what happens when MDHHS does not meet the federal goal for caseworker visits with children. Review your knowledge of policy for caseworker-child visits by playing a fun trivia game. Discover the seven items that caseworkers commonly miss when documenting their visits in MISACWIS</p>	<p>Social work practice - family centered practice; development of case plan; Participation in judicial findings.</p>	<p>75%</p>	<p>1</p>	<p>online</p>	<p>long term</p>	<p>child welfare</p>	<p>298</p>	
<p>MiTEAM Domestic Violence Enhancement Introduction</p>	<p>The MiTEAM Domestic Violence Enhancement Training is a perpetrator pattern based, child centered, survivor strengths approach to working with domestic violence. This is a pre-requisite to the classroom training.</p>	<p>case management and supervision; development of case plan; referral to services</p>	<p>75%</p>	<p>2</p>	<p>online</p>	<p>long term</p>	<p>child welfare</p>	<p>642</p>	
<p>Working with the LGBTQ Community</p>	<p>Working with the LGBTQ Community is an appropriate course for staff who work directly with children in the child welfare system. Staff will learn about LGBTQ youth, the unique risks that LGBTQ youth in the child welfare system face, and the specific things staff can do to advocate for them. The course also covers how the new marriage equity laws apply to the work of foster care and</p>	<p>Social work practice, cultural competency, communication skills required to work with children in families, placement of the child, referral to services</p>	<p>75%</p>	<p>3</p>	<p>online</p>	<p>long term</p>	<p>child welfare</p>	<p>544</p>	

Title IV-E Training Matrix

Course/Module Title Yellow highlight indicates new to 2018	Course Description	Title IV-E Administrative Function	FFP Rate	Hrs	Venue	Trainer	Duration	Target Audience	Total completions 1/1/2018 - 12/31/18	
Allocation Methodology										
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Accountable Leadership for Men	<ul style="list-style-type: none"> •Distinguish three differences in how women and men identify in the workplace. •Develop an awareness of gender bias and male privilege in the workplace. •Influence a desired behavioral change to promote equity in the workplace. •Discuss techniques to promote workplace equity by using gender neutral language in the workplace. 	Worker retention and worker safety	50%	3	classroom	Multiple Trainers	Short-Term	Child Welfare	43	
Achieving Health Requirements for Children in Foster Care	The purpose of this training is to practical/hands on training in the tools workers use to improve the well-being of children in Foster Care	Case management and supervision	75%	4.5	classroom	Multiple Trainers	Long-Term	Child Welfare	719	
Crucial Accountability Refresher Course	This session is designed for people who have previously completed the 2-day Crucial Accountability course. This 1 hour Crucial Accountability session will reinforce the concepts of Starting with Heart and Master My	Communication skills related to working with children &	50%	1	classroom	Multiple Trainers	Long-Term	Child Welfare	19	
Dual Wards	The various interactions of crossover youth, including dual wards, will be addressed during this course. MDHHS responsibilities for both the Juvenile Justice and Foster Care programs will be reviewed, including a	Case management and supervision	75%	3	classroom	Multiple Trainers	Long-Term	Child Welfare	32	
Foster Care Supervisor Service Planning	This workshop will allow Supervisors to review and identify common errors in Foster Care case service plans and assessments. This includes understanding all values needed to be present in assessments and case service	Case management and supervision	75%	3	classroom	Multiple Trainers	Long-Term	Child Welfare	27	
Introduction to Child Welfare for the Migrant Worker	This class will provide the Migrant Worker basic information about the Child Welfare system, what to look for in reference to child abuse and neglect, when to report child abuse and neglect and will provide an	Child abuse and neglect issues	75%	2	classroom	multiple trainers	long-term	child welfare	37	
Confidentiality Training for Child Welfare Workers	This training provides an overview of SRM 131 along with practice in case redaction and HIPPA	Child abuse and neglect issues	75%	3	classroom	multiple trainers	Long-term	child welfare	44	
Program Specific Refresher for CPS	This courses will provide updates on CPS along with refresher training on required case management items such as standard of promptness, petition writing, policy definitions, report timelines, etc.	Case management and supervision	75%	6	classroom	multiple trainers	long-term	child welfare	108	
Program Specific Refresher for foster care	This courses will provide updates on Foster Care along with refresher training on required case management items such as standard of promptness, petition writing, policy definitions, report timelines, etc.	Case management and supervision	75%	6	classroom	multiple trainers	Long-term	child welfare	43	
Program Specific Refresher for Adoption	This courses will provide updates on Adoption along with refresher training on required case management items such as standard of promptness, policy definitions, report timelines, etc.	Case management and supervision	75%	6	classroom	multiple trainers	long-term	child welfare	0	
Reviewing and Approving CPS Initial Service Plans	This workshop will cover reviewing a CPS Initial Service Plan (ISP) to ensure that policy requirements have been met. The workshop will cover the different sections of a CPS ISP and what policy requires in each section. The workshop will also discuss the process of approving a work item in MiSACWIS.	Policy update/case management	75%	3	classroom	multiple trainers	long-term	child welfare	61	
Secondary Trauma Training & Culture/Climate Assessment and Development for Child Welfare Staff	Role specific training for MDHHS directors on recognition of and appropriate response to secondary traumatic stress (STS). Focused on recognizing, understanding and addressing STS. The format shall be	Worker retention and worker safety	50%	6	classroom	multiple trainers	long-term	child welfare	2388	
Strengthening the Culture of Your Team: An Employee Engagement Workshop	managers' skills in employee engagement. In the previous Employee Engagement training, participants learned about the importance of engagement and methods for engaging staff. In this workshop, first and	Worker retention and worker safety	50%	3	classroom	multiple trainers	long-term	child welfare	280	

Title IV-E Training Matrix

Bringing MiTeam to Psychotropic Medication Consent	Foster care workers are charged with assisting children and families to achieve the goals of permanency, safety and well-being. Full integration of health and behavioral health care into case practice is critical, specifically when making decisions about psychotropic medications. This integration has been a challenge to achieve because it includes developing some degree of knowledge and expertise in the systems of medical care in addition to the child and family engagement embedded in the MiTEAM practice model. This conference will focus on psychotropic medication informed consent as an example of developing case practice integration. The specific topics included in the day will be: broadening the definition of MiTEAM case practice to include the process of decision making about psychotropic medications, engaging parents and youth during this process, defining the roles and activities of health and behavioral health providers in assessment and treatment of behavioral health problems, highlighting the commonalities in Shared Decision Making in health practice and the MiTEAM practice model and introducing new methods for managing psychotropic medication informed consent using MiSACWIS.	Development of case plan; referral to services	75%	6	classroom	Doctor	short term	child welfare	0	
Child Welfare Funding Specialist - Refresher trainer	This 6 hour training is designed to provide the Child Welfare Funding Specialist with skills and knowledge on funding, court orders, legal status living, how to navigate MiSACWIS and resolve funding issues	Eligibility determinations and redeterminations	75%	6	classroom	Staff from Federal Compliance and Child Welfare Funding	long term	Child Welfare Funding Specialists	140	
Child Welfare Funding Specialist Training (CWFS) - Day 1	Mandatory training for all new Child Welfare Funding Specialists and their supervisors. This training includes the process for determining a child's fund source. The primary focus is on title IV-E funding, which includes policy, legal requirements, MiSACWIS application, state systems and the impact of these determinations (correct and incorrect) on the Michigan foster care system.	Eligibility determinations and redeterminations	75%	6	classroom	Staff from Federal Compliance and Child Welfare Funding	long term	Child Welfare Funding Specialists	77	
Child Welfare Funding Specialist Training (CWFS) - Day 2	Mandatory training for all new Child Welfare Funding Specialists and their supervisors. This training includes the process for determining a child's fund source. The primary focus is on title IV-E funding, which includes policy, legal requirements, MiSACWIS application, state systems and the impact of these determinations (correct and incorrect) on the Michigan foster care system.	Eligibility determinations and redeterminations	75%	6	classroom	Staff from Federal Compliance and Child Welfare Funding	long term	Child Welfare Funding Specialists	77	
Child Welfare Funding Specialist Training (CWFS) - Day 3	Mandatory training for all new Child Welfare Funding Specialists and their supervisors. This training includes the process for determining a child's fund source. The primary focus is on title IV-E funding, which includes policy, legal requirements, MiSACWIS application, state systems and the impact of these determinations (correct and incorrect) on the Michigan	Eligibility determinations and redeterminations	75%	6	classroom	Staff from Federal Compliance and Child Welfare	long term	Child Welfare Funding Specialists	99	
Confidentiality Training for Child Welfare Workers	This class introduces new workers to confidentiality for child welfare, including: HIPPA, substance abuse treatment, mental health and HIV/AIDS. State and Federal Law and policy are discussed, and legal prohibitions and penalties are addressed.	Confidentiality, referral to services,	75%	3	Classroom	Multiple trainers	Long-term	Child Welfare	44	
Report Writing Skills for Child Welfare Note: Previously offered as two different classes, one for CPS and one for foster care. The curriculum now supports report and assessment writing across the continuum of care.	Caseworkers will gain an understanding of the importance of quality report writing; gain an understanding of the basic principles of behavior-based narrative writing; gain an understanding of the SMART goal writing method; will be able to identify MDHHS policy regarding FANS/CANS, Services Agreements, Social Work Contacts and write effective narratives.	communication skills, Preparation for and participation in judicial determinations	50%	6	classroom	multiple trainers	Long-term	child welfare	75	

Title IV-E Training Matrix

Crucial Accountability for Workers	Crucial Accountability is a program that was developed to address the difficulty many people experience with holding others accountable when agreements are not met; often one of the most challenging aspects of DHHS work. The skills trained will help participants to: - Address failure to meet expectations in a way that builds relationships and increases motivation. - Eliminate resistance by replacing fear and uncertainty with natural and enduring motivators and holding everyone accountable to the same standards, enhancing communication and trust. - Confront every broken promise or violated expectation in a way that not only solves the problem, but also strengthens relationships, improves engagement and offers opportunities for effective mentoring. The training teaches a straightforward step-by-step process for identifying and resolving performance gaps, mastering face-to-face performance discussions, motivating without using power, enabling without taking over, and moving to action. Throughout the training employees will have the opportunity to apply Crucial Accountability principles and skills to real life challenges that they may be facing.	Communication skills related to working with children & families	75%	14	classroom	multiple certified trainers	long term	child welfare	309	
Cultural Competence - full day	Trainees will learn about the dynamics and importance of cultural competency. Trainees participate in activities designed to reflect on the messages we received growing up and how those messages impact our approach to child welfare work.	Cultural competency related to children and families.	75%	6	classroom	Multiple Trainers - all have attended	long term	child welfare	279	
Cultural Competence- half day	Trainees will learn about the dynamics and importance of cultural competency.	Cultural competency related to children and families.	75%	3	classroom	Multiple Trainers - all have attended	long term	child welfare	289	
Domestic Violence - FP	This training will provide the Family Preservation and Child Welfare workers with knowledge about domestic violence, its manifestations and effects on the family. How to identify domestic violence and conduct an assessment of the potential lethality of the situation will be covered, in addition to intervention techniques, the role of the family preservation provider and safety planning with survivors. The training will include use of case scenarios developed based on actual case situations, role playing exercises, handouts and video. The training also focuses on the work, which can be done with perpetrators of domestic violence. Participants will learn to use the guiding principles for work with domestic violence in families, assessment skills and specific interventions developed for working to support the non-offending parent and the children. Attendees will also experience the strength-based perspective as applied to domestic violence.	Social work practice, communication skills required work with children and families, child abuse and neglect issues, impact of child abuse and neglect and the child, family centered practice, activities designed to preserve, strengthen, and reunify the family. Case management and supervision; development of case plan; referral to services	75%	18	Classroom	Multiple trainers	Long term	Family Preservation	275	
Domestic Violence Laws 1/2 Day	This training is devoted to an examination of the law related to domestic violence, as well as a review of the Personal Protection Order. Participants will learn how to advocate for women with the legal system, as well as establishing and activating the order of protection. An attorney who is knowledgeable in the area of domestic violence is the presenter for this session.	Preparation for and participation in judicial determinations, communication skills required to work with children and families	75%	3	Classroom	Multiple trainers	Long term	Family Preservation	110	

Title IV-E Training Matrix

Foster Home Certification and Complaint	Foster Home License Certification Training for child placing agency staff. All staff and supervisors who complete ANY functions related to the licensure of foster homes must attend and pass the five-day class on certifying foster homes and for conducting special investigations on foster homes.	Recruitment and licensing of foster homes	75%	40	classroom	Division of Child Welfare Licensing staff	long term	licensing	303	
ICWA Refresher	This ½ day training will educate CPS, Foster Care, and Adoption workers on MDHHS policy regarding the Indian Child Welfare Act (ICWA) as well as the Michigan Indian Family Preservation Act (MIFPA) and how the two laws work together to help preserve Native American children and families.	Development of case plan; referral to services; preparation of judicial participation	75%	3	classroom	multiple with support from the Office of Native American Affairs	long term	child welfare	35	
Incest-Affected Families I - FP	Designed to assist the in-home worker to utilize techniques in working with incest-affected families within a brief time period. Issues of engagement, assessment, goal setting and structuring for safety are discussed. Workers gain practical knowledge in skills for families through demonstrations case examples and role-plays.	Social work practice, communication skills required to work with children and families, child abuse and neglect issues, family	75%	6	classroom	multiple trainers	long term	Family Preservation	28	
Incest-Affected Families II - FP	This workshop is designed to assist the in-home workers in working with Adult survivors of Incest/Sexual molestation. The focus of “dos and don'ts” when working with Adult Survivors will be addressed, along with practical techniques for giving support and guidance.	Social work practice, communication skills required to work with children and families, child abuse and neglect issues, family	75%	6	classroom	multiple trainers	long term	Family Preservation	18	
Infant Safe Sleep	Safe Sleep training is designed to raise awareness among child welfare staff to assess and address safe sleep with parents/caregivers and to engage them in putting the safe sleep education message in to practice.	How to address/treat child or family behaviors	75%	1.5	classroom	Michigan Public Health Institute	long term	child welfare	489	
Mandated Reporter Train the Trainer	Participants will learn skills needed to provide training to Mandated Reporters to both internal and external stakeholders in child welfare to assist with making CPS complaints to Centralized Intake in accordance with the Michigan Child Protection Law.	Training topic not available under IVE but proper for administration of the IVE plan; general skills/knowledge	50%	1.5	classroom	CPS Program Office	long term	child welfare	81	
Medical Issues in Child Abuse and Neglect	Medical identification of child abuse and neglect, medical needs of children in care, emergency and planned removal of children with medical needs and collecting documentation for adoption purposes are all explored.	social work practice, medical issues in working with children and families.	75%	3	Classroom	multiple trainers	long-term	child welfare	0	
Medical/Mental Health: Attachment Theory and Practice	Reactive Attachment Disorder--Participants will develop a basic understanding of diagnostic criteria for Reactive Attachment Disorder and common presentations of same in children within the child welfare system. Participants will be informed of potential risks and barriers involved in working with children with Reactive Attachment Disorder as well as evidence-based treatment approaches for this condition.	social work practice	75%	6	classroom	Doctor	short term	child welfare	0	
Medical/Mental Health: Issues in Child Welfare	Information about a broad array of mental health problems that children and adolescents experience. We will discuss brain-behavior relationships, assessment and diagnosis and treatment approaches (focusing on psychotropic medications but not ignoring other treatment options).	social work practice	75%	6	classroom	Doctor	short term	child welfare	0	

Title IV-E Training Matrix

Mental Health I - Interventions - FP	This one day workshop focuses on working with families with mental health issues such as schizophrenia, depression, bipolar disorder, or borderline personality disorder. Workers are given resources to help them protect the rights of family members who may be suffering from	Case management and supervision; development of case plan; referral to	75%	6	Classroom	Multiple trainers	Long term	Family Preservation	60	
Mental Health II - For Kids - FP	This one-day workshop focuses on providing workers with information regarding the issues of Bi-Polar Personality Disorder and Autism as these conditions relate to children. Teaches ways to assist parents/caretakers in finding resources in regards to treatment and support for their child(ren).	Social work practice, cultural competency, communication skills required to work with children and families, development of the case plan, family centered practice, referral to services, activities designed to preserve, strengthen, and reunify the family	75%	6	classroom	multiple trainers	Long term	Family Preservation	48	
Domestic Violence Enhancement Training - MiTEAM	The MiTEAM Domestic Violence Enhancement Training is a perpetrator pattern based, child centered, survivor strengths approach to working with domestic violence. Developed originally for child welfare systems, it has policy and practice implications for a variety of professionals and systems including domestic violence advocates, family service providers, courts, evaluators, domestic violence community collaborative and others. The behavioral focus of the model highlights the "how" of the work, offering practical and concrete changes in practice. The model has a growing body of evidence associated with it including recent correlations with a reduction in out of home placements in child welfare domestic violence cases. This training is designed to provide staff and supervisors with the knowledge and tools to confidently and effectively work with victims, perpetrators, and children of domestic violence	case management and supervision; development of case plan; referral to services	75%	24	classroom	multiple trainers	Long-term	child welfare	1375	
Money Whisperer - FP	Information and tools to increase knowledge of money management techniques to Family Preservation staff to assist families in developing short-term and long-term healthy financial management skills.	Tools to provide specific financial services to families. Job Performance enhancement skills	50%	6	classroom	multiple trainers	long term	Family Preservation	59	
Personal Safety for Workers - FP	Basic safety in urban, rural and suburban areas. Participants will have an opportunity to explore with a home safety nurse the do's and don'ts of safety precautions for communicable diseases.	Worker safety	50%	6	Classroom	Multiple trainers	Long term	Family Preservation	68	
Pride - Train the Trainer	PRIDE is a model for the development and support of resource families. It is designed to strengthen the quality of family foster care and adoption services by providing a standardized, structured framework for recruiting, preparing, and selecting resource families. It also provides foster parent in-service training and ongoing professional development.	Recruitment and licensing of foster homes; retention of foster homes, foster parent training.	75%	24	classroom	multiple trainers	Long term	licensing workers/ foster parent trainers	126	

Title IV-E Training Matrix

Safety By Design	This class is required for all child welfare caseworkers, supervisors, program managers, directors and those in supportive roles to these positions. The Safety by Design training will enhance the trainees' understanding of safety assessment and planning, as well as threatened harm policy and practice. As well as, provide frontline staff the opportunity to identify obstacles to the application of these policies and practices. Thorough and inclusive safety assessment and planning increases immediate child safety, assists in better placement decisions and can enhance worker relationships with families, courts and other community partners.	Case management and supervision; development of case plan; referral to services	75%	3	classroom	multiple tra	long term	child welfare	59	
Secondary Trauma, Burnout and how MITeam can help (Note: This class used to be called Secondary Trauma. The curriculum was updated to train it through a MITEAM lens.	Understanding the difference between secondary trauma and burnout and the importance of addressing these topics in child welfare work. Using Teaming, Engagement, Assessment and Mentoring to build and repair the culture in your office to reduce secondary trauma and burnout.	worker retention, stress management training	50%	3	classroom	multiple trainers	Long term	child welfare/supervisors	40	
Self Care for Workers - FP	How to recognize and address stress from working with children and families at risk. The development of a personal care plan will be addressed and time will be given in the course of the day for sharing among participants.	Stress management training; worker retention	50%	6	classroom	multiple trainers	Long term	Family Preservation	65	
Self-Awareness	Examining how social workers' cultural background influences their view of different cultures. Participants will gain knowledge on how to individualize services to meet the cultural needs of service recipients.	Cultural competency, job performance enhancement	75%	12	Classroom	Multiple trainers	Long term	Family Preservation	168	
Sexual Abuse	To provide child welfare staff with the opportunity to build needed knowledge and skills to define, assess, and provide quality services to identified victims of child sexual abuse and their families.	Case management and supervision; development of case plan; referral to services	75%	3	Classroom	Multiple trainers	Long term	Child Welfare	0	
Solution Focus - FP	Overview of the Solution-Focused Brief Therapy Approach focusing on the five-question technique and interviewing to engage the family from a strength based approach.	social work practice, job performance enhancement	75%	6	classroom	multiple trainers	Long term	Family Preservation	128	
Substance-Affected Families - FP	Working with families with children at imminent risk of removal for abuse, neglect, or delinquent behavior due to the existence of substance abuse within the family system. Methods of intervention are covered using case examples.	Social work practice, cultural competency, communication skills required to work with children and families, child abuse and	75%	12	Classroom	Multiple trainers	Long term	Family Preservation	261	
Testifying in Court - FP	An overview of the probate court process involving Families First cases including court preparation, communicating with referring worker and attorneys, developing a legal case before taking the stand. A mock trial gives the opportunity to utilize the skills learned and practice testifying.	social work practice, preparation for and participation in judicial determinations	75%	6	classroom	multiple trainers	multiple trainers	Family Preservation	35	
Verbal De-escalation	Techniques and strategies for defusing verbal aggression and threats.	Worker safety	50%	3	classroom	multiple trainers	Long term	child welfare	129	

Title IV-E Training Matrix

Women in Leadership Conference	This one day, women’s only training is comprised of two parts and was created for public assistance and child welfare staff and supervisors seeking to gain leadership skills. The morning session is led by an OWDT trainer with group discussion and activities, designed to allow participants to gain/enhance their knowledge and skills in becoming effective leaders. The afternoon session is a panel discussion comprised of local women leaders who share insights and lessons learned about being a women in a leadership role and balancing work and home	job performance enhancement skills	50%	6	classroom	multiple trainers	Long-term	MDHHS staff	864	
Working with LGBTQ Clients and Their Families	This course covers definitions of sex/gender, sexual orientation, sexual behavior, sexual identity and gender identity. Participants will use practice exercises to apply concepts. Videos of negative reactions, misguided reactions and positive worker responses are used. Participants learn about the unique needs of and learn tips to being an advocate for LGBTQ youth. Common language pitfalls are reviewed.	Cultural competency related to children and families, candidates for care	75%	6	classroom	multiple trainers	long term	Family Preservation	79	
Critical Thinking	This ½ day training will educate CPS, Foster Care, and Adoption workers on the use of Critical Thinking skills to enhance the use of structured decision making (SDM) tools and improve the accuracy of reports and decision making to improve outcomes for children and families.	Communication skills related to working with children & families, social work practice	75%	3	classroom	multiple trainers	long term	child welfare	27	
Building Teams Utilizing The PERMA Model	This course is designed for first line supervisors to identify the best way to apply the PERMA Model when building their team. The PERMA model is based on seeking positive emotion in our day, engagement or flow when completing tasks, building relationships, finding meaning in what we do, supporting staff with goals and rewarding accomplishments. Participants will also be able to recognize ways to offer active constructive feedback with their staff.	job performance enhancement skills	50%	3	classroom	multiple trainers	long term	MDHHS staff	178	
Emerging Leader: Behaviors That Exemplify Your Leadership Skills	The Emerging Leader program is for first line staff. It includes 5 quickknowledge courses : Business Writing Basics, Valuing Diversity, Applying Leadership Basics, Building a Successful Team, and Managing Change. Additionally, participants will complete two half days class titled: Behaviors That Exemplify Your Leadership Skills and Communication Techniques for Effective Leadership. A supervisor will serve as a mentor to the participant throughout the program. The mentor role includes but is not limited to discussing the individual trainings with the mentee following a discussion guide, supporting the mentee with implementation goals that will allow the mentee to implement what they have learned on the job, as well as evaluating the mentee at the end of the course on their leadership skills.	job performance enhancement skills	50%	3	classroom	multiple trainers	long term	MDHHS staff	118	
Trauma Screening Checklist Training 101	This Training prepares Child Welfare staff to complete the Trauma Screening checklist with children/ youth, parents and caregivers in an engaging way. Trauma informed practice is infused in the MiTEAM Practice model. This training also prepares staff to do resiliency case planning, engage partners and make referrals with results of the screens	Impact of child and abuse on children	75%	5	classroom	multiple trainers	long term	child welfare staff	3053	

Title IV-E Training Matrix

<p>Youth Mental Health First Aid</p>	<p>Youth Mental Health First Aid is designed to teach parents, family members, caregivers, teachers, school staff, peers, neighbors, health and human services workers, and other caring citizens how to help an adolescent (age 12-18) who is experiencing a mental health or addictions challenge or is in crisis. Youth Mental Health First Aid is primarily designed for adults who regularly interact with young people. The course introduces common mental health challenges for youth, reviews typical adolescent development, and teaches a 5-step action plan for how to help young people in both crisis and non-crisis situations. Topics covered include anxiety, depression, substance use, disorders in which psychosis may occur, disruptive behavior disorders (including AD/HD), and eating disorders</p>	<p>How to address/treat child or family behaviors</p>	<p>50%</p>	<p>7</p>	<p>classroom</p>	<p>multiple trainers</p>	<p>long term</p>	<p>child welfare staff</p>	<p>56</p>	
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CFSP 2020-2024 Attachment L

Specify how families, children, youth, tribes, courts and other partners were involved in key aspects of the 2020-2024 CFSP development such as: 1) the review of current performance data, 2) assessment of agency strengths and areas needing improvement, and 3) the selection of goals and objectives for improvement in the 2020-2024 CFSP five-year plan.

Stakeholder Involvement in CFSP Development

Stakeholder group	Review of current performance data	Assessment of agency strengths and areas needing improvement	Selection of goals and objectives for improvement in the 2020-2024 CFSP
Parents		Participation in CFSR Round 3 focus groups, QSR interviews and focus groups, Guy Thompson Advisory Council and CFSR PIP Root Cause Work Groups	
Children and youth	Through local MYOI groups, analysis and discussion of National Youth in Transition data	Participation in CFSR Round 3 focus groups, QSR interviews and focus groups and the MYOI program	
Tribes	Tribal consultation through Tribal-State Partnership meetings, individual consultation with tribes	Participation in CFSR Round 3 focus groups, consultation with NAA through Tribal-State Partnership meetings, individual tribal consultation and CFSR PIP Root Cause Work Groups	Goals for ICWA compliance were planned through tribal consultation through Tribal-State Partnership meetings and individual consultation with tribes
Courts	Participation in several ongoing shared data projects led by the Court Improvement Program	Participation in CFSR Round 3 focus groups, QSR interviews and focus groups and CFSR PIP Root Cause Work Groups	
Office of Family Advocate	CPS Compliance Review Team reviews a random sample of CPS cases disposed the previous month to ensure compliance with policy and applicable laws.	Results of CPS Compliance Review Team reviews are shared with CPS program office for analysis and strategizing for improvement.	
Office of Children’s Ombudsman	Investigates complaints concerning children under the supervision of MDHHS and makes recommendations for practice improvements.	Results of case investigations are shared with Foster Care program office for analysis and strategizing for improvement.	
Foster caregivers		Participation in CFSR Round 3 focus groups, QSR interviews and focus groups and CFSR PIP Root Cause Work Groups	

CFSP 2020-2024 Attachment L

Stakeholder group	Review of current performance data	Assessment of agency strengths and areas needing improvement	Selection of goals and objectives for improvement in the 2020-2024 CFSP
Frontline workers supervisors and managers	Use of Infoview and monthly management reports to track local performance	Participation in CFSR Round 3 focus groups, QSR interviews and focus groups and CFSR PIP Root Cause Work Groups	
Private agency staff and managers	Use of Infoview and monthly management reports to track local performance	Participation in CFSR Round 3 focus groups, QSR interviews and focus groups and CFSR PIP Root Cause Work Groups	
State-level Quality Improvement Council (QIC) and QIC sub-teams	Use of federal data profile, U-M Data Lab and case review data to track and monitor progress and develop strategies	Participation in QIC and QIC sub-team meetings, in which progress is discussed and strategies to enhance progress are developed	Advisory role in selecting goals on request of policy program office managers
Policy/program office managers	Participation in state-level Quality Improvement Council meetings and sub-teams to analyze progress	Participation in QIC and QIC sub-team meetings, in which progress is discussed and strategies to enhance progress are developed and CFSR PIP Root Cause Work Groups	Responsible for selecting CFSP goals and objectives based on performance data, and identifying strategies for improvement
CFSR PIP Root Cause Work Groups	Participation in ongoing assessment of activities and performance in respective cross-cutting issues and root causes during PIP period.	Quarterly reporting of work group activities for PIP.	Quarterly PIP reporting will inform ongoing APSR reporting.

Michigan Child and Family Services Review Round 3

Program Improvement Plan

Cover Page

This document provides a template states may use to submit their Program Improvement Plans to the Children’s Bureau.

The state should provide the name of the state/territory below and record the date the Program Improvement Plan (PIP) is submitted to the Children’s Bureau for approval. If the state is required to make revisions to the PIP, record the date the PIP was resubmitted. If the state is not required to resubmit, enter NA in the “Date Resubmitted” field. Upon approval of the PIP, the Children’s Bureau will specify the date the PIP is approved, the PIP effective date, the end of the PIP implementation period, and the end of the non-overlapping year. For the “Reporting Schedule and Format,” explain briefly how and when the state will report to the Children’s Bureau on PIP progress.

State/Territory: Michigan

Date Submitted: First draft - March 7, 2019.

Final initial submission - March 29, 2019.

Date Resubmitted: April 10, 2019

Date Approved:

PIP Effective Date:

End of PIP Implementation Period:

End of Non-Overlapping Year:

Reporting Schedule and Format: Quarterly via a matrix and relevant documents identified in the PIP.

Introduction

The Michigan Department of Health and Human Services (MDHHS) is the state department that administers the federal child welfare programs under the Child Abuse Prevention and Treatment Act funded activities, Title IV-B(1) and (2) Stephanie Tubbs Jones Child Welfare Services, Title IV-E Child Welfare Training, Promoting Safe and Stable Families Program, Monthly Caseworker Visit Formula Grant, Chafee Foster Care Independence Program and the Education and Training Voucher Program. Child welfare services in Michigan are administered through the MDHHS Children's Services Agency (CSA).

CSA plans, directs and coordinates statewide child welfare programs delivered by department staff and contractors statewide. CSA groups Michigan's 83 counties into five Business Service Centers (BSC), with one BSC director in each service area to provide oversight of operations in their respective areas. The BSCs are regionally defined except for BSC 5 which is comprised of the five most populated counties in Michigan: Wayne, Genesee, Oakland, Kent and Macomb. The largest urban area, Wayne County, accounts for approximately a quarter of the foster care cases in Michigan. While BSC 1 covers the greatest land area and includes 36 of Michigan's 83 counties, only about eight percent of children in foster care reside in this area.

In Michigan, CSA partners with private child placing agencies for case management services for foster care and adoption. Private child placing agencies, also known as placement agency foster care (PAFC) agencies, collectively have responsibility for approximately 45 percent of children in foster care at any given time and nearly 100 percent of adoptions. PAFC and service provider presence is clustered in more populated areas of the state due to increased demand.

Michigan's State Court Administrative Office (SCAO) is the administrative agency of the Michigan Supreme Court and through which the Supreme Court may exercise oversight of Michigan's courts which otherwise operate independently. SCAO and MDHHS enjoy a collaborative working relationship and partner on the Court Improvement Plan.

Michigan's Current Performance

Michigan in consultation with the Children's Bureau elected to complete a traditional review for its third round. The CFRS Round 3 Onsite Review occurred the week of August 13 – 18, 2018. Wayne County, located in BSC 5, is the largest metropolitan county in Michigan and thus was a mandatory county of review. Also reviewed were Wexford County, located in BSC 1 and Van Buren County, located in BSC 3. 65 cases total were reviewed: 40 foster care, 24 Children's Protective Services investigations and ongoing cases open for at least 45 days, and one Prevention Services case.

The results of the Onsite Review determined that Michigan did not pass any of the outcomes or associated items. These include the following outcomes: Safety Outcome 1, Safety Outcome 2, Permanency Outcome 1, Permanency Outcome 2, Well-Being Outcome 1, Well-Being Outcome 2, and Well-Being Outcome 3.

Children's Bureau has targeted Safety Outcome 1 and 2, Permanency Outcome 1, and Well-Being Outcome 1 as primary outcomes needing improvement. The developed goals, strategies and activities found within this PIP address these primary outcomes but also intrinsically address the other outcomes and systemic factors needing improvement.

Safety Outcome 1 – 82% substantially achieved

Michigan performed well at immediately assigning investigations, commencing them the same day, and making efforts to achieve face-to-face contact with all alleged victims. However, not all non-victim children were seen timely and when there were delays, reasons were not documented. This outcome, along with Safety Outcome 2, will be priorities for improvement in Michigan due to the significant nature of these outcomes.

Safety Outcome 2 – 54% substantially achieved

Foster care cases had significantly higher substantially achieved than CPS cases for this outcome. For Item 2, CPS cases scored 38% compared to 67% for foster care. Similarly, for Item 3, CPS cases scored 32% compared to foster care at 70% substantially achieved. Michigan will focus on identifying, providing, and referring timely to safety-related services. Additionally, more work is needed to achieve meaningful conversations with families in order to perform accurate safety and risk assessments. Developing appropriate safety plans will also be a priority for improvement. Michigan did perform well at using relatives for safety planning and practicing good communication with collateral contacts.

Permanency Outcome 1 – 13% substantially achieved

Michigan has identified this outcome as a primary goal for improvement. In this outcome, the state's highest performance was on Item 4, Placement Stability, at 78%. Item 5, Permanency Goal, was measured at 53% and Item 6, Timely Achievement of Permanency will be an area of focus as substantially achieved was only 25%. A primary concern for Item 5 was the tendency to identify a concurrent goal as standard practice soon after removal but the concurrent goal was not actively worked until considering a primary goal change. Improvement is needed to ensure goals are appropriate to case circumstances and to reduce court barriers to achieve timely permanency. Delays towards permanency achievement appeared at both the court and agency level.

Well-Being Outcome 1 – 28% substantially achieved

Michigan has also identified this outcome as a primary goal for improvement. The scores for the four items are as follows:

- Item 12, Needs Assessment and Services to Child, Parents, and Foster Parents – 28 percent.
- Item 13 Child and Family Involvement in Case Planning – 50 percent.
- Item 14 Caseworker Visits with Children – 71 percent.
- Item 15 Caseworker Visits with parents – 43 percent.

The most critical need for improvement appears to lie in better quality assessments for parents and children across CPS and foster care cases. Other issues identified were delayed service provision, services not matching the identified need, the need for improved engagement, and the need to assess comprehensively as opposed to being incident-focused or particularly focused on certain individuals. The outcome as a whole also identified the need for improved caseworker visits with parents, diligent searches to locate absent parents, and the need to increase the frequency of visits with families when appropriate. Strengths were the utilization of family team meetings, needs assessments for children in foster care, as well as utilization of programs such as specialized court treatment services, Early On, and the Michigan Youth Opportunities Initiative.

Michigan submitted the Statewide Assessment on June 18, 2018. The systemic factors found to be in substantial conformity included Statewide Information System, Quality Assurance System and Agency Responsiveness to the Community. Those not in substantial conformity were:

Case Review System

- Item 20 Written Case Plan for CPS service plans not consistently completed timely and for not consistently and actively engaging the parents in the case plan development.
- Item 23 Termination of Parental Rights (TPR) due to no statewide tracking system for the filing of TPR petitions and stakeholders reporting that these filings are not occurring in accordance with required provisions.
- Item 24 Notice of Hearings and Reviews to Caregivers due to no consistent practice being developed statewide to notify caregivers of review hearings and their right to be heard; when they are notified, they are not always given a chance to speak in court.

Staff and Provider Training

- Item 26 Initial Staff Training due to stakeholder input that there is a need for training on navigating the state's information system, knowledge of agency policies, developing assessment skills, and engaging case participants as well as the need for more hands-on training.
- Item 28 Foster and Adoptive Parent Training due to stakeholder input that training is not readily available and delays in accessing. The current initial foster parent training for licensing does not provide practical information, skills, and knowledge for the children's level of needs, especially those with trauma.

Service Array and Resource Development

- Item 29 Array of Services based on stakeholder input that showed the availability and accessibility of services is uneven across the state and significant gaps in the service array, especially in the northern part of the state. When services are available, there are often waiting lists.
- Item 30 Individualizing Services for services not always being culturally or linguistically appropriate and not enough service providers to meet the diverse needs of the populations. Services often do not adjust for the developmental or mental health needs of the recipient.

Foster and Adoptive Parent Licensing, Recruitment, and Retention

- Item 35 Diligent Recruitment of Foster and Adoptive Homes due to a reported severe shortage of foster homes for all children. Some stakeholders cited workload burdens as a barrier to recruitment and ineffective support for foster parents as a barrier to retention.
- Item 36 State Use of Cross-Jurisdictional Resources for Permanent Placements due to little more than half of incoming requests from other states for home studies being completed within the 60-day requirement.

Complete results from the CFSR Round 3 can be found at: https://www.michigan.gov/mdhhs/0,5885,7-339-71551_11120_77826_78617_78618---,00.html.

Michigan's Cross-Cutting Issues

While MDHHS has implemented quality improvement activities including qualitative and quantitative evaluations to better understand the needs of the state's child welfare system, the CF SR review confirmed that more work is needed to improve outcomes for children and families. MDHHS committed to be the first state to participate in a PIP development pilot led by Children's Bureau and the Capacity Building Center for States and Courts to examine root cause analysis and to develop a theory of change and logic model in conjunction with key stakeholders across the state. The challenge given to the state was to identify large cross-cutting issues affecting the performance in the CF SR and then develop a plan that will make the largest impact at improving outcomes for children and families.

A group of 71 individuals including representatives from MDHHS, BSCs, PAFCs, service providers, SCAO, individual court systems including Wayne County, parents, foster parents and youth convened for a four-day planning session January 8-11, 2019, to collaborate on Michigan's CF SR PIP root cause analysis. The group also developed a vision statement, "Michigan is committed to working collaboratively to preserve and support families."

Participants were initially divided into three groups with each being assigned a topic: Safety, Permanency, or Well-Being. The groups were asked to consider many sources of state data and the CF SR final report to identify factors that could be improved upon in Michigan's child welfare system. As a result, four cross-cutting issues emerged: Engagement, Service Delivery and Quality Assessment, Quality Legal Representation, and Workforce Development.

1. Engagement

- The state developed and implemented a practice case model, MiTEAM, in 2012.
- The case practice model would benefit from further implementation.
 - Improve engagement of stakeholders in the development of case planning.
 - Improve engagement in the development of treatment plans.

2. Service Delivery and Quality Assessment

- Current assessment instruments should be assessed and revalidated to ensure accurate identification of needs and strengths of children and families.
- Improvement is needed to ensure consistent service delivery among providers statewide.
- Service availability across the state should be assessed for consistency.

3. Quality Legal Representation

- Legal representation needs additional training on child welfare and child welfare law.
- Permanency within 12 months is an area that needs improvement.
- Early court-appointment of a multidisciplinary legal team needs consideration.
- Development of standardized requirement of duties and compensation for court appointed council would be beneficial.

4. Workforce Development

- Reduction of front-line staff turnover.
- Improvement of foster parent retention.
- Children and families experience too many changes in worker, attorneys and foster parents.
- Staff need assistance to feel successful and experience mastery in their jobs.

ENGAGEMENT

Michigan introduced its case practice model in 2012 referred to as MiTEAM. Soon following the model's introduction, the state evaluated the effectiveness of the messaging and training to all child welfare staff. The state entered into contracts to implement a quality review process and to provide intensive training and coaching labs to staff with an emphasis on key caseworker activities. In pilot counties where the staff from local department and private agencies were coached and trained to the model's design, outcomes for children and families improved including fewer children in out of home care and entering congregate care. Staff retention also improved. However, Michigan has not seen these same outcome results following statewide implementation. A statewide assessment tool referred to as MiTEAM Fidelity is accessible by all local MDHHS and PAFC staff and supervisors. The tool is helps supervisors identify staff strengths and areas of opportunity for skill development in key activities to demonstrate mastery of the case practice model.

Michigan believes that outcomes for children and families will improve when the core practice skill of engagement is addressed at all levels and by all stakeholders within the system. MDHHS established assumptions that must be adopted and remain prominent in all improvement plans and quality assurance efforts moving forward:

- Leadership in child welfare is to be provided by MDHHS and relies upon collaboration and in cooperation with courts and public/private community partners.
- Child welfare leaders will place emphasis and priority on developing and maintaining a system that values engagement and teaming with parents, children, temporary caregivers, as well as courts and community partners.
- Commitment to engagement and teaming will be recognized as a fundamental component in satisfying all policy and practice requirements.
- Recognition by all providers and stakeholders in the child welfare system that mastery of engagement and teaming skills result in improved well-being for children, parents, temporary caregivers and the child welfare workforce.

To realize this vision, collaborative efforts need to occur among the workforce, children, parents, temporary caregivers, and courts to:

- Identify and assess engagement and teaming skills.
- Support and coach these skills, in both formal and informal settings.
- Encourage innovative and grass roots efforts that could produce improved engagement and teaming skills.
- Improve the participation of all parties in court proceedings.

MDHHS must also pursue resources and services that:

- Measure and improve workforce stability.
- Respond to the needs of individual communities.
- Produce improved outcomes for families through engagement and teaming.

To improve engagement, Michigan will focus on improving staff skills, as well as significantly change about how parents and foster parents are included in the work of child welfare to recognize that foster parenting is co-parenting, not substitute parenting. Good case practice is occurring across all 83 counties of the state. This improvement plan will leverage those areas of best practice to elevate practice performance statewide.

Theory of Change

Problem: Children, youth, parents and foster care providers in Michigan’s child welfare system do not consistently experience engagement with child welfare professionals responsible for CPS and foster care case management. Ineffective engagement skills impair a caseworker’s ability to establish meaningful relationships with children, parents and foster parents that are essential to conduct accurate assessments and develop service agreements. A lack of core skills impacts the development and maintenance of formal and informal teams needed to effectively intervene and support the family.

Root Cause: Child welfare workers are not utilizing active engagement skills when delivering child welfare services.

Target Population: Children, parents, relative caregivers, foster parents, community partners including courts and court representatives, and child welfare workers and supervisors.

Desired Long-Term Outcome: Create a culture change to support and develop communities that believe and demonstrate that “families are worth fighting for.” When communities believe that families are worth fighting for, they will actively 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.

Pathway to Change: Michigan will utilize a multi-focal approach to improve engagement in child welfare, including improving staff and supervisory capacity so that they can identify, develop, and refine key practice behaviors of engagement. Coaching and monitoring of these key practice behaviors will help encourage a shift in thinking about the necessity and value of early and ongoing parental engagement. Caseworkers and supervisors that make this shift will also recognize the value of teaming with temporary caregivers as co-parents or mentors rather than merely a placement to provide basic care of a child removed from their parents. These co-parents will take on a greater role in supporting the child’s parents and developing positive supportive relationships with the child’s family. Authentic commitment to teaming will create the opportunity to leverage formal and informal community partners and resources in the lives of children and their families. Michigan will also coach and support resource families, through the implementation of pilot projects, so that they are encouraged to participate in the care of *children* as a community support to the *family*.

Goal 1	Engagement will improve by refining the Continuous Quality Improvement (CQI) structure and adhering to MiTEAM fidelity, supporting foster parents through developing a better understanding of their role in supporting families, and meaningfully supporting parents.
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Strategy 1: Define and implement local and state performance and quality improvement system.

Key Activity #	Key Activity	Projected completion quarter	Measurement Plan
1.1.1	Develop and operationalize state level CQI structure with identified priorities, analysis capacity, tasks and requirements that align with already identified areas needing improvement (CFSR outcomes, ISEP areas of focus, community partnerships to support system and families pre and post removals).	Q3	Sub-team minutes and monthly QIA reports.

1.1.2	Establish annual strategic planning and service array assessment that relies on engagement with families, community partners at statewide and local levels.	Q4	Service array assessment and meeting minutes.
1.1.3	Develop and operationalize local CQI structures in every county with identified priorities, analysis capacity, tasks and requirements that align with already identified areas needing improvement (CFSSR outcomes, ISEP areas of focus, community partnerships to support system and families pre and post removal).	Q3	Sub-team minutes and monthly QIA reports.
1.1.4	Conduct data validation and analysis on specific data points that may reveal information specific to the engagement of parents in case planning and service delivery. <ul style="list-style-type: none"> • Worker-parent visits • Parent-child visits • Absent Parent protocol • FTM completion rate • FTM parent involvement • FTM parent participation • FTM community partner participation 	Q2 - Q4	Copy of analysis.
1.1.5	Support local CQI teams to develop network of community partners who can educate child welfare and vice versa which creates greater community supports for families connected to the child welfare system.	Q1 - Q8	Quarterly statewide CQI team assessment reports.

Strategy 2: Review and improve MiTEAM fidelity and measurement.

Key Activity #	Key Activity	Projected completion quarter	Measurement Plan
1.2.1	Assess and determine need for additional fidelity tool guides or training for MDHHS and PAFC staff through Quality Improvement Activity assignment to local CQI teams. Local teams can also highlight innovative practices that are effective and disseminate information up to the higher CQI groups for distribution statewide.	Q1	Workgroup meeting minutes and reports.
1.2.2	Revise fidelity tool based on 1 st and 2 nd quarter user feedback, concentrate on coaching by supervisors and usability of fidelity tool.	Q2 - Q3	Workgroup meeting minutes and reports.
1.2.3	Implement ongoing analysis of fidelity assessment information in local and state performance and quality improvement systems (from Strategy 1).	Q1 - Q3	Fidelity Assessment - Quarterly analysis report.

1.2.4	<p>Develop and pilot FTM Facilitation & Coaching Program to reinvigorate understanding and use of pre/Family Team Meetings (FTM); to coach and deliver improved engagement and teaming capacity of the workforce (workers, supervisors); and assess impact and potential to bring to scale if determined valuable.</p> <p><i>Identification of pilot: Two county locations selected by CSA leadership assessment and evidence of the county leadership and management commitment and early adaptation to the MiTEAM principles and key behaviors (e.g. participation in fidelity tool; results of fidelity tool; recent QSR scores if available) and availability and capacity of designated support staff (PRMs) that will play a primary role in the pilots.</i></p>	Q3 - Q6	Quarterly reports including measurements of fidelity scores.
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Strategy 3: Rebrand foster parents as resource families to expand role to one that is expected to co-parent with parents when out-of-home placement is needed.

Key Activity #	Key Activity	Projected completion quarter	Measurement Plan
1.3.1	<p>Identify (through focus groups with foster and adopt representation and field participants) and assess models of foster parent communities that heavily invest in the following:</p> <ul style="list-style-type: none"> • Peer supports. • Support of parents. • Resource family support groups with community expert/resource training components. • Innovative support groups (e.g. Facebook live stream, etc.). • Assessing obstacles to resource family involvement in support groups. • Focus on co-parenting. 	Q2	Provide list of communities.
1.3.2	Capture best practices in 1.3.1 to be included in every county's next Annual Foster Parent Recruitment and Retention (AFPRR) plan.	Q4	Copy of best practice information.
1.3.3	Assess potential funding streams to support additional innovative findings from 1.3.1.	Q2	Workgroup meeting minutes and reports.
1.3.4	<p>Modify developing and already existing contract requirements specifically for Regional Resource Team 4 (RRT), Kinship Care/Michigan State University, statewide foster and adoptive parent) for foundational resource parent training which include requirements and strategies of co-parenting resource families and parents; foster parent bill of rights; and foster parent payments processes.</p> <ul style="list-style-type: none"> • Expanded training audiences to include MDHHS and PAFC licensing, foster care and adoption workers & supervisors, and parents together with pending resource families. 	Q2 - Q8	Contract evaluations – Qualitative reporting requirements; family satisfaction surveys and focus groups and improved resource family retention rates.

	<ul style="list-style-type: none"> Transfer training content to web-based modules available to already licensed resource families. 		
1.3.5	<p>Development of Professional Resource Family Role piloting BSC 4 RRT contract changes to incorporate peer mentoring using contract language of MARE Match Program and the While You Wait Program training and support for targeted group of licensed resource families:</p> <ul style="list-style-type: none"> New licensed or relative providers. New or relative providers at risk of placement disruption. New licensed resource families with first placement. Licensed resource families on a corrective action plan. 	Q2 - Q8	Contract evaluations – Qualitative reporting requirements; family satisfaction surveys and focus groups and improved resource family retention rates.

Strategy 4: Increase foster parent involvement in advocacy.

Key Activity #	Key Activity	Projected completion quarter	Measurement Plan
1.4.1	Implement MiSACWIS Central Print to release next court hearing information to foster parents.	Q4	Release Notes.
1.4.2	Review and revise resource family payment Determination of Care (DOC) to create efficiencies and better incorporate resource family supports into treatment plans.	Q6 - Q8	Revised policy and change control to MiSACWIS.

Strategy 5: Create mechanisms for parents to have formal supports.

Key Activity #	Key Activity	Projected completion quarter	Measurement Plan
1.5.1	Maintain current level of Parent Partners program.	Q4	Contract status
1.5.2	CSA to determine a pilot site, in an area without Parent Partners, to utilize community representatives to attend FTM's; specifically, to pilot the increased resource to parents to either help prevent removal or to increase timeliness to permanency.	Q4 - Q6	Data from Case Service Section of MiSACWIS and parent satisfaction survey.
1.5.3	Assess potential funding streams to develop and test a model of prevention that pairs resource families with high risk families or families at risk of child removal due to abuse/neglect. Consider potential to redirect already existing federal, state and local dollars; potential promising practices or Evidence Based	Q5	Workgroup meeting minutes and reports.

	Practices connected to Families First Prevention Services Act; Children's Trust Fund grants; etc.		
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WORKFORCE

Michigan is not unlike other child welfare jurisdictions experiencing high turnover among staff and providers serving children and families in crisis. In an effort to demonstrate compliance and improvement with various litigation processes the state has been involved with, an unintended effect has been the implementation of burdensome tasks and workflows that may prohibit staff from developing a sense of mastery within the profession. As a result, staff become frustrated and succumb to burnout that leads to decreased performance and high levels of attrition.

MDHHS entered into an evaluation of the workforce culture climate. It is intended that this evaluation will assist local offices address what is specifically impacting staff retention and offer a guide to developing a more supportive workforce culture and climate.

To improve the workforce, Michigan must adopt a work culture that supports staff thinking outside the box and trying innovative practices in their work with children and families. This demonstration of culture must occur at all levels of MDHHS, including private agency partners, courts and other stakeholders. When staff have autonomy to try strategies with families in a supportive culture, they experience satisfaction in their work and profession.

It is the desire of the child welfare community in Michigan to build and sustain a high functioning and highly engaged workforce across all aspects of practice which includes agency staff, foster parents, the courts, etc., in order to provide the highest level of service to families and children. Fulfilling a transformation that began with the MiTEAM Practice Model is indeed a paradigm shift that will take longer than the PIP cycle. Below are plans that continue to put the foundation in place and take steps toward our desired outcome. Through continuous quality assessment and improvement, these activities will be sustained, broadened and attuned to practice.

Theory of Change

Problem: Caseworker Turnover/Staff Retention. Children and families experience inconsistency in the child welfare workforce in Michigan. This results in negative impact on families and children and poorer outcomes in CFSR measures.

Root Causes:

- The child welfare work in Michigan is experienced by staff as crisis and compliance driven.
- Staff are unable to complete all tasks required by policy in the hours allowed to do them.
- Staff do not feel successful because they cannot accomplish what is expected of them.
- Many staff do not stay at the agency long enough to become proficient at the job.

Target Population: Public and private agency child welfare staff are the primary target. Instability in the team causes disruption in case planning, expectations, and knowing who to contact in a crisis. By creating stability in the child welfare staff workforce, families, children, foster parents, courts, and service providers will experience consistent connections with the family's primary team. Consistent connections

thus positively impact timely permanency and build strong connections with other members of the child welfare community to the ultimate benefit of children and families.

Desired Long-Term Outcome: Children and families will develop meaningful relationships with consistent and stable child welfare staff.

Pathway to Change

The pathway from our current state to that of a competent and thriving workforce is as follows:

1. We will improve organizational culture/health within our public and private child welfare agencies, employ capable and trained staff and ensure workloads at appropriate volume and fit.
2. The workforce will be more engaged in their job duties, have the ability to accomplish them in the allowed time and will have the supports and skills necessary to accurately complete duties.
3. The workforce will have the knowledge and ability to apply the skills, policies, and practices expected of them.
4. Agencies will experience more and better engagement.
5. Interactions and engagement across the child welfare community (involved with children and families) will be improved.
6. The workforce will experience higher job satisfaction and a sense of mastery.
7. The workforce will want to stay in their jobs (job retention).
8. Turnover will decrease.
9. Children and families will experience consistency in the professionals working with them.

Goal 2	Children and families will experience consistency in the people working with them.
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Strategy 1: Ensure fidelity to a healthy culture and climate model at all levels of the agency to support an engaged, thriving and stable workforce.

Key Activity #	Key Activity	Projected completion quarter	Measurement Plan
2.1.1	Use existing round 1 Comprehensive Organizational Health Assessment (COHA) data, and pending round 2 COHA data, to assess organizational health including secondary traumatic stress.	Q2 Q6	Children’s Trauma Assessment Center (CTAC) reporting and COHA round 2 results.
2.1.2	Implement the Leadership Development Tool (LDT) in an effort to further mine for growth opportunities among managerial staff.	Q4	Implementation data, LDT round 2 results and sub team minutes.
2.1.3	Provide targeted training to MDHHS staff surrounding the COHA and LDT identified areas of low performance.	Q3 – Q8	LDT round 2 results and COHA round 2 results.
2.1.4	Develop meaningful individualized county plans for improvement based on statewide climate/culture results.	Q3	BSC Director tracking, COHA round 2 results and LDT round 2 results.

2.1.5	PAFC agencies will develop meaningful agency plans to address issues of climate and culture.	Q3	Contract monitoring summary and PAFC turnover tracking.
2.1.6	Develop formalized monthly turnover reporting mechanism	Q4	Copy of report.

Strategy 2: Elimination of unnecessary workload requirements.

Key Activity #	Key Activity	Projected completion quarter	Measurement Plan
2.2.1	Evaluate tasks of each role within the child welfare workforce to identify misappropriated resourcing and opportunities for reduction in duties.	Q3	Summary of evaluation.
2.2.2	Evaluate child welfare requirements to identify redundancies and inefficiencies. <ul style="list-style-type: none"> Survey staff in child welfare programs to identify top 3 statewide issues Commit top 3 issues annually to LEAN process Implement suggestions identified by the process. 	Q3	Summary of evaluation.

Strategy 3: Hiring / training child welfare workers in adequate numbers and with appropriate job fit.

Key Activity #	Key Activity	Projected completion quarter	Measurement Plan
2.3.1	Full implementation and subsequent review of enhanced candidate screening.	Q1 & Q6	Turnover reporting.
2.3.2	Develop enhanced regional “training and support” teams for MDHHS employees and managers.	Q5	Turnover reporting.
2.3.3	Enhanced foster parent recruitment through professional marketing strategies	Q5	Increase in net foster home population annually.
2.3.4	Implementation and review of mentoring enhancement project	Q1 - Q6	Summary of implementation process and review.

ASSESSMENTS AND SERVICES

Michigan has identified that services for children and families are not consistently available statewide. Gaps exist in service availability due to contractor limitations to cover large geographical areas or limited financial resources to support broad access such as affordable housing vouchers or a robust public transportation system.

In response, MDHHS' Quality Improvement Council's Service Array team has partnered with the United Way's 211 to develop and disseminate a list of services available in communities across the state. This is one step the department, along with important stakeholders, have taken to begin to address this complicated barrier and to assist the state in meeting the Array of Services Systemic Factor. In addition, the state is working on several initiatives including the implementation of the Family First Services Prevention Act (FFPSA).

MDHHS has also identified that to best match a child or a family with a service, the assessment tool utilized in that process must be reliable and valid. Results of a recent audit in one of the state's programs revealed that MDHHS assessment tools are not meeting the mark to provide staff with the proper information to best align children and families with the appropriate services.

Goals and strategies to assist Michigan include: 1) development of assessment tools that are reliable and valid, 2) improvement in supervisory oversight and skillset to coach workers in accurately administering assessment tools, and 3) identification of available community services and gaps. Work will continue in years three to five post-PIP to implement and accurately administer the new assessment tools and expand the evidence-based service array through FFPSA and collaborations across systems and within communities.

Theory of Change

Problem: Children who come to the attention of the Michigan child welfare system are being separated from their parents when many potentially could remain with their families with adequate community services and supports. Parents of these children experience multiple, complex problems and encounter significant gaps in service availability and accessibility to meet their needs and circumstances.

Root Causes: Child welfare staff do not have adequate tools upon which to assess risk, safety, and determine most effective intervention for children and families. Existing tools are not being completed accurately and decisions about services and level of protecting intervention may not be appropriate. Families are not provided with adequate services and supports to strengthen parenting capacity and avoid child removal or enable timely reunification.

Target Population: Children age birth to 18 and their parents, legal caregivers, and families who come to the attention of the child welfare system or are identified earlier as at risk for maltreatment.

Desired Long-Term Outcome: A decrease in recurrent maltreatment and separation of children age birth to 18 from their families due to abuse/neglect. Duration to permanency will decrease for children experiencing removal.

Pathway to Change

1. Assessment Tools used to identify risk and safety and determine commensurate level of protecting intervention are valid and reliable.
2. Improved accuracy of completion of the tools occurs with greater supervisory skill, coaching, and oversight.
3. Awareness, identification of and referral to community-based services on the part of child welfare staff will lead to connecting families with more timely referrals and meaningful supports.
4. Mapping available resources enables identification of gaps in service availability and the opportunity to partner with other systems and community stakeholders to secure resources to fill those gaps.
5. Matching a family's needs with effective services improves parenting skill and capacity, reduces risk and safety issues.

6. These changes lead to greater safety for children within their homes and more stable and intact families that have increased capacity to overcome their challenges and safely parent their children.

Goal 3	Children and families who encounter Michigan’s child welfare system will have reduced incidents of maltreatment in care, recurrence, entry into care and shortened foster care stays through development and administration of a valid assessment tools and appropriate prevention service provision.
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Strategy 1: Michigan will use valid and reliable assessment tools.

Key Activity #	Key Activity	Projected completion quarter	Measurement Plan
3.1.1	Develop a valid and reliable CPS risk assessment tool.	Q8	
3.1.1a	Evaluate the current CPS risk assessment tool and data.	Q2	Summary of evaluation.
3.1.1b	Assess other data elements in the case record that may identify risk.	Q2	Summary of data evaluation.
3.1.1c	Gather field input on the current tool.	Q3	Summary report of input gathered.
3.1.1d	Develop draft tool.	Q5	Copy of draft tool.
3.1.1e	Draft policy to align with risk assessment changes.	Q6	Copy of draft policy
3.1.1f	Pilot the draft CPS risk assessment tool in select counties.	Q6	Summary of pilot.
3.1.1g	Develop training and communication plan.	Q7	Copy of plan.
3.1.1h	Finalize policy changes.	Q8	Copy of policy.
3.1.1i	Finalize risk assessment tool.	Q8	Copy of tool.
3.1.2	Revalidate the CPS safety assessment tool and develop safety policy.	Q8	
3.1.2a	Release safety planning policy and provide training to staff regarding new policy.	Q1	Copy of policy and summary of training.
3.1.2b	Work with National Council on Crime and Delinquency (NCCD) to revalidate the current safety assessment tool.	Q1 - Q2	Progress report due each quarter.

3.1.2c	Develop revalidated tool.	Q3	Copy of draft tool.
3.1.2d	Pilot the draft CPS safety assessment tool in pilot counties.	Q4	Summary of pilot including necessary changes to the draft tool and success.
3.1.2e	Finalize the CPS safety assessment tool revalidation.	Q6	Copy of tool.
3.1.2f	Complete technology work request to modify the CPS safety assessment in MiSACWIS.	Q7	Copy of work request.
3.1.2g	Begin technology updates.	Q8	Summary from planning sessions.
3.1.3	Develop a valid and reliable a safety assessment tool for foster care	Q8	
3.1.3a	Procure a contract for of the development of a valid and reliable safety assessment tool for foster care by a nationally recognized expert.	Q2	Copy of contract.
3.1.3b	Contractor to provide a workplan.	Q3	Copy of workplan.
3.1.3c	Develop draft tool.	Q5	Copy of draft tool.
3.1.3d	Draft policy to align with risk assessment changes.	Q6	Copy of draft policy
3.1.3e	Pilot the draft safety assessment tool for foster care in select counties.	Q6	Summary of pilot including necessary changes to the draft tool and success.
3.1.3f	Develop training and communication plan.	Q7	Copy of plan.
3.1.3g	Finalize policy changes.	Q8	Copy of policy.
3.1.3h	Finalize safety assessment tool for foster care.	Q8	Copy of finalized assessment tool.
3.1.4	Develop a valid and reliable FANS and CANS.	Q8	
3.1.4a	Procure a contract for of the development of a valid and reliable FANS and CANS by a nationally recognized expert.	Q2	Copy of contract.
3.1.4b	Contractor to provide a workplan.	Q3	Copy of workplan.
3.1.4c	Provide Michigan's child welfare data for the CANS and FANS analysis.	Q3	Documentation of transmission of data files.

3.1.4d	Gather field input on the current tool.	Q4	Summary report of input gathered.
3.1.4e	Develop draft tool.	Q6	Copy of draft tool.
3.1.4f	Draft policy to align with FANS and CANS changes.	Q6	Copy of draft policy.
3.1.4g	Develop training and communication plan.	Q7	Copy of plan.
3.1.4h	Finalize policy changes.	Q8	Copy of policy.
3.1.4i	Finalize safety assessment tool for foster care.	Q8	Copy of finalized assessment tool.

Strategy 2: Improve supervisory skillset to coach caseworkers in accurate assessment of safety and risk.

Key Activity #	Key Activity	Projected completion quarter	Measurement Plan
3.2.1	Evaluate current training needs regarding safety and risk assessment.	Q2	Summary of evaluation.
3.2.2	Develop a comprehensive training curriculum to support supervisory oversight of the assessment of risk and safety.	Q4	Copy of curriculum.
3.2.3	Supervisory training in BSC 5.	Q5	Copy of attendance information.
3.2.4	Supervisory training in BSC 3.	Q6	Copy of attendance information.
3.2.5	Supervisory training BSC 4, 2, 1.	Q7	Copy of attendance information.
3.2.6	Institutionalize the training in regional Office of Workforce Development and Training.	Q8	Copies of supervisory training.

Strategy 3: Improve accurate completion of *current* risk and safety assessment tools and decision-making that is commensurate with risk and safety determinations.

Key Activity #	Key Activity	Projected completion quarter	Measurement Plan
3.3.1	As a result of implementation of the Supervisor Control Protocol (SCP) for CPS investigations, a Compliance Review Team will track by county and assess compliance with SCP Activities 14 (Note: Activity 14 measures accurate completion of the safety assessment) and 15 (Note: Activity 15 measures accurate completion of the risk assessment). Counties with accuracy rates below 90% will develop and implement local CQI efforts targeted to improve compliance with this requirement.	Q1 - Q8	Accuracy rate reporting
3.3.2	As a result of implementation of the Supervisor Control Protocol (SCP) for CPS investigations, track by county compliance with SCP Activity 19.2 to determine compliance with requirement that alternatives to removal were sufficiently considered and ruled out. Counties with compliance rates below 90% will implement local CQI efforts targeted to improve compliance with this requirement. (Note: Activity 19.2 measures whether the worker considered alternatives to removal and documented how those alternatives were ruled out).	Q1 – Q8	Compliance rate reporting

Strategy 4: Identification and referral to needed prevention services.

Key Activity #	Key Activity	Projected completion quarter	Measurement Plan
3.4.1	Secure a source to complete a statewide assessment of prevention services and gaps.	Q1	Copy of agreement/contract.
3.4.2	Identify the state-funded and/or administered prevention services for mental health, substance use and parenting skills development.	Q2	Summary report of available services.
3.4.3	Survey local public and private organizations to determine what services they are providing.	Q3	Copy of survey results.
3.4.4	Summarize all services and provide an analysis through a statewide assessment of services and gaps.	Q4	Summary report.

3.4.5	CSA leadership to identify the needs for Michigan's child welfare population based on the statewide report.	Q6	Summary of recommendations.
3.4.6	Evaluate current funding options and identify funding opportunities to increase prevention services.	Q7	Summary report.
3.4.7	Advance a proposal for change for funding needed to expand prevention services to meet prevention service gaps identified.	Q8	Copy of request.

Strategy 5: Improve supervisory oversight for Ongoing CPS cases.

Key Activity #	Key Activity	Projected completion quarter	Measurement Plan
3.5.1	Create a workgroup of CPS field and policy experts to develop a Supervisory Control Protocol (SCP) for Ongoing CPS cases and to review policy requirements.	Q1	List of participants and schedule of monthly meetings.
3.5.2	Secure approval and funding for technology implementation.	Q2	Progress update.
3.5.3	Develop a draft SCP tool.	Q3	Preliminary draft SCP.
3.5.4	Draft policy changes (if necessary).	Q4	Copy of draft policy.
3.5.5	Technology development.	Q4 - Q8	Progress report.
3.5.6	Pilot Ongoing SCP in 3 pilot counties.	Q6	Progress report.
3.5.7	Hold focus groups in pilot counties to identify any modifications to the SCP.	Q7	Summary of focus groups.
3.5.8	Implement policy changes.	Q8	Copy of policy.
3.5.9	Statewide Implementation of the CPS Ongoing SCP.	Q8	Copy of statewide communications.

Strategy 6: Pursue partnerships, grants, and/or alternative funding opportunities to expand services to prevent the need to separate a child from their parent(s) and support families at risk for maltreatment. These activities are contingent on the attainment of funding contracts.

Key Activity #	Key Activity	Projected completion quarter	Measurement Plan
3.6.1	Partner with Western Michigan University to pilot the Safe Care program in Kalamazoo County.	Q7	Contract to secure partnership.
3.6.2	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.	Q3	Establish a baseline of current utilization and measure the ongoing utilization rate.
3.6.3	Partner with the MDHHS Bureau of Family Health Services to strengthen referral and access to home visitation programs for families encountering child welfare.	Q6	Establish a baseline of number of families referred and measure the ongoing referral rate.
3.6.4	Partner with the University of Michigan to apply for a Regional Partnership Grant to implement the Recovery Coach model.	Q1	Evidence of grant submission.
3.6.5	Partner with the Governor’s Task Force to develop a protocol for cross-systems development of Infant Plans of Safe Care.	Q2	Evidence of grant authorization.

QUALITY LEGAL REPRESENTATION

The results of this CFSR review highlight key metrics that jurists and caseworkers must consider concurrent goal planning and timeliness to permanency. Less than a third of children who enter foster care in Michigan are discharged to permanency within a 12-month period. Some courts in the state have specialized dockets that promote frequent review of families’ status on treatment goals, typically around a drug treatment court model. Evidence favors this approach as case plans are reviewed frequently among the treatment team, service providers and the court allowing for trajectory of plans to be adjusted as milestones are met or barriers are identified prohibiting a parent from reaching a goal.

When the courts and legal representatives work as an extension of the treatment team to reduce or eliminate barriers, children and parents have better outcomes. The court system in conjunction with the child welfare system needs to evaluate how to move away from the current practices whereby cases move from one legal stage to the next legal stage. Michigan piloted a program in Detroit in which a multidisciplinary legal team worked with families before a petition was filed. None of the 110 children served in the pilot project were removed from their homes.

To achieve the best outcomes for children and families, Michigan needs high-quality attorneys with child welfare knowledge and high standards of practice to work with families at the earliest time possible to present agencies and courts with all the information about the family that is available, to offer alternatives to family separation and to keep parents and youth engaged in the process.

In Michigan, each county has its own system for representing parents and youth. In the CFSR results, both parents and youth highlighted the inadequacy of the current system, their lack of involvement in the court process and the absence of their voice in the decision-making process. The hope is that these pilots will lay the foundation for sustained effort to strengthen legal representation across the entire state.

Theory of Change

Problem: Less than a third of children who enter foster care in Michigan are discharged to permanency within a 12-month period, well below the national standard of 40.5%. The recent federal Child and Family Services Review (CFSR) of Michigan's foster care system rated the State's performance on this measure as needing improvement, as only 13% of cases reviewed by federal auditors were in substantial conformity with state and federal law and policies. Similarly, in only 25% of cases was achieving reunification, guardianship, adoption or another planned permanent living arrangement deemed a strength of the system.

Research demonstrates that strong legal representation for parents and children can reduce the number of children entering foster care and can expedite the reunification of children in care. Even when children are not able to return home, data suggests that strong representation can expedite other permanency options, such as guardianship or adoption. Thus, stakeholders believe that investing in legal representation can help the state achieve better outcomes related to permanency within the first twelve months of a case.

Root Causes:

- Attorneys for parents and children are not appointed at the earliest time possible, including prior to a petition being filed or before the preliminary hearing.
- Attorneys do not have access to collateral supports such as social workers, investigators, parent partners, etc.
- Attorneys do not participate in out-of-court meetings.
- Attorneys do not attend high-quality training programs to improve practice.

Target Population: Attorneys representing parents and/or children in child protective proceedings are the target population. An improvement in the quality of legal representation will impact all child welfare stakeholders including parents, children, foster parents, caseworkers, and courts.

Desired Long-Term Outcome: Fewer children will enter foster care, and for those that do enter foster care, a higher rate will reach permanency within 12 months.

Pathway to Change:

Michigan will develop and implement a high-quality legal representation model

1. Parent and children's attorneys in the pilot counties will receive training on high quality legal representation to effectively advocate for their clients in court and out of court.

2. A higher rate of attorneys in the pilot counties will have the knowledge and skills to competently represent their clients in child protective proceedings.
3. Attorneys in the pilot counties will be appointed and able to advocate for clients prior to a petition being filed in specified CPS Category II or III cases.
4. Parents and children in the pilot counties will have access to collateral supports and resources available to resolve the case before a petition for removal is filed with the court.
5. Parents at risk of having their children removed from home will get timely legal and social service assistance to remediate the threats and avoid the child's removal from home.
6. When a child must be removed from home parent and children attorneys in the pilot counties will be appointed and present at the preliminary hearing.
7. Fewer court delays will occur in the pilot counties due to lack of counsel at the preliminary hearing.
8. Parents and children with enhanced legal representation will receive greater access to supportive services and parenting time to facilitate timely reunification.
9. Parents and children with enhanced legal representation will experience greater support and are more likely to engage in the reunification plan and court process.
10. Fewer children will enter foster care, and for those that do enter foster care, a higher rate will reach permanency within 12 months.

Goal 4	Fewer children will enter foster care, and for those that do enter foster care, a higher rate will reach permanency within 12 months.
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Strategy 1: Develop and pilot a high quality pre and post-petition parent and child representation program.

Key Activity #	Key Activity	Projected completion quarter	Measurement Plan
4.1.1	Identify the attributes of a high-quality parent and child representation model that can be implemented in Michigan (e.g., advocacy; relationship-building; thorough investigations; proper discovery; sufficient court preparation; out of court advocacy; handling ancillary legal matters, etc.).	Q1	Copy of written model.
4.1.2	Select a court or courts to implement a high-quality pre-petition representation program (based on organizational structure, judicial and agency leadership, sufficient legal counsel, percentage of families eligible for Title IV-E funds, and other factors). MDHHS will refer certain CPS Category II and III cases to the program, where appropriate, to prevent children from entering foster care.	Q1	Identify court(s).
4.1.3	Select a court or courts to implement a high-quality post-petition representation program (based on organizational structure, judicial and agency leadership, sufficient legal counsel, current timeliness, and percentage of families eligible for Title IV-E funds).	Q1	Identify court(s).

4.1.4	Implement the high-quality parent and child representation models.	Q4	Quarterly status reports.
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Strategy 2: Secure funding to implement and sustain the high-quality representation programs.

Key Activity #	Key Activity	Projected completion quarter	Measurement Plan
4.2.1	Amend the Title IV-E State Plan to claim federal funding for parent and children attorney fees in child protective proceedings, if necessary.	Q2	Copy of amended State Plan.
4.2.2	Secure seed money to implement the pilot projects.	Q2	Copy of funding source/agreement.
4.2.3	Create Memorandums of Understanding (MOU) between pilot counties and MDHHS to allow for IV-E reimbursement for legal representation.	Q2	Copy of MOUs.
4.2.4	Submit IV-E reimbursement for legal representation costs in pilot counties.	Q5	Copy of IV-E reimbursement claim.

Strategy 3: Deliver a high-quality training program for parents' and children's attorneys.

Key Activity #	Key Activity	Projected completion quarter	Measurement Plan
4.3.1	Develop training competencies and learning objectives for all attorneys in pilot counties.	Q1	Copy of training competencies and learning objectives.
4.3.2	Determine how training will be provided: live, online, etc.	Q1	Identify training platform.
4.3.3	Implement training program.	Q3	Measure the number and percentage of attorneys participating in the model that attend the training.
4.3.4	Evaluate training program.	Q4	Measure learning acquisition with pre and post-training surveys.

Strategy 4: Attorneys will advocate for parents and children both in and out of court.

Key Activity #	Key Activity	Projected completion quarter	Measurement Plan
4.4.1	Contract or MOU between the pilot counties and attorneys will require the attorneys to adhere to specific standards (e.g., the American Bar Association's standards for representing parents and children in child protection cases).	Q2	Copy of contract/MOU that identifies specific ABA standards to be met.
4.4.2	Attorneys will appear at the preliminary hearing and absent good cause and the same attorney will continue throughout the proceedings.	Q6	Measure number and percentage of pilot attorneys present at preliminary hearing and whether same attorney appeared at subsequent hearings.
4.4.3	Parents' and children's attorneys will participate in out-of-court meetings including Family Team Meetings, mediation, etc.	Q6	Measure pilot attorney attendance at out of court meetings.
4.4.4	Children's attorneys will explicitly inform the court of the child's expressed interests at every hearing, in addition to advocating for the child's best interests.	Q6	Documentation from attorneys and possible sampling of case files or hearing transcripts.
4.4.5	Children's attorneys will inform their clients of their right to attend court hearings and shall facilitate their attendance if they wish to attend the hearing.	Q6	Documentation from attorneys and possible sampling of case files or hearing transcripts.

Strategy 5: Parents' and children's attorneys have access to collateral supports

Key Activity #	Key Activity	Projected completion quarter	Measurement Plan
4.5.1	Identify collateral supports and how they would be accessed (social worker, investigator, parent partner, medical support for family, etc.).	Q4	Copy of list of collateral supports available and written process for how to access the supports for this project.
4.5.2	Determine process to access funding in pilot counties for support services.	Q5	Written process for how to access funding for

			support services and determine whether funds are available for parent attorneys to access collateral supports.
4.5.3	Attorneys will use collateral supports.	Q8	Measure collateral supports being used (e.g., number of cases assigned a parent partner or investigator; number of referrals for housing assistance; number of cases where the attorney handled ancillary legal issues, etc.).

Michigan’s Plan for Continued Improvements

In order for Michigan to address all the areas needing improvement outlined as a result of the CFSR, system changes and a culture shift are needed beginning at the highest levels of leadership. These types of changes will be initiated in the timespan covered within the states’ program improvement plan and will extend afterwards. The state is committed to ensuring the child welfare system is addressing key strategies to improve safety, permanency and well-being within the state’s five-year Child and Family Services Plan through the following:

- *Increase Prevention.* Michigan will significantly expand the availability of prevention and reunification services for families who encounter the child welfare system. Federal, state, and local investments in prevention services will increase while expenditures for out-of-home care decrease. These services will be evidence-based, trauma informed and delivered in community settings. The child welfare system will collaborate extensively to build community capacity in order to address child safety and help families address challenges before maltreatment occurs.
- *Decrease Child Separation.* The number of children separated from their parents and the average length of time in care will be significantly reduced. Any consideration to recommend child separation will include intense deliberation, significant efforts to mitigate the need for separation, meaningful family and community engagement, and scrutiny at the highest levels of local office management. Parents and children will receive high-quality legal representation that advocates strongly for timely and appropriate services and expedited case resolution and permanency. Child welfare staff and legal partners will strive to achieve reunification at the earliest point possible with intensive reunification supports when appropriate.
- *Family-Focused Approach.* Michigan’s child welfare policies and practices will be supportive, not punitive and will be a family-focused approach in which child safety and well-being are addressed within the context of family involvement. Families will always be treated with respect and dignity. Parent voices will be valued in program and policy development and in all aspects of individual cases.

Michigan child welfare professionals will accurately assess family strengths and needs and work with families to identify effective services to match their needs. Children will experience safety and families will experience meaningful assistance as a result of child welfare involvement.

- *Family Connections.* Maintaining family connections when children are separated from their parents is a priority. Extensive family finding will occur throughout involvement with child welfare; majority of out of home placements will be with the child's relatives and siblings will be placed together at a high rate.
- *Change in the Role of Foster Parents.* When feasible, foster parents will become involved prior to a decision to separate the child and assist the parents in a non-judgmental way with caregiving and mitigating safety concerns. When a child requires separation, the child's parents and foster parents will share caregiving, work in partnership, and communicate openly about the child's needs and progress. The foster parent will be a support to help reunify families.
- *Strong Supported Workforce.* Michigan will recognize the impact of secondary traumatic stress on its child welfare professionals and support staff to build resiliency. In every office, leadership will promote psychologically safe environments where staff feel supported to take risks, admit mistakes, and collaborate with others. Child welfare leadership will create and maintain a healthy culture, provide staff with tools to be effective, and communicate frequently about organizational values and desired results. In response to variable conditions and stressful circumstances, staff will rely on quality thinking, sound reasoning, and fair decision-making. Michigan's child welfare system will promote excellent service delivery, inclusion, diversity, innovation, responsiveness, and transparency.
- *Healing and Well-being.* Michigan will deliver interventions and services that are relationship-focused. All domains of child well-being will be prioritized along with physical safety, and all child and family serving systems will be trauma informed. Michigan child welfare staff will receive training, coaching, and strength-based supervision to address implicit biases, engage with families, demonstrate compassion, and develop relationships to build resiliency and hope.

To achieve Michigan's 5-year vision for child welfare, parents facing challenges must be able to access voluntary services and social supports within their own communities, without stigma or fear, before a crisis occurs. Building community capacity to provide such services will require efforts by many systems, in partnership with child welfare. Three examples of coordinated efforts that are underway include:

- Partnering with the office of Recovery Oriented Systems of Care to expand in-home Substance Use Disorder Family Services programs.
- Collaboration with the Population Health Division to expand home visitation programs.
- Working in partnership with the Governor's Task Force on Child Abuse and Neglect to develop a cross-systems protocol for expanding the use of Infant Plans of Safe Care.

Aside from expanding community capacity to deliver primary prevention, Michigan's 5-year vision includes providing the least intrusive intervention needed to protect children from abuse and neglect and doing so within the context of the child's family and community; and providing timely and effective services to avoid child separation whenever possible and achieve reunification at the earliest point possible.

Michigan's Department of Health and Human Services Children's Services Agency has made and will continue to make improvements to its child welfare system through the support of invested stakeholders. Improvements to a complex child welfare system takes time to permeate and be reflected in outcomes reports. Michigan has outlined strategies to address the issues impacting our progress. The following measurement plan will provide interim check points to track progress over the next few years.

FOSTER AND ADOPTIVE PARENT DILIGENT RECRUITMENT PLAN

Introduction

Infants and children and youth from various ethnic and cultural backgrounds need foster and adoptive homes. Michigan's demographic and cultural diversity ranges from northern and rural, to urban southeastern Michigan, and the foster care population is similarly varied. Maintaining an adequate array of adoptive and foster home placements that reflect the ethnic and racial diversity of children in care continues to be a top priority. Placement with relatives for foster care and adoption is a strength in Michigan, and the state-administered structure ensures a smooth process for placement of children across county and regional jurisdictions.

At any given time, Michigan has over 13,000 children in foster care and relies on public and private child-placing agencies to find temporary and permanent homes for these children.

Michigan has over 90 contracts with child-placing agencies for foster care case management and 60 contracts with 48 agencies for adoption services that cover all areas of the state and work with potential foster and adoptive parents in a flexible manner to ensure all interested persons have access to agency services regardless of their financial status.

Child and Family Services Review Round 3

Item 33; Standards Applied Equally: Michigan received a rating of Strength based on information from the statewide assessment and stakeholder interviews.

Item 34; Requirements for Criminal Background Checks: Michigan received a rating of Strength based on information from the statewide assessment and stakeholder interviews.

Item 35; Diligent Recruitment of Foster and Adoptive Homes: Michigan received a rating of Area Needing Improvement based on information from the statewide assessment and stakeholder interviews.

Goal: MDHHS will ensure best practices for recruitment and retention are used and barriers are addressed as needed.

- **Objective 1:** MDHHS will ensure timely search for prospective parents for children needing adoptive placements, including the use of exchanges and other interagency efforts, if such procedures ensure that placement of a child in an appropriate household is not delayed by the search for a same race or ethnic placement.

Measure: Number of youth available for adoption without an identified family that are registered with the Michigan Adoption Resource Exchange within required timeframes.

Baseline – 2017: Area needing improvement.

Benchmarks 2020 – 2024: Demonstrate improvement each year.

- Youth available for adoption without an identified family are registered with the Michigan Adoption Resource Exchange.
- Youth available for adoption without an identified family one year after termination of parental rights are referred to an Adoption Resource Consultant.

- **Objective 2:** MDHHS will enhance resource parent engagement, support and development to recruit, prepare and support resource families in their ability to accept placements of children transitioning from congregate care.
Measure: Percentage of children transitioning from congregate care into a foster home or relative placement.
Baseline – 2017: Area needing improvement.
Benchmarks 2020 – 2024: Demonstrate improvement each year.
 - MDHHS is developing a pilot program to test enhanced mentoring as a means to support families who accept placement of youth with complex needs, especially those returning to the community from congregate care. The pilot should begin in FY 2020.

- **Objective 3:** MDHHS will enhance resource parent engagement strategies to impact resource parent satisfaction, retention and development.
Measure: Percentage of resource parents reporting satisfaction with their role, their interactions with their agency and with the department.
Baseline – 2017: Area needing improvement.
Benchmarks 2020 – 2024: Demonstrate improvement each year.
 - MDHHS is leading focus groups with foster, adoptive and kinship parents to identify currently existing support strategies and gain a better understanding of the gaps in support programming. Findings will be shared across the state to inform annual Adoptive and Foster Parent Recruitment and Retention Plans.

- **Objective 4:** MDHHS will enhance resource parent pre-licensure and adoption training to adequately prepare resource families with a baseline of knowledge about the needs of children placed in foster care and/or available for adoption.
Measure: Percentage of resource parents demonstrating increased understanding of the needs of children in foster care, the child welfare system, and processes following completion of training.
Baseline – 2017: Area needing improvement.
Benchmarks 2020 – 2024: Demonstrate improvement each year.
 - MDHHS has contracted with Eastern Michigan University to develop a research driven training curriculum for foster, adoptive and kinship parents. The curriculum is currently being developed with an estimated statewide implementation date of 12/1/2020.

Item 36; State Use of Cross-Jurisdictional Resources for Permanent Placements: Michigan received a rating of Area Needing Improvement based on information from the statewide assessment and stakeholder interviews.

- **Objective:** MDHHS will support safe and timely placement across jurisdictions when such placement is in the best interest of the children.

Outcome: Safe and timely placement of children across jurisdictions ensures that the most optimum placements for children are available to them.

Measure: Interstate Compact data on percentage of out-of-state placements in Michigan with completed home studies within 60 days of the state's request.

Baseline - 2017:

- **CFSR 2018:** Area needing improvement.
- **Interstate Compact 2017:** 55% of home studies were completed within 60 days.

Benchmarks 2020 – 2024: Demonstrate improvement each year.

A performance audit of MDHHS's interstate compact programs began in August of 2015, with a final report being issued in December of 2017. Of note was a finding regarding timeliness of home study completion:

Finding 2 Title

Improved monitoring and timely completion of non-expedited home study reports needed for out-of-state placements.

Finding 2 Description

MDHHS needs to improve its monitoring and timely completion of non-expedited home study reports for the proposed out-of-state placements of children within and outside of Michigan. Timely assessment helps states minimize delays and reduce the length of time children remain in potentially less favorable situations.

Recommendation Description

We recommend that MDHHS improve its monitoring and timely completion of non-expedited home study reports for the proposed out-of-state placements of children within and outside of Michigan.

Planned Activities for 2020-2024

Several efforts are underway to improve timeliness in completion of home studies for incoming requests from other states including:

- MDHHS has begun the process to include Interstate Compact on the Placement of Children functionality in MiSACWIS as well as utilization of an electronic interstate system, the National Electronic Interstate Compact Enterprise (NEICE). This will allow ticklers and easier monitoring of home study completion.
- More frequent follow-up on incoming cases before they are overdue.
- Creation and use of a centralized Interstate Compact email account to increase efficiency.
- Participation in monthly supervisory calls with MDHHS local office supervisors to provide education and clarification on Interstate Compact requirements, policies and processes, including timely completion of home study reports.

Reaching Out to All Areas in the Community

The Office of Child Welfare Policy and Programs provided materials and data to each of Michigan's 83 counties to assist them in completing their Adoptive and Foster Parent Recruitment and Retention plans for 2018. Each county received data regarding:

- Demographics of children in care by county.
- Children entering and exiting care by county.
- Total number of foster homes licensed by county.
- Foster home closures by relative and non-related foster homes.
- Data to complete the Foster Home Estimator, a foster home needs assessment tool.

Counties and agencies reviewed the data and Foster Home Estimator results to identify targeted populations. The counties and agencies collaborated to identify non-relative licensing goals and strategies to recruit homes for the targeted populations. Collaboration and planning between the MDHHS county office, private agencies, federally recognized tribes, faith communities and key foster/adoptive/kinship parents is necessary to determine the county's overall recruitment needs and goals and the actions steps required to achieve those goals.

In 2018, each county's licensing goal was analyzed, and monthly targets were established to assist counties in monitoring their progress towards meeting their unrelated licensing goal.

In 2018, MDHHS collected and analyzed trends on new licenses, closed homes and the number of relative homes compared to non-relative homes.

- The Division of Child Welfare Licensing issued 1,862 new foster home licenses, an increase of 30 from 2017.
- Of new licenses, 1,273 accept unrelated placements, a decrease of 26 from 2017.
- On Oct. 1, 2017, there were 6,216 licensed foster homes. One year later, 4,490 of those licensed foster parents remained licensed, which is a 72 percent retention rate and a 2 percent increase from 2017.
- The number of homes that closed was 1,864, a decrease of 33 from 2017.
- Each month, approximately 100 to 200 surveys are sent to foster parents whose foster home closed during the previous month.

The results of the closed home surveys show the majority of homes close voluntarily. The top reasons foster parents closed their license were:

- Adopted the child(ren) placed with them.
- Demands/stress of being a foster parent.
- Family needs.

The chart below details the trend of licensure and closed homes in urban counties:

County	Original Licenses			Closed Homes		
	FY 2016	FY 2017	FY 2018	FY 2016	FY 2017	FY 2018
Genesee	70	77	80	120	78	70
Kent	115	118	144	178	117	136
Macomb	71	105	115	135	97	102
Oakland	160	149	141	141	124	159
Wayne	216	219	204	246	220	240
Total	632	668	684	820	636	707

The chart below describes the type of homes (relative and non-relative) opened in urban counties in 2018:

County	Relative	Non-relative	Total
Genesee	31	49	80
Kent	47	97	144
Macomb	43	72	115
Oakland	49	92	141
Wayne	91	113	204
Total	261	423	684

Statewide and Regional Recruitment Progress in 2018

- Regional Resource Teams went into effect in 2018. The six Regional Resource Teams are located across the state and provide regional recruitment, retention and training for foster and adoptive parents. Regional Resource Teams focus on recruiting, supporting and developing foster families to meet annual non-relative licensing goals, to retain a higher percentage of existing foster families, to appropriately prepare families for the challenges associated with fostering and to develop existing foster family skills to enable them to foster children with challenging behaviors.
- MDHHS worked with several media venues to execute effective marketing strategies and advertising for recruitment of foster and adoptive parents statewide.
- The 2018 Heart Gallery Opening was held on April 28, 2018 and featured 146 youths who were photographed by 50 photographers from around the state.
- The Michigan Adoption Resource Exchange hosted Heart Gallery events statewide.
- MDHHS held its fifth annual Foster, Adoptive and Kinship Parent Conference in collaboration with the Foster, Adoptive and Kinship Parent Collaborative Council. The conference was held on June 29 and June 30, 2018, and was attended by foster, adoptive and kinship parents from communities throughout the state.
- MDHHS hosted the annual Community Faith-Based Summit on May 18, 2018. Over 60 faith and community leaders and faith/community partners attended the event.
- The Community and Faith-Based Initiative on Foster Care and Adoption collaborated with faith communities throughout the state. This initiative worked with Faith

Communities Coalitions on Foster Care located in 11 different regions.

- The Community and Faith-Based Advisory Council continued to promote foster care and adoption and identified ways faith communities could assist in enhancing services to children and families served by MDHHS. The council is comprised of five members with at least three being members of the clergy. The council meets quarterly.
- The Michigan Adoption Resource Exchange held “meet and greet” recruitment events that provided an environment for families to meet children available for adoption without an identified adoptive family.
- The template for the Adoptive and Foster Parent Recruitment and Retention Plans was revised for 2019 to include additional information about event goals and expected collaboration.

Using Foster and Adoptive Parents for Recruitment

Progress in 2018

- The Foster Care Navigator program assisted families who inquired about becoming licensed foster parents. Foster care navigators helped families navigate the licensing process, locate resources and understand the licensing rules and needs of children in foster care.
- Each year, over 2,000 new family inquiries are received through the Foster Care Navigator program, of which over 150 families are actively engaged in Foster Care Navigator services and working toward foster parent licensure at any given time.
- Navigators through the Foster Care Navigator program are a resource for mentoring and supporting relatives seeking to undergo the licensing process.
- The Foster Care Navigator program was included in the Regional Resource Team contracts. This allowed navigators to assist families in each region of the state.
- MDHHS continued to co-lead the Foster, Adoptive and Kinship Parent Collaborative Council. The council is a collaboration of MDHHS, tribes and parent-led organizations whose focus is to connect foster, adoptive and kinship parents to resources, education and training.

Addressing Barriers to Adoption

Progress in 2018

- Beginning in January 2017 and continuing in 2018, MDHHS began a collaboration with the adoption resource consultants and the Michigan Adoption Resource Exchange to look at 49 youth who were photo listed with the exchange without an identified family for over four years.
 - The group reviewed information regarding the 49 youth, including length of time since termination, placement history, type of placement, assigned adoption agency and assigned adoption worker to identify trends.
 - The group met bi-monthly to review barriers to achieving permanency.
 - To achieve permanency for youth involved in Project 49, the group enlisted the help of permanency resource monitors and community mental health liaisons.
 - Since the group’s inception, 22 of the 49 youth have achieved permanency.

- MDHHS continued to provide post-adoption services statewide in 2018 through eight regional contracts. Post-adoption services include case management, family support and support groups, coordination of community services, information and referral. Beginning in 2016, post-adoption services hosted annual conferences in their regions to support and educate adoptive parents.
- The Michigan Adoption Resource Exchange's Match Support Program is a statewide service for families who have been matched with a child from the exchange website and who are in the process adoption. The Match Support Program has specialists who provide up to 90 days of services to families by providing them with referrals to support groups, educational opportunities and other referrals to helpful community resources.
- Adoption navigators host quarterly Waiting Family Forums for families who have been approved to adopt and/or those in the home study process. The forums are an opportunity for the families to learn what happens to their inquiries on a youth after they submit them, what they can do to make the most of the wait time, learn ways to strengthen their inquiries, tips on how to effectively advocate for their family and meet other families waiting to adopt.
- Adoption navigators are experienced adoptive parents who offer guidance and personal knowledge to potential adoptive families. Adoption navigator services continued to be provided through the Michigan Adoption Resource Exchange.
- In partnership with Casey Family Programs, the adoption program office conducted Rapid Permanency Reviews in February 2018. Rapid Permanency Reviews are designed to look at systematic barriers and bottlenecks during the adoption process. During the February 2018 review, the focus was children who were available for adoption and who were on “hold” with an identified family for greater than 12 months without achieving permanency. The review looked at 153 cases of children whose commitments were in Wayne, Oakland, Macomb, Washtenaw, Monroe and St. Clair county courts.
 - Of the 153 cases reviewed, 103 achieved permanency through adoption, 12 had a permanency goal change to a goal other than adoption and 38 continue to be tracked monthly.

Recruitment of Foster and Adoptive Parents for Diverse Youth

At any given time, Michigan has approximately 13,500 children in foster care and relies on public and private child placing agencies to help find temporary and permanent homes for these children. Adoption agencies match recruitment efforts to community needs, including addressing language barriers to facilitate the licensing and adoption process.

Progress in 2018

- The Office of Child Welfare Policy and Programs held a two-day conference for adoption, licensing and foster care staff from agencies throughout the state. The conference included training on engaging relative and non-relative caregivers, developing thorough assessments, common licensing rule issues, enhancing caregiver support, support for LGBTQ children, addressing children’s educational needs and permanency.

- Technical assistance is provided by AdoptUSKids to increase Michigan's pool of foster, adoptive and relative families and improve the satisfaction of families.
- The Office of Child Welfare Policy and Programs held a two-day conference for adoption workers, supervisors, adoption resource consultants, post adoption resource center staff, and others involved in the adoption process. The conference included training on trauma, mental health, Michigan's adoption assistance programs, cross-racial adoptions, Central Adoption Registry, successful transitions, making adoptions last and recruitment strategies.

HEALTH CARE OVERSIGHT AND COORDINATION PLAN

Providing well-coordinated, comprehensive, trauma-informed health services to children in foster care requires sustained commitment to collaboration among state departments, non-governmental advocacy organizations and the medical and mental health community. This commitment must extend throughout each level, from the child and family served to organizational leadership. To support children in foster care achieving and maintaining health and well-being, it is critical to develop child welfare policy, infrastructure and oversight that supports caseworkers and aligns with the best available evidence about effective service delivery. The child welfare system depends on its partners to develop and implement systems of care supporting the well-being of children in foster care. Achieving well-being outcomes is important to support and sustain permanency and safety.

Child and Family Services Review Round 3

- **Item 17 – Physical Health of the Child** was rated as an Area Needing Improvement because 62 percent of the 50 applicable cases were rated as a strength.
- **Item 18 – Mental/Behavioral Health** of the Child was rated as an Area Needing Improvement because 51 percent of the 37 applicable cases were rated as a Strength.

Michigan created goals for FY 2020-2024 to address Items 17 and 18.

Goal: Children will receive timely and comprehensive health care services that are documented in the case record.

- **Objective:** MDHHS will address the physical and dental health needs of children.
Outcome: Addressing the physical and dental health of children in foster care will maintain and may improve their health status.
Measure: CFSR Case Review
Baseline - 2017: 62%; CFSR 2018
Benchmarks 2020-2024:
 - **2020:** 62.5%
 - **2021:** 63%
 - **2022:** 63.5%
 - **2023:** 64%
 - **2024:** 64.5%
- **Objective:** MDHHS will address the mental/behavioral health of children.
Outcome: Addressing the mental/behavioral health of children in foster care will maintain and may improve their mental health status.
Measure: CFSR Case Review
Baseline - 2017: 51%; CFSR 2018
Benchmarks 2020-2024:
 - **2020:** 51.5%
 - **2021:** 52%

- **2022:** 52.5%
- **2023:** 53%
- **2024:** 53.5%

Health Care Oversight and Coordination Plan for Improvement

- **Objective:** Parents, caseworkers and children will engage in an informed consent process with physicians prescribing psychotropic medication.
Outcome: Engaging parents, caseworkers and children in an informed consent process for psychotropic medications will ensure all parties understand the effects of the medication on children.
Measure: Medicaid claims and Foster Care Psychotropic Medication Oversight Unit database.
Baseline: 87% informed consent documentation for each prescribed psychotropic medication prior to medication fill (average January 2018-April 2019)
Benchmarks 2020-2024: Increase by 5% each year.

Michigan added a new objective to track compliance with state policy and procedures for oversight of psychotropic medications.

- **Objective:** Increase compliance with policy requirements when a child in foster care is on psychotropic medications.
Outcome: Workers will effectively monitor children in foster care on psychotropic medications.
Measure: Monthly case reviews by the Child Welfare Medical Unit.
Baseline: To be established.
Benchmarks: Will be created after the first year of case reviews.

Well-Being 3 Planned Activities for 2020-2024

- Streamlining Medicaid opening/enrollment at the time of foster care entry to prevent delays in medical exams and treatment due to lack of health insurance.
- Maintaining health liaison officers that focus on addressing system barriers to the provision of quality physical and behavioral health care at the county level.
- Amending CPS policy to require CPS caseworkers to notify the health liaison officer within 24 hours of a court order removing a child from parental custody.
- Holding regular conference calls and meetings between the Child Welfare Medical Unit with health liaison officers to provide policy and practice updates.
- Providing training and technical assistance to local office staff to ensure timely Medicaid opening, and accurate/timely documentation of health care activities in MiSACWIS.
- Sending a brochure, "Guidelines for Foster Parents and Relative Caregivers for Health Care and Behavioral/Mental Health Services," to foster and relative providers at placement to outline health care requirements.
- Presenting webinars for staff on the learning management system on the health needs of children in foster care and how to document needs and services.

- Providing ongoing outreach/education/technical assistance to the primary care community.
- Requiring trauma screening for each child in confirmed and opened CPS cases and for each child placed in foster care.
- Developing a video about parent engagement in health care when children are in foster care for use as a training tool.
- Requesting a change in dental policy to comport with American Dental Association standards.
- Planning the projects recommended by the physician leadership team, focusing on standardizing and improving the documentation of psychiatric care and the dissemination of the documentation during care transitions.
- Updating, renaming and expanding content in the www.michigan.gov/fosteringmentalhealth website
- Development and implementation of child and adult psychological assessment contracts.
- Exploring other models of treatment foster care that increase the available number of beds for children in foster care.
- Hosting an exhibit table at three physician group annual conferences with information about psychotropic medication informed consent when children are in foster care.
- Statewide rollout of community mental health intensive crisis stabilization services for children and youth, ages 0-21 years.
- Producing a new monthly report for the field to track compliance with informed consent documentation when children in foster care are prescribed psychotropic medication.
- Instituting monthly case reviews to ascertain whether prescription of psychotropic drugs to foster children are being monitored within policy requirements.

The Health Care Oversight and Coordination Plan for 2020-2024 continues to focus on achieving key goals to support the outcomes of Well-Being 3 and to support meeting the requirements of the Child and Family Services Review and the Family First Prevention Services Act.

Key Goals

Well-Being – Health

Every child entering foster care must receive a comprehensive medical examination including a behavioral/mental screening within 30 calendar days from the child's entry into foster care, regardless of the date of the last physical examination.

- Every child must receive periodic and annual medical exams as outlined in the current American Academy of Pediatrics Periodicity Schedule.
- All children re-entering foster care after case closure must receive a full medical examination within 30 days of the new placement episode.
- Every child entering foster care ages three and older must have a dental examination within 90 days of entering foster care (unless one was completed in the six months prior to foster care entry) and yearly thereafter.
- All children must have a medical home.

- The foster care worker must ensure recommended follow-up health care.
- The foster care worker must complete and update the medical passport and share it with health providers.

Well-Being – Mental Health

- Every child under three years identified as a victim in a CPS category 1 or 2 case must be referred for Early On assessment. Children with pre-existing medical conditions must be referred to Early On regardless of CPS case status.
- Every comprehensive medical examination must include a psychosocial/behavioral assessment per the American Academy of Pediatrics Periodicity Schedule.
- The foster care worker must ensure that each child obtains any recommended mental health care assessment and treatment services.
- Each child and family must participate in formal trauma screening as outlined in MDHHS policy. Based on the results of each screening the caseworker must ensure that the child receives services appropriate for that clinical pathway.

Psychotropic Medication Oversight

- Every child must participate in screening and receive a comprehensive mental health assessment when indicated.
- Every child in need must have access to interdisciplinary treatment that includes psychotropic medications when indicated.
- A rigorous process of shared decision-making and informed consent must occur when psychotropic medications are recommended.
- MDHHS must provide oversight of psychotropic medication use as part of interdisciplinary mental health care for children in foster care.
- MDHHS must support providers in engaging in treatments that are consistent with current clinical standards based on evidence and/or best practice guidelines, including appropriate medication monitoring.

Family First Prevention Services Act

- MDHHS must ensure that placement of a child in any setting that is not family foster care is based on the needs of the child as documented in the child's diagnosis and plan of care provided by a qualified medical practitioner.
- MDHHS must ensure that health and mental health documentation is shared with health providers and caregivers to support accurate and comprehensive diagnosis and treatment planning, including decisions re: placement in a Qualified Residential Treatment Program (QRTP).

Health Care Needs of Children in Foster Care

Achieving the health care needs of children in foster care requires attention to access, continuity, support for youth transitioning into adulthood, tracking data, ensuring accurate and complete documentation and providing training and technical assistance. The following are steps already implemented or planned that are needed to support health care goals:

Access

- **Insurance coverage** - Michigan ensures that all children are enrolled in a Medicaid Health Plan (MHP) upon entry into foster care, and that MHP re-enrollment occurs if needed during placement transitions to ensure access to health care services throughout the time a child is in foster care. MDHHS tracks the enrollment of children in Medicaid Health Plans, and the MDHHS Child Welfare Medical Unit provides assistance to the field when barriers to enrollment occur. Once successfully enrolled in a Medicaid Health Plan, this information is given to foster parents so they can facilitate routine medical services for the children in their care.
- **Local coordination** – MDHHS recognizes that access to care depends on awareness by health care providers about the health needs of children in foster care and child welfare policy. Coordination is addressed through:
 - Amending CPS policy to require notification of a removal to the health liaison officer within one business day of the removal.
 - Requiring Health Liaison Officers to establish and maintain working relationships with primary care providers to improve access to medical services.
 - Completing the “Fostering Health Partnerships” project, a grant-funded program to hold Learning Collaborative events in all counties with key stakeholders. Learning Collaboratives are intended to develop relationships between local and regional partners to create sustainable improvements in local systems of care. This project will be complete in December 2019. The data obtained from the project will continue to inform ongoing efforts to sustain coordination and address access to care.

Continuity

- MDHHS policy requires foster parents to maintain care with the child’s previous primary care provider (i.e. “medical home”) unless doing so is impracticable.
- When there must be a shift in the primary care provider, foster care workers must ensure medical information is transferred. For more detail on planning to achieve medical information transfer, see “Ensuring Accurate Documentation and Sharing of Child Health Information” below.
- Barriers to care continuity and coordination are addressed during Fostering Health Partnerships Learning Collaborative events.

Supporting Youth in Maintaining Care During Transition to Adulthood

- MDHHS extended Foster Care Transitional Medicaid to former foster youth from age 21 to age 26, effective Jan. 1, 2014, and revised information systems to continue Medicaid coverage for current beneficiaries until the age of 26.
- MDHHS distributed Affordable Care Act Medicaid extension information to post-secondary education programs with independent living skills coaches and campus coach programs.
- MDHHS included information on the Affordable Care Act in Fostering Success Michigan’s informational webinar and forwarded it to their Google distribution group.

- Through collaboration with SCAO, the initial removal order includes a specific order for parents to sign releases for medical records transfer within seven days from the court hearing.
- MDHHS provides foster children with the option to execute Durable Power of Attorney and distributes a brochure that explains the purpose of a Durable Power of Attorney and how to attain one. Other efforts include development of a page on the Foster Youth in Transition website that includes:
 - How to choose a patient advocate.
 - A brochure explaining Durable Power of Attorney.
 - The purpose of a Durable Power of Attorney.
 - Frequently asked questions.
 - A link to the Michigan State Bar website for additional information.

Data Analysis/Tracking Timeliness

- **Comprehensive (routine) Medical Examination Timelines** - MDHHS ensures that all children in foster care receive routine comprehensive medical examinations according to nationally accepted Early and Periodic Screening, Diagnosis and Treatment guidelines as outlined by the American Academy of Pediatrics. Foster care policy outlines expectations for completion of medical and dental examinations and immunization status. MDHHS actions to meet this goal include:
 - Monitoring and addressing any systemic barriers to the assignment of a child to a Medicaid Health Plan at placement.
 - Providing data to local offices through the Monthly Management Report and Book of Business to help gauge adherence to policy and assist with local planning efforts to address any gaps.

Ensuring Accurate Documentation and Sharing of Child Health Information

Health providers must have a comprehensive health history of a child to make accurate diagnoses and develop an appropriate care plan. The medical passport is one of several tools that child welfare and health care provider teams employ to communicate health history, needs and services during the time that children are in foster care.

- The medical passport must be provided to a new health provider at or before the first appointment with the child. The medical passport prints from MiSACWIS and includes the following information:
 - Current primary care physician, dentist and insurance information.
 - Allergies.
 - Diagnosis.
 - Medications.
 - Health history.
 - Health appointments, including behavioral health appointments in the last 18 months.
 - Developmental/behavioral concerns.
- Access to CareConnect360, a software system that allows authorized users to view health-related information from Medicaid Claims. Health liaison officers, county-based

foster care workers and supervisors and private agency foster care workers and supervisors are required to obtain access to CareConnect360. The Child Welfare Medical Unit continues to work with Child Welfare Services and Support to achieve 100 percent enrollment and use of CareConnect360.

- Caseworkers and supervisors must know how to obtain details of health history that are not provided by examining Medicaid claims data from CareConnect360. Doing so requires engaging parents and caregivers in consenting to release information, engaging health care offices in provided health care information and transferring information from health records into the appropriate data elements in MiSACWIS. Building knowledge and skills is a joint effort between the Child Welfare Medical Unit, Child Welfare Services and Supports and the Office of Workforce Development and Training.

Training and Technical Assistance

The Child Welfare Medical Unit provides training and other technical assistance on a regular basis to support best practices in achieving health outcomes including:

- Caseworker and supervisor training on using CareConnect 360, entering health information in MiSACWIS, and engaging children and families in children's health care services. Training topics are informed by review of data; e.g., the Monthly Management Report describing compliance with medical and dental appointment standards, outreach to the field and feedback from system partners.
- Health liaison officer quarterly training that provides updates on policy and in-depth information on health-related topics.
- Outreach to health care providers via exhibiting at professional meetings, contributing to organization newsletters and publicizing web-based materials related to the health needs of children in foster care.
- Advising foster care/adoption policy and recruitment/retention personnel on health-related information that should be included in training for foster parents and contract requirements for foster care provider organizations.

Mental Health Care Needs

Circumstances leading to foster care significantly raise the likelihood that children in foster care will experience emotional and behavioral challenges requiring mental health services. These circumstances highlight the need for early and periodic mental health screening, and when indicated, assessment and referral for appropriate mental health treatment. Screening for mental health problems during yearly and periodic well-child examinations may provide the first indication of need for children in foster care.

Effective Dec. 1, 2014, Medicaid provider policy changed to allow surveillance or the use of a validated and standardized screening tool to accomplish the psychosocial/behavioral assessment required at each well-child visit. MDHHS policy was updated to allow surveillance as documentation that a mental health screening was completed during a child's routine exam.

MDHHS continues to work with partners to ensure that case planning and interventions are trauma informed. In 2015 and 2016, as part of the Defending Childhood project, a technical

assistance process sponsored by the Office of Juvenile Justice and Delinquency Prevention, MDHHS reviewed and recommended screening and assessment tools for trauma exposure and its impact. MDHHS developed protocols for trauma screening to expand access to trauma-informed clinical assessments and comprehensive team and trans-disciplinary assessments. MDHHS developed policy, protocols and training to ensure that trauma screening results in appropriate follow up, including completing assessments and ensuring that information gathered is integrated into the child and family service plans and with medical and mental health treatment. MDHHS awarded contracts with seven providers for statewide comprehensive trauma assessment services effective June 2017. The following actions are implemented or planned to support meeting mental health care needs.

- The MDHHS Incentive Payment program continues to provide funding to the Pre-Paid Inpatient Health Plans (PIHP) for improving access to services within the Community Mental Health System for children in CPS category 1 and 2 and foster care. This program is re-evaluated regularly to maximize the impact of this blended funding.
- The waiver for children with Serious Emotional Disturbance continues to be available within 37 of Michigan's 83 counties. MDHHS Behavioral Health and Developmental Disabilities Administration is working with Centers for Medicare and Medicaid Services to expand this waiver program statewide. The Children's Services Agency and Division of Mental Health Services to Children and Families will be engaging local and regional partners in leveraging this expansion to ensure ongoing access to children in foster care.
- The Fostering Health Partnerships project Learning Collaborative events include engaging child welfare, mental health providers and primary care providers to address any local and regional gaps in access to mental health services for children in foster care.

Oversight of Psychotropic Medications

MDHHS continues its commitment to provide oversight and guidance supporting best practices in psychotropic medication use for children in foster care. The Foster Care Psychotropic Medication Oversight Unit continues its primary oversight activities which include:

- Developing and updating databases necessary to track the use of psychotropic medications in the foster care population. This includes tracking individual and aggregate use and reporting on trends based on child characteristics, e.g., age and placement status and clinical diagnosis.
- Tracking informed consent documentation from the field to ensure consent engagement and consent per MDHHS policy.
- Entering psychotropic medication, diagnosis, physician review information and uploads informed consent documentation into MiSACWIS.
- Facilitating case reviews by physicians.
- Providing technical assistance to the field.
- Witnessing psychotropic medication consents via conference call when the consenting party cannot be present at psychiatric evaluations and medication monitoring appointments

Psychotropic Medication Data Management

The Foster Care Psychotropic Medication Oversight Unit loads Medicaid claims weekly into a foster care database. The claims are used for monitoring compliance with informed consent policy requirements, updating the health screens in MiSACWIS, determining whether physician review is needed and tracking and analyzing psychotropic medication prescribing trends for children in foster care.

Informed Consent Reconciliation and Outreach

The Foster Care Psychotropic Medication Oversight Unit receives informed consent documents from the field, enters the medication data in MiSACWIS and uploads the consent document into MiSACWIS. The unit also cross-references consent documentation to Medicaid prescription claims and conducts outreach to the field when there are medication claims without accompanying consent documentation. The unit provides monthly reports to each Business Service Center to assist the field with tracking successful completion of informed consent for psychotropic medications.

Physician Review

Pre-review queries are run at least monthly to identify cases where the recommended medication regimen meets established review criteria for a secondary physician review. When triggering criteria are met for physician review, the unit arranges and tracks the reviews.

Analyzing Psychotropic Medication Trends

The Foster Care Psychotropic Medication Oversight Unit works with the Child Welfare Medical Unit to track and analyze psychotropic medication prescribing trends for children in foster care.

Psychotropic Medication Physician Review Process

The Foster Care Psychotropic Medication Oversight Unit staff use Medicaid prescription claims to determine whether triggering criteria are met, arrange and track the review process. MDHHS contracts with board-certified child and adolescent psychiatrists to conduct reviews. Physician reviews occur based on the presence of specific medication regimens. Physician reviewer actions depend on the presence or absence of medical concerns based on the medication regimen and/or specific health characteristics and may include:

- No further action when no significant medical concerns are noted.
- Written outreach to the prescribing physician outlining the concerns raised during the review when concerns are present but not serious.
- Verbal outreach to the prescribing clinician when concerns are potentially serious. The unit staff uploads the physician review documentation into MiSACWIS.

Psychotropic Oversight Policy and Procedures

MDHHS develops policy and practice under general principles derived from a review of professional standards of care and child welfare practices in several other states:

- A psychiatric diagnosis based on the current Diagnostic and Statistical Manual should be made before prescribing psychotropic medications.
- Clearly defined symptoms and treatment goals should be identified and documented in

the medical record when beginning treatment with a psychotropic medication.

- When recommending psychotropic medication, clinicians should consider potential side effects, including those that are uncommon but potentially severe and evaluate the benefit-to-risk ratio of pharmacotherapy.
- Except in the case of emergency, informed consent must be obtained from the appropriate party(s) before beginning psychotropic medication. Informed consent includes discussion of diagnosis, expected benefits and risks of treatment, common side effects, need for laboratory monitoring, the risk for adverse events and treatment alternatives.
- Appropriate monitoring of indices such as height, weight, blood pressure or other laboratory findings should be documented in the medical record.
- Monotherapy regimens for a given disorder or specific target symptoms should be tried before polypharmacy regimens.
- Doses should usually be started low and titrated carefully as needed.
- Only one medication should be changed at a time, unless a clinically appropriate reason to do otherwise is documented in the medical record.
- The frequency of clinician follow-up with the patient should be appropriate for the severity of the child's condition and adequate to monitor response to treatment, including symptoms, behavior, functioning and potential side effects.
- The potential for emergent suicidality should be carefully evaluated and monitored in the context of the child's mental health condition.
- If the prescribing clinician is not a child psychiatrist, referral to or consultation with a child psychiatrist should occur if the child's clinical status has not improved within a period appropriate for the child's clinical status and the medication regimen.
- Before adding additional psychotropic medications, the child should be assessed for medication adherence, accuracy of the diagnosis, the occurrence of comorbid disorders (including substance abuse and general medical disorders) and the influence of psychosocial stressors.
- If a medication is used for a primary target symptom of aggression and the behavior disturbance has been in remission for six months, serious consideration should be given to tapering and discontinuation of the medication. If the medication is continued, the necessity for continued treatment should be evaluated a minimum of every six months.
- The medical provider should clearly document care in the child's medical record, including history, mental status assessment, physical findings, impressions, laboratory monitoring specific to the prescribed drug and potential known risks, medication response, presence or absence of side effects, treatment plan and intended use.

MDHHS continues to review and amend policy in the context of changing general practice standards, new medical knowledge and foster care practice needs across the state. The medical consultant meets monthly with the physician reviewers. During these meetings, this team examines trends observed during the review process, discusses relevant practice standards and advises and implements changes in psychotropic medication oversight processes. The medical consultant also convenes a broader group of physician leaders that includes child and

adolescent psychiatrists and primary care physicians periodically to inform updates to MDHHS policy and practice. Action steps in planning are:

- Conducting a case read to profile psychiatric assessment practices. This profile will inform the process of implementing standards for assessment and its documentation.
- Developing additional requirements for documentation of monitoring for expected and adverse impacts of psychotropic medications. Once implemented, these standards will be incorporated into child welfare case planning and its documentation.
- Expanding the current FosteringMentalHealth website to provide additional guidance to providers based on developments in knowledge and standards of care.

Family First Prevention Services Act

Ensuring Appropriateness of Placement in Qualified Residential Treatment

Child welfare teams consider several factors when pursuing residential treatment for a child, including the capacity to maintain safety and benefit from treatment in the community. When a child's diagnosis includes medical/mental or behavioral health needs that cannot be safely met in the community or in a foster family home, a child may be placed in a qualified residential treatment program. Qualified residential treatment programs must:

- Include a trauma-informed treatment model designed to treat children with emotional or behavioral disorders.
- Have licensed nursing and clinical staff onsite as required by the program's treatment model.
- Facilitate outreach to family members of the child.
- Document how family members are integrated into the treatment process.
- Provide discharge planning and family-based care support for six months after discharge.

Ensuring Children in Foster Care Are Not Inappropriately Diagnosed

To ensure children are not inappropriately diagnosed and placed in settings that are not foster family homes as a result of inappropriate diagnoses, Michigan developed the following policies and procedures.

Prior to placement of a child in a qualified residential treatment facility, caseworkers must prepare a Placement Exception Request that documents supervisor and county director review and approval.

- The referring worker must provide the residential provider with all recent medical, behavioral and mental health diagnoses and reports.
- MDHHS contracts with residential providers require that a licensed clinician with a minimum of a master's level degree conduct a bio-psycho-social assessment of a child using evidence-based tools within 30 calendar days following placement.
- The bio-psycho-social assessment ensures placement is based on documented need for the treatment provided in the program and used to develop a treatment plan based on a review of past information with current assessments specific to the child's needs.

Beginning with FY 2020, within 30 days of placement in a child caring institution, a child assessment will be conducted by an independent contractor to determine whether placement in an institution is needed to meet the mental/behavioral needs of a child.

To ensure that practitioners with the appropriate knowledge, training and skills have the tools to arrive at an accurate diagnosis, all members in the child welfare systems of care must follow clinical pathways or procedures to guide decisions about treatment in residential settings. These clinical pathways are informed by the best available evidence, re-evaluated and improved regularly based on statewide outcome data and emerging scientific evidence. The process of developing clinical pathways include the following elements:

- A means to support and hold providers accountable for providing and documenting accurate and comprehensive diagnostic assessments that include diagnosis, functional capacity and recommendations based on the best available evidence.
- Specific guidelines defining the child and family characteristics that would require intervention within a residential setting.
- Capacity and accountability within the MiTEAM case management process to follow the clinical pathways for each child.
- Education of all members of the systems of care on the clinical pathways, including parents and caregivers, courts, child welfare personnel and health/mental health care providers.
- Evaluation methods to track fidelity in following the clinical pathways and outcomes for the children and families served.

MDHHS has initiatives in progress to address some of these elements:

- Systems transformation project, described in the Permanency section of the APSR.
- Enhanced MiTEAM practice model training and support.
- Trauma screening, assessment and treatment protocols.
- Placement Exception Request process.
- Regional Placement Unit.

Coordination and Collaboration

MDHHS takes a team approach to addressing the needs of children in foster care by working with and soliciting input from a variety of experts that includes:

- Michigan Department of Health and Human Services:
 - Office of Child Welfare Policy and Programs.
 - Division of Continuous Quality Improvement.
 - Child Welfare Services and Supports.
 - Office of Workforce Development and Training.
 - Medical Services Administration.
 - Medicaid Program Operations and Quality Assurance.
 - Pharmacy Management Division.
 - Office of Medicaid Health Information Technology.
 - Division of Mental Health Services to Children and Families.

- Behavioral Health and Developmental Disabilities Administration.
- Strategic Integration Administration.
- MiSACWIS Division.
- CPS Centralized Intake.
- External Affairs and Communication.
- Bureau of Community Based Services.
- Population Health Administration.
- Children’s Special Health Care Services.
- Child Welfare Advocacy Organizations:
 - Michigan Federation for Children and Families.
 - Association of Accredited Child and Family Agencies.
- Community-Based Professional and Advocacy Organizations:
 - American Academy of Pediatrics, Michigan chapter.
 - Michigan Association of Family Physicians.
 - Michigan Primary Care Association.
 - Michigan Council of Child and Adolescent Psychiatry.
 - Association for Children’s Mental Health, Michigan branch.

CHILD WELFARE DISASTER PLAN

Michigan participated in disaster planning, response and recovery activities required by the Child and Family Services Improvement Act of 2006 and Section 422 (b)(16) of the Social Security Act. The Child Welfare Disaster Plan addresses the federal requirements below:

- To identify, locate and continue services for children under state care or supervision who are displaced or adversely affected by a disaster.
- To respond, as appropriate, to new child welfare cases in areas adversely affected by a disaster, and provide services in those cases.
- To remain in communication with caseworkers and other essential child welfare personnel who are displaced because of a disaster.
- To preserve essential program records.
- To coordinate services and share information with other states.

The Michigan Department of Health and Human Services (MDHHS) holds the primary responsibility to perform human service functions in the event of a disaster. The MDHHS emergency management coordinator is responsible for conducting emergency planning and management, and interfaces with MDHHS local directors and central office staff to ensure adequate planning. Michigan's Child Welfare Disaster Plan remained in place in 2018 and 2019.

Disaster Plan 2019 Review

To ensure local MDHHS child welfare disaster plans are reviewed and updated annually, Business Service Centers and Child Welfare Supportive Services prompt county offices and private agencies each spring to review and update their local plans. Completion of local plans is tracked by Child Welfare Field Operations and all county and agency plans are collected and stored centrally on a shared computer drive.

Child Welfare Field Operations also distributes the current state plan to county MDHHS offices on an annual basis, while Child Welfare Supportive Services distributes the state plan to private agencies. County offices and private agencies are requested to review the state plan, make suggestions for possible changes and provide an update as to whether the disaster plan was mobilized in their community during the past year.

The MDHHS local county offices, Business Service Centers and Child Welfare Field Operations Administration reviewed Michigan's Child Welfare Disaster Plan in 2019, and the plan was determined to be operational and that no changes were needed. Two local incidents occurred in 2018, which are described at the end of this plan.

Emergency Response Planning for State-Level Child Welfare Functions

MDHHS incorporated the following elements into an integrated emergency response:

- **Coordination with the Michigan Emergency Coordination Center.** The state-level Emergency Coordination Center is activated by the MDHHS emergency management

coordinator during a state-declared emergency or at the request of a local MDHHS local director or designee. The coordination center is a central location for coordination of services and resources to victims of a disaster.

- **Local shelter and provision of emergency supplies.** MDHHS requires all MDHHS local offices to have a plan for disasters that provides temporary lodging and distributes emergency supplies and food, as well as an emergency communication plan. The state plan must address widespread emergencies and the local plan must address local emergencies.
- **Dual and tri-county emergency plans.** In large counties with more than one local office site or in local offices located in dual or tri-counties, each local office site is required to have an emergency or disaster plan designed to address unique local needs.
- **Local and district MDHHS offices.** MDHHS local and district offices submit their emergency office procedures to their associated Business Service Center for approval and to the MDHHS emergency management coordinator. MDHHS local offices review their disaster plans annually and re-submit updated plans.
- **Foster parent emergency plans.** According to licensing rules for foster family homes and foster group homes for children, licensed foster parents must develop and maintain an emergency plan. This must include plans for relocation, if necessary, communication with MDHHS and private agency caseworkers and birth parents as well as a plan to continue the administration of any necessary medications to foster children and a central repository for essential child records. The plan must also include a provision for practicing drills with all family members every four months.
- **Institutional emergency plans.** According to licensing rules for child caring institutions, an institution shall establish and follow written procedures for potential emergencies and disasters including fire, severe weather, medical emergencies and missing persons.

Local Office Emergency Procedures

Each MDHHS local office is required to create their own emergency plan that addresses local needs and resources. The required elements of local office emergency plans include:

- Resource list including local facilities suitable for temporary lodging and local resources for emergency supplies, clothing and food. The licensing certification worker updates and distributes this list annually and as needed in an emergency.
- An emergency communication plan that includes the person to contact in case of emergency. When there is an emergency or natural disaster, a communications center in a different region from the disaster area shall be established as a backup for the regional/local office. The selected site should be far enough away geographically that it is unlikely to be affected directly by the same event.
- A central list of all foster care placements for children under the supervision of the local office or private agency that includes telephone numbers, addresses and alternate contact persons.

Local emergency plans are submitted to their Business Service Center, and are reviewed

and revised as necessary to ensure all required elements are included.

Emergency Communication

- **Staff communication protocol.** During an emergency, the local office mobilizes a protocol to communicate with staff to ascertain their safety and ability to come to the work site (or an alternative site) and perform emergency and routine duties. The local office director or designee will initiate this protocol. The local office director or designee will maintain contact with the MDHHS emergency management coordinator to synchronize services and provide updates.
- **Caregiver communication protocol.** During an emergency that involves evacuation, either voluntary or mandatory, all caregivers shall inform MDHHS of their foster children's whereabouts and status using telephone service, cell phone, email or another means of communication when normal methods of communication are compromised. CPS centralized intake will provide a toll-free number that caregivers may use for this purpose when other means of communication are inoperable.
- **Disaster coordination protocol.** Each local office will designate an individual(s) to coordinate information from the area affected by a disaster and communicate to their Business Service Center or Child Welfare Field Operations. The protocol will include instructions that all staff in the affected area should call in to a locally designated communication center. If communication channels are compromised, the centralized intake telephone lines may be used to share instructions. The foster caregiver guidelines for responding to emergencies shall include the MDHHS Children's Protective Services (CPS) Central Intake toll-free number (855) 444-3911, to be used as a clearinghouse to share instructions or ascertain the location and well-being of foster children and youth in the affected area.

The local emergency/disaster plan shall include:

1. The person whom staff and clients may contact for information locally during an emergency during normal work hours as well as after hours.
2. The expectation that all staff not directly affected by an emergency shall report for work unless excused.
3. The person whom clients may contact during an emergency when all normal communication channels are down.
4. The person designated to contact the legal parent to inform them of their child's status, condition and whereabouts if appropriate.
5. The minimum frequency that all caregivers shall communicate with the designated communication site during emergencies or natural disasters.
6. The necessary information to be communicated in emergencies.
7. How and where in the case record the information is to be documented.
8. The method of monitoring the situation and the local person responsible.
9. Procedures to follow in case of voluntary or involuntary closure of facilities.

10. Any additional requirement as specified by the local or regional office.

Foster Parents' Responsibilities Developing an Emergency Plan

- **Family emergency plan.** Licensed foster parents shall develop and display a family emergency plan that will be approved by their local office and become part of their licensing home study. Foster parents must update and review their plans annually. The plan should include:
 1. An evacuation plan for various disasters, including fire, tornado and serious accident.
 2. A meeting place in a safe area for all family members if a disaster occurs.
 3. Contact numbers that include:
 - a. Local law enforcement.
 - b. Regional communication plan with contact personnel.
 - c. Emergency contacts and telephone numbers of at least one individual likely to be in contact with the foster parent in an emergency. It is preferable to list one local contact and one out-of-county contact.
 - d. MDHHS Central Intake toll-free number or another emergency number to be used when no other local/regional communication channels are available.
 4. A disaster supply kit that includes special needs items for each household member (as necessary and appropriate), first aid supplies including prescription medications, a change of clothing for each person, a sleeping bag or bedroll for each foster child, battery-powered radio or television, batteries, food, bottled water and tools.
 5. Each local office designates a contact person as the disaster relief coordinator. In the event of a mandatory evacuation order, foster parents must comply with the order insofar as they must ensure they evacuate foster children in their care according to the plan and procedures set forth by the state emergency management agency (MDHHS).
- **Communication with MDHHS caseworkers during emergencies.** Foster parents and MDHHS caseworkers have a mutual responsibility to contact each other during an emergency that requires evacuation or displacement to ascertain the whereabouts, safety and service needs of the child and family, as described above. If other methods of communication are not operating, the centralized intake telephone line will be mobilized to serve as a communications clearinghouse.
- **School response.** As part of the disaster plan, each foster parent will identify what will happen to the child if he/she is in school when an emergency occurs, such as an arrangement for moving the child from the school to a safe, supervised location.
- **Review plan with each foster child.** Foster parents will review this plan with each of their foster children regularly and the worker will update this information in the provider's file.

Federal Disaster Response Procedures

Following is a listing of the required procedures for disaster planning and Michigan's procedures that address those requirements:

1. To identify, locate and continue availability of services for children under state care or supervision.

- During an emergency that involves evacuation, either voluntary or mandatory, all caregivers shall inform MDHHS of their foster children's whereabouts, status and service needs, utilizing telephone service, cell phone, email or the centralized intake number when normal methods of communication are compromised.
 - Following declaration of a public emergency that requires involuntary evacuation or shelter, the assigned caseworker or another designated worker will contact the legal parent to ascertain the whereabouts, condition and needs of the child and family.
 - The local office must provide information on where to seek shelter, food and other resources and coordinate services with the MDHHS emergency management coordinator. The voluntary or involuntary closure of facilities in emergencies is addressed in the licensing rules for child-placing agencies (R 400.12412 Emergency Policy).

2. Respond as appropriate to new child welfare cases in areas adversely affected by a disaster and provide services in those cases.

- If current staff is displaced or unable to provide services, alternate counties designated in local MDHHS disaster plans shall be prepared to help provide services to new child welfare cases and to children under state care or supervision displaced or adversely affected by a disaster. The toll-free Central Intake number will be the primary means of accessing services for new child welfare cases.

3. Remain in communication with caseworkers and other essential child welfare personnel who are displaced because of a disaster.

- In an emergency, caseworkers and caregivers must attempt to call their local office to report their status and receive information or instructions. If local office phone lines are unavailable, caseworkers and caregivers will contact the alternate local office. In offices covering multiple counties, they will call the designated county.
- Caseworkers may use cell phones to remain in contact. Michigan State Police radios are located in offices without cell phone towers to maintain cell phone service.
- If the local Emergency Coordination Center is activated by the MDHHS emergency management coordinator, the toll-free centralized intake number will be available as a backup communication method for current and new child welfare cases.

4. Preservation of essential program records.

- MDHHS maintains essential records in the MiSACWIS database and can access records statewide. MDHHS caregivers enrolled in electronic funds transfer will not have a disruption in foster care payments, since payments are made to their account electronically.
- To safeguard the database itself, the servers are located in Michigan's secure data center. Schedules are configured to perform a full system backup for both onsite and offsite storage. The databases are also configured for live replication in case of a disaster that involves loss of the primary server. The Department of Technology, Management and Budget retains one quarterly update per year and maintains an annual backup indefinitely. That code base is backed up as well, so in case of a catastrophic event that affects the computer system, the application can be rebuilt with minimal loss of time.

5. Coordinate services and share information with other states.

- In the event of an emergency, the MDHHS emergency management coordinator is responsible, under the direction of the Michigan governor and in coordination with the state MDHHS director, to mobilize and coordinate the statewide emergency response including sharing information with other states.
- The MDHHS Office of Communications will coordinate communication on the MDHHS emergency response to the news media, MDHHS executive staff and human resources, persons served and the public.

City of Flint Water Emergency 2016

Michigan Governor Rick Snyder declared a state of emergency for the city of Flint on Jan. 5, 2016 due to evidence of high lead levels in the water system. The state of emergency was approved by President Barack Obama on Jan. 16, 2016. The federal declaration of emergency ended on Aug. 14, 2016.

- Through the Emergency Management and Homeland Security Division of the Department of State Police, the State of Michigan Emergency Operations Center was activated on Jan. 5, 2016 to coordinate state response and recovery efforts.
- The Department of Homeland Security, Federal Emergency Management Agency was authorized to coordinate all disaster relief efforts following the declaration by the President.

1. Identify, locate and continue availability of services for children under state care and supervision who are displaced or adversely affected by a disaster.

Statewide planning regarding the children potentially adversely affected by the Flint water crisis included the following:

- Ensuring all children under the supervision of the MDHHS who reside in placements that utilize Flint water have access to a clean water source.
- Through collaborative efforts, bottled water, water filters, water filter replacement cartridges and water test kits were either distributed directly or made available to foster care placements within the Flint water catchment area. Verification by the caseworker

of a clean water source was required for all placements.

- Water testing was required and completed on all placements where a child currently under the supervision of MDHHS was identified to be residing.

Progress in 2018

During 2016 and into April 2018, MDHHS continued to address the needs of residents of the city of Flint who were exposed to contaminated drinking water:

- The state Medicaid expansion was broadened to include the screening and healthcare of children and adults exposed to lead and other contaminants.
- Caregivers were provided with resources and information on the need to have the children in their care screened for lead and receive care to alleviate the effects if a high blood level was identified.
- Michigan used federal and state funds to alleviate the effects of exposure to contaminants on residents and providing safe drinking water and filters.
- Testing of drinking water in Genesee County over the past two years has shown the county's levels of lead are now below federal standards. The state ended the provision of bottled water to Flint residents in 2018.

2. Respond as appropriate to new child welfare cases in areas adversely affected by a disaster and provide services in those cases.

A statewide Communication Issuance was released by the Children's Services Agency regarding expectations to observe a clean water source prior to all future placements involving children under the care and supervision of the MDHHS.

3. Remain in communication with caseworkers and other essential child welfare personnel who are displaced because of a disaster.

Communication channels were not interrupted by this disaster.

4. Preservation of essential program records.

Children's Services program records were not affected by this disaster.

5. Coordinate services and share information with other states.

Coordination of services and sharing of information with other states as necessary was completed by the State of Michigan Emergency Operations Center and/or the Federal Emergency Management Agency.

Lake County Tornado Damage, 2018

On or around Aug. 29, 2018, significant tornado damage was reported in the town of Baldwin and the surrounding community. The disaster plan was mobilized, resulting in continued service to residents of the community.

Gogebic County Flood, 2018

Flooding occurred in the county during the spring of 2018. All foster homes were contacted, and it was determined that there was no impact from flooding on placements, the foster homes or child safety.

STAFF AND PROVIDER TRAINING PLAN

The MDHHS Staff and Provider Training Plan was reviewed and updated in 2019. It was determined that updates were necessary. Changes in the updated Staff and Provider Training Plan include:

- A section on Diversity, Equity and Inclusion was added.
- The section on Leadership training was expanded.
- A section on OWDT Professional Development and Staff Preparedness was added.

Training in Support of the Goals and Objectives of the Child and Family Services Plan

In Michigan, staff training is designed to provide comprehensive understanding of the needs of service in child welfare fields, combining theory and practical knowledge. New public and private child welfare caseworkers complete a nine-week Pre-Service Institute within 112 days of hire. Caseworkers receive a progressive caseload throughout the nine weeks. They report first to their local office and then come to training facilities for four of the nine weeks. During classroom training, students receive program specific training in Adoption, Foster Care or Children's Protective Services, as well as child welfare topics that build skills to help them support families through use of the MiTEAM practice model.

Structured on-the-job activities and computer-based training support the transfer of learning from classroom training to application of skills in the local office. Caseworkers are assigned a mentor and supervisor who, in conjunction with the trainer, complete a new hire evaluation summary of the caseworker. This, along with two competency-based exams, identify the new caseworkers' strengths and areas that need additional support. This evaluation provides a basis for the supervisor to create an individualized in-service training plan for the new caseworker after the Pre-Service Institute. All caseworkers must complete 32 hours of ongoing training per calendar year.

New supervisors in child welfare must attend New Supervisor Institute within 112 days of hire. This training includes program specific content in Adoption, Foster Care, Children's Protective Services or Licensing. Public supervisors also receive leadership and MDHHS management training. Private supervisors get this additional training in their local office. The supervisors take a competency-based exam in their program specific area. After New Supervisor Institute, supervisors must complete 16 in-service training hours per calendar year.

In-service trainings are offered across the state and address current child welfare topics, leadership skills, and foster parent training. Targeted child welfare training on fundamental skill development, identified by Business Service Centers, is offered regionally. In addition, Office of Workforce Development and Training staff offer over the shoulder support upon request. Trainers will go into the local office to provide on-site feedback on case management and systems documentation.

If a caseworker or supervisor has completed initial training and changes programs, they attend the Program Specific Transfer Training in the program they are entering.

Initial Staff Training Plan for Improvement

Goal Selection Rationale: The goal below was selected based on the rating of area needing improvement in the CFSR Round 3.

Goal: MDHHS will ensure that initial training is provided to all staff that delivers services.

- **Objective:** MDHHS will ensure that initial training teaches the basic skills and knowledge required for child welfare positions and that the training is completed timely.

Outcome: Providing initial training to all staff on the basic skills and knowledge required for child welfare positions will ensure staff are prepared to provide high quality services to children and families.

Measure: CFSR Round 3; MDHHS learning management system.

Baseline: Area needing improvement; CFSR 2018

Benchmarks 2020-2024: Demonstrate improvement each year.

To improve Initial Staff Training, MDHHS is taking the following steps under the leadership of the PIP Workforce work group:

1. Redesigning the new worker training from top to bottom, which includes new worker orientation and relationship building at the local office prior to initial training.
2. Providing ongoing support to new workers for nine months post training.
3. Offering county-specific over the shoulder support, working with staff one-on-one at local manager request.
4. Exploring the cost effectiveness of adding an additional training site. In October 2019, a pilot CPS only Pre-Service Institute will be held at a third location (Gaylord).
5. In 2019, four additional Pre-Service Institutes were held, two of which were in Grand Rapids.
6. Integrating mentoring redesign with the initial training redesign, including updating training materials. A mentoring training session was incorporated into BSC in-service training.
7. Exploring additional training options for ongoing training support such as mobile video trainings and partnerships with universities.

Child Welfare Training Overview

Training is tracked using the Cornerstone OnDemand learning management system. The system is updated from MiSACWIS, assuring that the training available to child welfare staff is aligned with their roles and responsibilities. In addition to registering for training and directly accessing online training, child welfare staff document completion of external training on this learning management system, resulting in a complete individual transcript reflecting all child welfare specific training completed.

The primary training audience is public and private child welfare caseworkers, supervisors and those in specialized and supportive positions. Some of these positions include:

- Pathways to Potential success coaches.
- Education planners.
- Health liaison officers.
- Child welfare funding specialists.
- Foster home licensing specialists.
- Maltreatment in care investigators.
- Permanency resource monitors.

Training requirements are listed in MDHHS policy manual SRM 103 and summarized below in each section.

Initial Training for Caseworkers

Public and private child welfare caseworkers must complete the nine-week Pre-Service Institute within 112 days of hire or promotion. The training consists of four weeks of classroom training and five weeks of on-the-job training.

The five field weeks consist of structured activities such as reading policy, working in MiSACWIS, learning local procedures, becoming familiar with community service providers and completing online training. These activities are outlined in the Online Student Guide and are a formal part of the training curriculum. All these activities are guided by the local supervisor and the supervisor confirms that the activities are completed. The supervisors are expected to sign the Field Activities Log which verifies that the activities were completed. These activities are supported by assigned mentors in the field.

During classroom weeks, trainees receive instruction, feedback and coaching on the application of MiTEAM practice skills. Strong emphasis is placed on personal and child safety, family preservation and the continuum of care. New workers are assisted in developing a trauma-informed lens that stresses the importance of the parent/child visitation process and helps to create networks of support.

During the training, two scored exams are administered to the trainees to evaluate knowledge gained. Trainees are required to pass both exams at least at the 70 percent level. In addition, a competency-based evaluation of the new worker is completed in partnership by the supervisor and trainer. These evaluations are kept on file locally. Evaluations measure:

- Cultural and self-awareness.
- Safety awareness.
- MiTEAM practice skills.
- Interviewing skills.
- Documentation skills.

While in training, a progressive caseload may be assigned.

- Caseload progression for CPS:
 - No cases will be assigned until after completion of four weeks of training and passing the first exam.
 - After successful completion of week four, up to five cases may be assigned using case assignment guidelines. The first five cases will not include an investigation involving children under eight years of age or children who are unable to communicate.
 - A full caseload may be assigned after nine weeks of training, passing exam two and receiving an overall meet or exceeds expectations rating on the competency-based evaluation.
- Caseload progression for foster care and adoption:
 - Three training cases may be assigned on or after day one of training at the supervisor's discretion using case assignment guidelines.
 - After successful completion of week four of pre-service training and passing exam one, up to five cases may be assigned.
 - A full caseload may be assigned after nine weeks of training, passing exam two and receiving an overall meet or exceeds expectations rating on the competency-based evaluation.

Training caseloads are assigned strategically to help support the new caseworkers in applying new skills under the guidance of the supervisor and with the support of peers.

Plan for improvement

- The Pre-Service Institute which currently offers 13 institutes to an unlimited number of new hires per institute will be expanding to offer four additional institutes. In past years the institutes were offered in Detroit and Lansing. This new expansion will offer institutes in Grand Rapids to alleviate travel concerns for new hires and local offices/agencies.

University Partnerships and Child Welfare Certificate Program

MDHHS has collaborative relationships with 13 Michigan undergraduate and two graduate schools of social work on a certificate program to educate a pool of qualified applicants to fill child welfare positions statewide. This program is intended to help social work students be exposed to Michigan child welfare policies and practices through coursework and field experiences. The Child Welfare Certificate from an endorsed university shows that the participant has received a valuable foundation of knowledge and experiences. Program outcomes include:

- Certificate holders are a population of potential caseworkers having knowledge and experience in the child welfare system, resulting in improved quality of services to Michigan children and families.
- Certificate holders attend a condensed version of the Pre-Service Institute, allowing them to provide services to families sooner.

- Retention of qualified staff will increase because certificate holders have realistic job expectations.
- Promotion of consistent curricula and child welfare internship experiences for students attending schools of social work with endorsed Child Welfare Certificate Programs.

To receive a Child Welfare Certificate from an endorsed university, the student:

- Completes a core course in child welfare and courses in child development.
- Completes an elective course that supports the theory, knowledge, skills and values required to work with families and children.
- Completes a supervised, structured 400-hour field placement at MDHHS, a private agency or tribal child welfare program.
- Achieves a 3.0 grade point average for the last 60 credits of their studies.

Plan for improvement

The Office of Workforce Development and Training will meet with the university partners and collaborate with Human Resources to explore ways to increase Child Welfare Certificate enrollment. OWDT will explore how to expand the number of universities who are endorsed in the Child Welfare Certificate program.

Program-Specific Transfer Training for Caseworkers

For caseworkers who completed a Pre-Service Institute in one program and reassigned to another program, they must complete a two-week program-specific training. This training must be completed within 112 days of the transfer. Between three and six days are spent in a classroom depending on the program they are transferring to, and on-the-job learning activities are also completed.

Plan for improvement

- The Office of Workforce Development and Training incorporates MISACWIS training into Program-Specific Transfer Training.
- The training office will incorporate the Mobile Investigator application into CPS Program-Specific Transfer Training. The application allows caseworkers to enter data into MiSACWIS while in the field.

Initial Training for Supervisors

All new child welfare supervisors must complete the four-week New Supervisor Training Institute within 112 days of hire. The training is comprised of classroom instruction and on-the-job training. The training encompasses management competencies and program-specific skill development. MDHHS supervisors complete a classroom week learning State of Michigan human resources, performance management, labor relations, etc. Private agency staff learn human resource policies applicable to their agency while on the job. During on-the-job training, supervisors must complete structured field activities, webinars and computer-based trainings.

Program Specific Transfer Training for Supervisors

Supervisors who completed initial training in one program and are reassigned to another program must complete a one-week program-specific training. This training must be completed within 112 days of the transfer.

Plan for improvement

MDHHS will continue monitoring institutional and residential staff training processes through the Learning Management System.

- MDHHS will continue meeting with Business Service Centers to track the effect of initial and ongoing training on the quality of case management.
- MDHHS will respond to training needs identified in the Quality Improvement Council training sub-team through collaboration with the Children's Services Agency and Business Service Centers.
- MDHHS will send surveys to new employees' supervisors three and 12 months after training completion to track learning over time.
- The Supervisory Control Protocol portal will be added to CPS program specific training.
- MiSACWIS training for supervisors will continue to be offered to supervisors during Business Service Center in-service trainings.

Monitoring Initial Training Requirements

Initial training is monitored locally, as well as through a collaborative effort between the training office, MDHHS central office and the Business Service Centers. Data is collected and analyzed from learning management and human resource systems, MiSACWIS caseload counts and a variety of other methods as needed.

Plan for improvement

These monitoring efforts will continue throughout 2019. The Office of Workforce Development and Training will review other monitoring options and evaluate their effectiveness. The Office of Workforce Development and Training will set monthly meetings with CSA to address non-compliance.

Ongoing Training for Caseworkers and Supervisors

Child welfare caseworkers and those in supportive positions are required to complete a minimum of 32 training hours each calendar year. Child welfare supervisors are required to complete a minimum of 16 ongoing training hours each year. To meet the ongoing training and development needs of the diverse child welfare population, staff can complete computer-based training in the Learning Management System, register for instructor-led training and add external training to their transcript.

The Governor's Task Force on Child Abuse and Neglect created a child welfare clearinghouse to provide easy access for child welfare staff and their supervisors to see schedules of external training opportunities. In addition, a University In-Service Training Catalog is available, which lists training opportunities for child welfare staff and foster and adoptive parents.

Learning Management System reports are accessed locally and centrally to monitor individual, local office and Business Service Center progress in completing ongoing training throughout the year.

Plan for Improvement

In collaboration with local child welfare offices and private agencies, training staff will provide over-the-shoulder support to staff as well as supervisors. This includes training for mentors and one-on-one support for staff and supervisors.

- The Office of Workforce Development and Training will explore creating a curriculum path for newly hired child welfare workers for additional training support within their first three years on the job.
- The training office will offer leadership development training and resources for first line supervisors.
- In the university training contract, leadership courses will be increased.

Identifying Ongoing Training Needs

The primary way to ascertain individual ongoing training needs is for the supervisor to use the competency-based evaluation from initial training to identify areas for training and development. A computer-based training for supervisors “Creating an Employee Training Plan” teaches a systematic process to train supervisors to identify training and development needs of their staff, provide professional development opportunities and document them on the Learning Management System. There are multiple ways in place to identify ongoing training needs for the child welfare workforce:

- Collaboration with the Quality Improvement Council to create a list identifying training topics appropriate for development in the coming year of the university-based in-service training contract.
- The Business Service Center directors receive input from their counties and meet regularly with training to discuss how to best support the field.
- Collaboration with Child Welfare Supportive Services, Division of Child Welfare Licensing and the Division of Continuous Quality Improvement takes place to identify trends and monitor licensing, qualifications and training requirements.
- Level one evaluation surveys include a question about what other training the person needs.
- The Children’s Services Agency may identify statewide child welfare trends and collaborate with training staff to develop and deliver training.
- The Office of Workforce Development and Training has a training request process that the field can utilize to request sessions of existing training or training on a new topic.

Plan for improvement

The Office of Workforce Development and Training will continue to collaborate and evaluate input and feedback as it becomes available to develop and deliver relevant training topics. The Office of Workforce Development and Training will conduct analysis activities such as focus

groups, surveys and competency and content alignment while creating training. Level one, two and three evaluation results will be utilized to address ongoing training needs.

Diversity, Equity and Inclusion

MDHHS has a Diversity, Equity and Inclusion plan that the Office of Workforce Development and Training actively supports. The training office will continue to lead multiple efforts and training opportunities to support child welfare management, and staff on providing appropriate and culturally sensitive services.

The Office of Workforce Development and Training will continue to forge partnerships with the Children's Services Agency with a commitment to address the disproportionality of children of color in foster care in Michigan. This includes collaborating with children's services leaders and establishing a formal anti-racism team to address disproportionality. This work is being supported by a vendor, Eliminating Racism and Claiming and Celebrating Equity through a joint contract funded by the Office of Workforce Development and the CSA.

Family Preservation Training

In 2020, the Learning Management System will continue updating the current curriculum to better address training needs. Efforts have been put in place to strengthen the collaboration with private agencies and program offices to provide a supportive team approach to training caseworkers on how to effectively engage families and to meet specific agency needs. Training along with technical assistance will continue to take place at the request of local private agencies to extend additional support.

Family preservation training and technical assistance provides initial core trainings and ongoing special topic trainings designed to increase permanency by reducing the risk for out-of-home placement and increase child safety. The training is anchored in researched-based service delivery using strength-based, solution-focused techniques.

- The Office of Workforce Development and Training will continue updating the current curriculum to better address training needs.
- Training staff will continue to strengthen the collaboration with private agencies and program office to provide a supportive team approach to training specialists on how to effectively engage families and to meet specific agency needs.
- Family preservation staff will also continue to provide training along with technical assistance at the request of local private agencies to extend additional support.

Plan for Improvement

- Training staff will continue updating the current curriculum to better address training needs.
- The Office of Workforce Development and Training will continue to strengthen the collaboration with private agencies and program offices to provide a supportive team approach to training specialists on how to effectively engage families and to meet specific agency needs.

- The training office will continue to provide training along with technical assistance at the request of local private agencies.

Provider Training

Foster and Adoptive Parent Resources for Information, Development and Education (PRIDE) is a four-day train-the-trainer course led by training staff and experienced caregivers. PRIDE training is provided to MDHHS and private agency staff who deliver training to local prospective or licensed foster and adoptive parents in compliance with Michigan’s licensing rules.

The PRIDE model allows for a standardized, consistent, structured framework for the competency-based recruitment, preparation, assessment and selection of foster and adoptive resource parents. The aim of the competency-based team approach is to assure that families are willing, able, and have the resources to fully meet the needs of traumatized children and their families. The PRIDE model is used for all resource parent trainings which are built upon five core competency categories:

- Protecting and nurturing children.
- Meeting children’s developmental needs and addressing their delays.
- Supporting relationships with birth families.
- Connecting children to safe, nurturing relationships intended to last a lifetime.
- Working as a member of a professional team.

Plan for Improvement

The Office of Workforce Development and Training will continue to support the regional recruitment and retention initiative with additional training options and standardized trainer certification. The training office will continue to partner with the regional resource teams, CSA and Eastern Michigan University to develop a trauma-informed curriculum for foster and adoptive parents of Michigan, anticipated to be implemented in FY 2021.

Leadership Development

In collaboration with the Children’s Services Agency and local offices, the Office of Workforce Development and Training leadership development division developed multiple training programs and resources to support MDHHS and private agencies at all levels of leadership.

The Office of Workforce Development and Training will continue to expand its Emerging Leader program for its front-line staff, develop and deliver on-going training for first line supervisors and deliver curricula for middle managers. In addition, The Office of Workforce Development and Training through collaboration with MDHHS senior leaders will develop training and resources for directors.

Office of Workforce Development and Training Professional Development and Staff Preparedness

The Office of Workforce Development and Training recognizes the importance of training staff being up to date on policy as well as having a robust knowledge of training development and

facilitation skills. Child welfare trainers stay current on child welfare issues and policy updates by the following:

- The Office of Workforce of Development and Training trainers participate in the policy review process.
- Training staff participate on committees and serve as liaisons to various programs to stay current on child welfare practice. Some examples include:
 - MiTEAM.
 - MiSACWIS.
 - Legal and medical issues in child welfare.
- Each trainer has dedicated funds each fiscal year to spend on professional development as determined between the trainer and their supervisor. These funds can be used to attend a conference, attain certification, or attend training/professional development.
- Classroom observations and trainee evaluations are used to provide timely feedback to trainers.
- New trainers are expected to follow a curriculum path which ensures that they receive trainings that are current and relevant to training facilitation and delivery.
- New trainers are provided with on-boarding which includes going over a Trainers Expectation Guide to assist them with classroom preparedness.
- The following optional trainings are offered to our staff at no cost:
 - Women in Leadership or Accountable Leadership for Men.
 - MDHHS Emerging Leader Program.
 - Taking Charge of your Career Learning Track.
 - Leading Effective Meetings.
 - Advanced Microsoft Office programs.
 - Managing Projects.
 - Lean Process Improvement.
 - Training by Design.
 - Bi-monthly meetings with Children's Services Agency program office to share information on current and upcoming policy and practice changes.
 - Division and unit meetings for incorporation of policy changes into current curriculum and development of additional training.

Plan for improvement

- The Office of Workforce Development and Training will explore training development and delivery certification for staff.
- The newly launched one-on-one field support provides trainers with an opportunity to get real-time feedback on improvement opportunities and challenges to improve trainer preparedness and inform child welfare content and delivery.