



**Children's Services Agency  
Division of Continuous Quality Improvement**

**Child and Family Services Plan  
2015 - 2019**

**2018 Annual Progress and Services Report**

Stephanie Tubbs Jones Title IV-B Child Welfare Services  
Promoting Safe and Stable Families Program  
Chafee Foster Care Independence Program  
Education and Training Voucher Program

**June 2017**

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The Michigan Child and Family Services Plan can be viewed on the MDHHS website:  
[http://www.michigan.gov/MDHHS/0,4562,7-124-5459\\_61179\\_8367---,00.html](http://www.michigan.gov/MDHHS/0,4562,7-124-5459_61179_8367---,00.html)

## GENERAL INFORMATION

The Michigan Department of Health and Human Services (MDHHS) organizational structure reflects the department's vision and priority areas 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 Nick Lyon was appointed to lead MDHHS in 2015.

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.
- 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 the directors of:

- Division of Continuous Quality Improvement.
- Juvenile Justice Programs.
- Division of Child Welfare Licensing.
- Office of the Family Advocate.
- Children's Trust Fund.
- Michigan's Statewide Automated Child Welfare Information System (MiSACWIS).
- Children's Protective Services Centralized Intake.
- Child Welfare Services and Support.

The executive director of the Children's Services Agency, Dr. Herman McCall, oversees two Children's Services deputy directors, one responsible for the Office of Child Welfare Policy and Programs, the Division of Mental Health Services to Children and Families and the Office of Native American Affairs, and a second deputy director who oversees Business Service Center and local MDHHS directors. The Division of Continuous Quality Improvement (DCQI) is responsible for the development and administration of the Child and Family Services Plan and leading ongoing continuous quality improvement efforts.

### **MDHHS Vision**

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

## **Children's Services**

A priority for Michigan's health and human services programs is ensuring that children are protected and supported on their path to adulthood.

### **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 partner 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 2018 Annual Progress and Services Report (APSR) represents year three of Michigan's five-year Child and Family Services Plan (CFSP) for 2015 – 2019 and demonstrates the state's 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 begins preparation for Michigan's Round 3 CFSR in 2018 by ensuring the structural and procedural foundation is in place for an accurate statewide assessment and an in-depth case review. Results of the statewide assessment and onsite review will provide a map for moving forward.

### **Progress in 2016**

Progress continued in 2016 in the development of a responsive, effective organizational structure in the MDHHS Children's Services Agency through implementation of the MDHHS strategic plan. The rollout of the enhanced MiTEAM practice model to all counties in 2016 strengthened the role of community stakeholders and families in evaluating service quality. In 2016, training and technical assistance to the field in the implementation of the enhanced MiTEAM model continued.

In February 2016, the Implementation, Sustainability and Exit Plan (ISEP) was approved, which replaces the Modified Settlement Agreement and Court Order resulting from the Dwayne B. v Snyder lawsuit. The ISEP defines the pathway to dismissal or exit from litigation and federal court oversight. Progress in the ISEP continues under the oversight of court-appointed monitors.

In 2016, Michigan continued to make strides in collecting, validating and analyzing data. Since the statewide rollout of Michigan's Statewide Automated Child Welfare Information System (MiSACWIS) in 2014, technical and training staff worked continuously with the field to ensure the system has the ability to provide accurate data that yields a clear picture of the effectiveness of the state's child welfare services and accurate information on foster children at any given time. The data management team within the Division of Continuous Quality Improvement is staffed to generate accurate data used in local offices and agencies for assessing local and caseworker-level performance in key areas.

MDHHS continued to provide leadership in addressing the needs of residents of the city of Flint who were exposed to contaminated drinking water.

- Governor Rick Snyder was granted designation of the city as a federal disaster area, which provided access to federal funds for alleviating the effects of exposure to contaminants on residents and providing safe drinking water and filters.
- The state Medicaid expansion was broadened to include the screening and healthcare of children and adults exposed to lead and other contaminants.

- MDHHS staff members were deployed to Genesee County on an emergent basis to aid residents in accessing services.
- 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.
- Caregivers were provided with clean drinking water, filters and water testing.

More information on the Michigan’s response to the Flint water contamination is included in Michigan’s Child Welfare Disaster Plan, Attachment N.

### **Reporting on Child Welfare Outcomes**

Results in the CFSR Safety, Permanency and Well-Being outcomes from fiscal year 2016 (Oct. 1, 2015 – Sept. 30, 2016) are reported in this report and where possible, data from the first two quarters of 2017 (Oct. 1, 2016 – March 31, 2017) are included. Required additional documentation and targeted plans are listed below:

- Attachment A - CFS 101 Financial Documentation and Budget Requests.
- Attachment B - Child Abuse Prevention and Treatment Plan (CAPTA) 2018 Update.
- Attachment C - Comprehensive Addiction Recovery Act Assurance Statement.
- Attachment D - CAPTA Staffing Allocation.
- Attachment E - CAPTA Services Specialist Job Specification.
- Attachment F - 2016 Citizen Review Panel Annual Report with MDHHS Response.
- Attachment G - MDHHS Organizational Chart.
- Attachment H - Indian Child Welfare and Tribal Directories.
- Attachment I - Indian Child Welfare Act Compliance Webinar and Survey Feedback.
- Attachment J - Title IV-E Training Matrix.
- Attachment K - Office of Workforce Development and Training Course List.

### **MDHHS Targeted Plans**

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

## **COLLABORATIVE DEVELOPMENT OF THE 2015 – 2019 CFSP AND 2018 APSR**

Michigan has standing committees and professional and citizen groups that inform MDHHS’ five-year Child and Family Services Plan and Annual Progress and Services Report and for developing services responsive to the diverse needs of the state’s populations and geographical regions. Feedback from these groups on an ongoing basis provides MDHHS with vital information that spurs efforts to address issues identified. These groups include:

- Children’s Trust Fund – Citizen Review Panel on Prevention.
- Citizen Review Panel on CPS, Foster Care and Adoption.
- State Child Death Review Team.
- The Governor’s Task Force on Child Abuse and Neglect.
- Tribal-State Partnership.
- Medical Care Advisory Council.
- Michigan Youth Opportunities Initiative youth boards.

These groups, their role in providing information and feedback for the APSR and MDHHS action steps and responses are described throughout this report and in more detail in the Agency Responsiveness to the Community section.

### **Child and Family Services Review Round 3**

In preparation for Round 3 of the Child and Family Services Review (CFSR), scheduled for August 2018, Michigan developed a CFSR Steering Committee, co-chaired by the director of the Division of Continuous Quality Improvement (DCQI) and the director of Child Welfare Services within the State Court Administrative Office. The CFSR Steering Committee is composed of executives and managers in MDHHS and private foster care agencies and is charged with identifying resources and eliminating barriers to an effective CFSR process. A second group, the CFSR Workgroup, is tasked with conducting research and gathering information to provide to the steering committee for decision-making. Michigan has opted to undergo a traditional CFSR with the use of the federal Onsite Review Instrument and is working with the Children’s Bureau to prepare and plan logistics for the review. The CFSR Workgroup is developing a cadre of trained reviewers from a variety of disciplines and child welfare agencies that will serve on review teams during the onsite review.

In 2016, Michigan initiated a comprehensive assessment of the seven CFSR systemic factors to determine how well the state’s child welfare system responds to the needs of children and families, with the benefit of technical assistance from the Children’s Bureau of the U.S. Department of Health and Human Services. Feedback from the Children’s Bureau provided direction in improved reporting of results, and ongoing assistance will ensure the final Statewide Assessment accurately demonstrates Michigan’s strengths and areas needing improvement. Results of the statewide assessment will be used to target resources effectively and determine the need for targeted stakeholder interviews during the onsite CFSR.

The 2018 APSR includes additional detail compared to the 2017 APSR on the functioning of the seven CFSR systemic factors. Information in the Quality Assurance, Case Review and Agency Responsiveness sections has expanded to demonstrate that effective structures, processes and collaborative relationships are in place that allow for a continuous quality improvement process in all areas. The 2018 APSR includes a stronger emphasis on Service Array and Resource Development, which demonstrates collaboration among state child welfare, medical,

educational, and mental and behavioral health systems to address the needs of children and families.

## SAFE CARE FOR INFANTS AFFECTED BY SUBSTANCE USE

Michigan's policies and procedures for developing a Plan of Safe Care for infants identified as affected by substance use, as required in the 2016 Comprehensive Addiction Recovery Act, include the following requirements and procedures:

- Mandated reporters are required to report suspected child abuse or neglect if the reporters know or suspect 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.
- Confirmed complaints of substance-exposed infants must be classified as physical abuse, category I, II or III, based on the Children's Protective Services (CPS) risk assessment.
- In 2016, MDHHS worked with public health providers to develop definitions and requirements in Michigan's Child Protection Law to define the Plan of Safe Care and require that these plans be established to serve infants and families.
- In 2017, policy changes include the definition of a Plan of Safe Care to be included in an investigation involving an infant identified as being affected by substance use of their mother and/or withdrawal symptoms, or as a victim of Fetal Alcohol Spectrum Disorder.
- Michigan is 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." Through the Policy Academy, Michigan will develop and refine a cross-system plan to address the needs of infants affected by opioids and their caregivers.
- MDHHS added requirements in all family preservation contracts for development of a Plan of Safe Care for infants affected by substance use of their mother 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, submission of a petition for court jurisdiction is required within 24 hours.
- The state does not exclude complaints when a child is withdrawing from medications legally prescribed to the mother. MDHHS assesses whether the prescribed medications were taken in accordance with a doctor's treatment instructions. If use of the medication was not following instructions and/or if the parent's use of substances impairs their ability to care for their child safely, a CPS case is opened and a Plan of Safe Care is established.

Governor Rick Snyder's Comprehensive Addiction and Recovery Act Assurance Statement is included as Attachment C to this report.

## MICHIGAN'S HUMAN TRAFFICKING LEGISLATION

Michigan's Safe Harbor law was one of the key reforms in 2014 Michigan human trafficking legislation and affirms the intent of the federal Justice for Victims of Trafficking Act and the Trafficking Victims Protection Act. In Michigan, Safe Harbor laws engendered:

- Stronger protection for victims.
- Stronger tools to hold traffickers accountable.
- Provisions for victims' health and welfare.
- The creation of the Michigan Commission on Human Trafficking within the Department of the Attorney General to protect victims and hold offenders accountable.

Michigan continues to focus attention 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. Details on the Safe Harbor policy and procedural changes are described in the Chafee Foster Care Independence Program section of this report and in the Child Abuse Prevention and Treatment Act 2018 update. Michigan will begin reporting on the number of identified victims of trafficking in its National Child Abuse and Neglect Data System (NCANDS) submission in 2019 (reporting 2018 data).

Michigan submitted the Governor's Assurance Statement for provisions of the Victims of Trafficking Act and Trafficking Victims Protection Act with the 2017 APSR.

## 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 in 2018. The director of SCAO's Child Welfare Services division and the director of the MDHHS Division of Continuous Quality Improvement (DCQI) were designated to co-lead the steering committee. A SCAO analyst is co-leading the state CFSR Workgroup with one of the two managers of the DCQI review teams.

Through the SCAO Court Improvement Program, MDHHS works continuously with the court system to improve court procedures and ensure all federal and state laws, statutes and rules are followed in legal actions. With support and information from SCAO, MDHHS trains private agency and public caseworkers on the child welfare legal system. Local MDHHS offices take an active role in collaborative efforts with family courts to ensure children and families are provided services compliant with federal and state laws. Collaborative efforts in 2016 include:

## **Data Projects**

- MDHHS is working 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. SCAO provides the data reports to courts quarterly to improve performance in those areas.
- Through a data-sharing agreement, the court obtains data from the MDHHS Data Warehouse to create reports on hearing timeliness and permanency. These reports are available in SCAO’s 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.
- The director of SCAO’s Child Welfare Services Division and staff participated in telephone conferences with MDHHS and the Children’s Bureau for technical assistance on improving the state’s performance in the seven CFSR systemic factors.

## **Examining or Improving Hearing Quality**

- The Court Observation Project was created to assess the quality of child protection. SCAO Child Welfare Services conducted three projects in 2016. Each project included a final report with recommendations based on the issues identified during the court observation process. SCAO staff will return to the project sites in 2017 and 2018 to conduct follow-up court observation in a feedback loop to determine if the recommendations had an impact on the quality of child protective proceedings.
- Six 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. The trainings were attended by 206 individuals.
- 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 provided information and liaison support between the judicial and executive branches during the onsite review to resolve judicial questions.
  - SCAO collaborated with MDHHS during the period under review to perform county case reviews, training and communication statewide to ensure a successful review.
- Meetings occurred with SCAO and the MDHHS Federal Compliance and Child Welfare Funding Unit to review court orders and answer Title IV-E eligibility questions.
- MDHHS participated on a SCAO workgroup to develop draft court rules for the use of mediation in child protective proceedings.

## **Improving Timeliness of Hearings and Permanency Outcomes**

- The Court Process Improvement Committee focused efforts on educating parents on their rights when their children are taken into custody by developing a parent information brochure to be provided at the time of removal, and an in-depth parent

information guide for use throughout proceedings. SCAO continues to provide courts with copies of the brochure and information guide upon request.

- SCAO developed training for lawyer-guardians ad litem to teach statutory responsibilities and the importance of advocacy in child welfare. In 2016, three trainings were held throughout the state, attended by 193 individuals.
- The Genesee County Parent Representation Pilot Project improved legal representation of parents involved in child protective proceedings by providing a social worker to work exclusively with parents' attorneys.
- SCAO developed a permanency indicator report to track local court timeliness in child welfare hearings.

#### **Examining or Improving Compliance with the Indian Child Welfare Act**

- SCAO held two multi-disciplinary trainings on the Michigan Indian Family Preservation Act and the Indian Child Welfare Act.
- State and tribal court agreements resulted in all 12 tribal courts filing for reciprocity in recognition of court orders.
- The SCAO Tribal Court Relations Committee developed an American Indian Child Placement Evidentiary Standards document.
- SCAO contracted with an Indian law expert to update the Indian Child Welfare Act/Michigan Indian Family Preservation Act Court Resource Guide in 2016.
- Training was provided on the Michigan Indian Family Preservation Act at the statewide judicial conference.

#### **Foster Care Review Board**

The Foster Care Review Board within SCAO provides third-party external review of foster care cases to ensure the children's safety and well-being while in foster care and that the system is working to achieve permanency for each child in a timely manner. Foster Care Review Board data and recommendations from 2016 are described, along with the MDHHS response, in the Agency Responsiveness to the Community section of the APSR 2018.

## **COORDINATION OF CHILD WELFARE SERVICES**

State-level coordination of child welfare services is accomplished through the leadership of the Quality Improvement Council (QIC), formerly the Strengthening Our Focus Advisory Council (SOFAC), which is chaired by the Children's Services Agency (CSA) executive director. QIC membership includes CSA executive staff, directors of Business Service Centers and local MDHHS offices, directors of private foster care agencies, private and public child welfare program managers and leadership from the field.

Continued alignment of CSA organizational processes with CFSR continuous quality improvement requirements lays the groundwork for the dynamic development of goals and

strategies, evidence-informed assessment of progress and modifications that target areas needing improvement. The QIC oversees the collection and analysis of child welfare data and is the source for planning and design of improvement measures.

The QIC structure ensures coordination between central administration and leaders in the field. The department uses formal and informal approaches to solicit feedback that drives practice improvement. MDHHS central administration ensures that governing laws, rules and policies are followed and assists in securing resources. 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 Business Service Centers. Strategies for improvement are developed by QIC sub-teams, which are focused on essential child welfare activities that operationalize improvement efforts in the field. This feedback loop assists MDHHS in refining implementation strategies to fit local needs. The QIC sub-teams and subcommittees include:

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

### **County Implementation Teams**

County implementation teams guide community efforts, address barriers and ensure adherence to the MiTEAM practice model in case management. County implementation teams receive information through their respective Business Service Centers, through meetings with the CSA executive director and membership on state-level sub-teams. County teams ensure that continuous quality improvement efforts are data-driven through the collection and analysis of local service data, which in turn is collected to demonstrate aggregate state-level results in a feedback loop that drives ongoing efforts. In 2017, MDHHS is continuing to strengthen county-level teams through the implementation of the enhanced MiTEAM practice model.

## **PERFORMANCE-BASED CHILD WELFARE SERVICES**

An essential 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. In addition to standard outcome measures, child welfare services are supported by efficient and actuarially sound funding for public and private agency case management.

### **Performance-Based Funding Pilot Progress in 2016 and 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 on a monthly basis, 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. The approaches include a consortium of service providers that is intended to adapt quickly to a changing environment through a prospective funding model. 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 is scheduled to begin 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.

### **Planned Activities for 2018**

- Child welfare agency outcomes will be measured using validated data and information from MiSACWIS and other sources.
- MDHHS will continue implementing the private agency technical assistance and support process.
- MDHHS will deliver outcome data monthly to public and private agencies for ongoing assessment of progress and targeting areas needing attention.

## **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 will begin in summer 2017. The training includes role-specific training for county directors and program managers, supervisors and caseworkers, the establishment of trauma crisis teams and resiliency building.

- **Secondary traumatic stress teams** will be trained and 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.
- **Culture/climate assessment and development** will begin in summer 2017 statewide. Assessments include a survey for local office staff, individual county/agency plan development based on survey results, and a six-month reassessment to gauge progress. Strategies will be developed in local offices to create physically and psychologically safe working environments that are necessary to achieve performance outcomes.
- **Statewide trauma screening training** will be offered starting in summer 2017. Use of the Trauma Screening Checklist, developed by the Children’s Trauma Assessment Center at Western Michigan University, will be required. Guidance will be provided 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 intervention and the inclusion of trauma-informed practices in contracts for residential treatment providers.
- **Trauma assessment services** contracts were awarded in March 2017 for regional comprehensive transdisciplinary trauma assessments. The services will ensure that comprehensive trauma assessments are provided to foster children as needed in accord with MDHHS standards.
- **A Trauma and Toxic Stress website** was developed as part of the Defending Childhood State Policy Initiative that concluded in September 2016. The website is focused on the effects of trauma on service providers. The website includes information on trauma screening, assessment, intervention and resources for caregivers.
- **A Breakthrough Series Collaborative and Learning Collaborative** is being led by the Children’s Trauma Assessment Center at Western Michigan University with MDHHS county offices, community mental health, and other local service providers to build a trauma-informed, resiliency based service paradigm. Ten MDHHS sites are participating, focusing on building trauma-informed service communities. Twelve county offices participated in the original Breakthrough Series Collaborative cross-systems work.
- **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.
- **The Children’s Trauma Initiative** provides training and coaching in trauma assessment, trauma-specific treatment and caregiver education to community mental health providers and their contract agencies in 81 of the state’s 83 counties. The initiative implemented a secondary traumatic stress learning collaborative for organizations involved in the Initiative.

- **MDHHS trauma policies** were developed for various service providers, including the Behavioral Health and Developmental Disabilities Administration and the Medical Services Administration. A trauma policy for child welfare is under development that includes trauma screening and a trauma-informed service approach, as outlined in the MiTEAM practice model.

## **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 service data for the following services are provided, as available.

- **Applied Behavior Analysis** services for Medicaid eligible children and youth under 21 years who are diagnosed with Autism Spectrum Disorder and who meet medical necessity criteria. It has been researched for over 30 years and was endorsed by the U.S. Surgeon General. Applied Behavior Analysis can be used to assist development of language skills, social skills, following instructions, self-help, daily living skills and behavioral challenges.
- **Wraparound** is a Medicaid-covered service that serves 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 2015 (the most recent data available), 2,171 children received 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 support, shares information about resources and helps in skill development. Youth Peer Support Specialist services are ramping up to become available statewide in 2017.
- **The Early Childhood Comprehensive Systems Grant** brings together primary care providers, teachers, families and caregivers to develop seamless systems of care for children from birth to age 3. Working with health care providers, social services and early childhood education programs, Early Childhood Comprehensive Systems helps children grow up healthy and ready to learn by addressing their physical, emotional and social health in a coordinated way. In 2016, the grant funded over 25 presentations, trainings, conferences and meetings, with 1,425 professionals participating.

- **Mobile Crisis Response Teams** are intensive face-to-face, short-term mental health services initiated during a crisis to help a child return to his or her baseline level of functioning. This service is provided on-site by a mobile crisis response team outside of urgent care, inpatient or outpatient hospital settings.
- **Project AWARE** provides funding to increase awareness of mental health issues of school-aged youth and provides Youth Mental Health First Aid training for school personnel and other adults to detect and respond to mental health issues in children and young adults. Project AWARE operates in the Kent, Jackson, Hillsdale and Oakland intermediate school districts and provided school-based services to 811 students and 225 referrals to community services in 2016.
- **Safe Schools/Healthy Students** provides funding to increase access to behavioral health services for children, increase supports for early childhood development and decrease substance abuse and exposure to violence. The four-year project includes pilots in three Michigan school districts. In 2016, 11,849 children were served through implementing strategies in their individual plans, and 1,891 students received school-based mental health services.
- **The Family Support Subsidy Program** provides financial assistance to families with a child with severe developmental disabilities. The service 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.
- **Parent Management Training** is an evidence-based practice for parents and caregivers of children with serious emotional disturbance. Parent Management Training provides individual, group and home-based services. Michigan currently has 173 clinicians delivering services through local community mental health agencies.
- **Parenting Through Change - Reunification** is training designed specifically for parents of children who are currently in foster care. Parenting Through Change – Reunification is currently available in 13 counties. Plans are to expand the number of trained clinicians available across the state.
- **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. Parent Support Partners 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 89 Parent Support Partners providing services throughout Michigan. In 2015, the most recent year data is available, 836 families were served.
- **Intensive Crisis Stabilization Services** consists of structured treatment and support provided by multi-disciplinary teams that provide short-term, community-based alternatives to inpatient psychiatric services and/or substance use disorder residential treatment. Services may be used to avert admission or shorten the length of an inpatient or substance use disorder residential stay when clinically indicated. In 2015, 345 children were served.

- **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 2015, 404 children received services.
- **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 and the consequent social, emotional, behavioral and cognitive development of the infant. The infant mental health specialist provides weekly home visits to enrolled families during pregnancy, around the time of birth or during the infant's first year.
- **Serious Emotional Disturbance Children's Waiver** provides in-home services for children in foster care placements who have extensive needs and require services by permanency resource managers. The goal is for children to achieve reunification with their families or permanency and improved functioning in all life domains.
- **Early On**, Michigan's early intervention service, assists families with infants and toddlers who display developmental delays or have a diagnosed disability. Referral to Early On is required by CPS policy for all families with an infant that have CPS category one or two substantiations. Early On is described in the Populations at the Greatest Risk of Maltreatment section of this report.

### Services to Prevent Abuse and Neglect

- **Prevention** services are provided by MDHHS Family Independence Specialists to families receiving financial and other assistance.
- **Community Resource Centers**, based in schools with high numbers of families receiving financial assistance, offer assistance and referrals for food, housing and other needs. See Pathways to Potential.
- **The Children's Trust Fund** provides funding for statewide prevention of child abuse and neglect through community-based programs.
- **Michigan's Title IV-E waiver demonstration project, Protect MiFamily**, consists of prevention, preservation and support services for families with young children at high or intensive risk of maltreatment. The project is described in detail later in this report.
- **Child Protection/Community Partners** funding is provided to MDHHS county offices for services to families at low to moderate risk of child abuse or neglect. Services are determined based on local assessment of need. The purpose of the funding is to:
  - Reduce the number of re-referrals for substantiated abuse and neglect.
  - Improve the safety and well-being of children.
  - Improve family functioning.

## Services to Protect Children from Abuse and Neglect

- **Children’s Protective Services (CPS)** centralized intake is Michigan’s 24/7 child abuse and neglect hotline, which receives and screens reports of alleged abuse and neglect and transfers the complaints to local CPS investigators.
- **CPS investigation workers** investigate allegations of abuse or neglect of children by caretakers responsible for the child’s health or welfare and assess the safety of all children in the household.
- **Ongoing CPS** services are provided by CPS workers in local communities. Community-based services are offered following assessment of the needs of children and families.
- **The Maltreatment in Care unit** investigates and provides services to children who have experienced abuse or neglect while in out-of-home placements.
- **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.

## Services to Preserve Families

Descriptions of family preservation programs including Families First of Michigan, Families Together Building Solutions and the Family Reunification Program are provided in the Service Array section of this report. Outcomes for all three programs are provided in the Quality Assurance section of this report.

- **Families First of Michigan** provides intensive, short-term crisis intervention and family education in the home for four to six weeks.
- **Families Together Building Solutions** offers longer-term in-home services to alleviate risk and strengthen families’ abilities to keep their children safe.
- **The Family Reunification Program** is an intensive home-based service designed to assist the transition of children from foster care back into their homes.
- **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.
- **Family Group Decision-Making** services include the coordination of a group of family members and other supporters for lesbian/gay/bisexual/transgender and 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 to parents working toward reunification.

## Placement Services

- **Children’s foster care** provides placement and supervision of children removed from their homes due to abuse or neglect or delinquent behaviors, for Juvenile Justice youth. Services are provided by public and private agencies, and interventions assist families to rectify the conditions that brought the children into foster care. Foster care services are available to eligible young adults up to age 21 through the Young Adult Voluntary Foster Care program.

## Juvenile Justice Programs

- **MDHHS Juvenile Justice Programs** provides technical assistance, consultation, assessment and training for community-based programs and supervision for young people placed in state-operated and private residential facilities. Juvenile Justice Programs operates two secure residential facilities.
- **In-Home Care** services are provided as an alternative to prevent out-of-home placement of adolescent offenders who have exhibited serious antisocial, problem and delinquent behaviors using evidence-based community programs:
  - Multi-Systemic Therapy uses home-based service delivery to reduce barriers that keep families from accessing services. Therapists have small caseloads, work as a team, and provide services at times convenient to the family.
  - Aggression Replacement Training consists of 10 weeks of intervention and relies on repetitive learning and transfer training techniques to teach participants to control impulsiveness and anger.
- **The Mental Health and Juvenile Justice Screening Initiative** commenced in May 2017 in seven community mental health agencies, serving 11 counties. The goal is to divert children whose problematic behaviors may be rooted in unmet mental health needs from juvenile justice system involvement and reduce their penetration into the juvenile justice system. Cross-system collaboration includes schools, intermediate school districts, law enforcement, prosecutors, juvenile courts and MDHHS.
- **The Juvenile Competency Program** is an initiative under the Mental Health Diversion Council goal of certifying juvenile forensic mental health examiners and training juvenile competency restoration providers statewide. The program is increasing the availability and quality of competency evaluations of juveniles who may be incompetent to stand trial due to their developmental stage, mental health or developmental disabilities.
- **The Michigan Youth Reentry Initiative** provides 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.
- **Juvenile Urgent Response Teams**, a collaboration with the Governor’s Mental Health Diversion Council, is requesting proposals to:
  - Enhance the continuum of care for young people with mental health needs, prevent them from entering the juvenile justice system or reduce their penetration into the system and avoid placement disruption.

- Expand urgent response services and develop new programs that serve young people and are available 24/7.
- To increase urgent response services that travel to the home, rather than requiring youth to travel to a treatment site.

### Services to Promote Permanency

- **The Adoption Assistance Program** provides adoption and medical subsidy and assistance with non-recurring adoption expenses for children and their adoptive families.
- **The Guardianship Assistance Program** provides financial support to ensure permanency for children who are placed in eligible guardianships.
- **Permanency resource monitors** collaborate with foster care caseworkers to identify new strategies to achieve permanency for children who have been in care for over one year. These staff have specialized training and possess expertise in identifying community resources that promote permanency for children.
- **Post-Adoption Resource Centers** support families who have finalized adoptions of children from the child welfare system, children who were adopted through an international or a direct consent/direct placement adoption and children who have a Michigan subsidized guardianship agreement. Adoption Resource Centers offer case management, short-term and emergency in-home intervention, coordination of community services, education, training and advocacy.
- **Adoption resource consultants** provide services to children who have a permanency goal of adoption and have been legally free for one year or more without an identified family. Consultants develop, review and amend the child's individualized adoption plan with specific recruitment steps to place a child in an adoptive or pre-adoptive home.

### Services for Youth Transitioning to Adulthood

- **Young Adult Voluntary Foster Care** is available to young people through age 21 to provide supportive foster care services that help them achieve independence.
- **Michigan's Chafee Foster Care Independence Program** offers assistance to current and former foster children between ages 14 and 21 to achieve self-sufficiency, including juvenile justice youth, tribal youth and unaccompanied refugee minors.
- **The Michigan Youth Opportunities Initiative** is a partnership with the Jim Casey Youth Opportunities Initiative that brings together community members, public and private agencies with resources critical to enhancing the success of young adults who are transitioning or have transitioned from the foster care system. The program includes training on financial literacy and Individual Development Accounts to help young people learn money management skills. About 800 are participating currently.
- **Homeless and Runaway Youth services** are available to young people ages 12 to 17, their siblings and families. Services are available statewide and include crisis

intervention, community education, case management, outreach counseling, skill building and short-term (21-day) placement.

- **Homeless and Runaway Youth Transitional Living services** are provided to young people statewide ages 16 to 21 for up to 18 months. Services include crisis management, community education, counseling, placement and teaching of life skills.
- **The Education and Training Voucher Program** provides funding to meet the post-secondary education and training needs of youth aging out of foster care. Funding can be used toward tuition, books, daily living expenses and services that assist young people attending school and completing post-secondary programs.
- **Assistance for foster children to attend college** is provided through Fostering Futures scholarships for eligible youth to attend higher education in Michigan. There are 13 post-secondary institutions with campus-based supports for students in foster care. More information on Fostering Futures can be found in the Chafee Foster Care Independence Program section of this report.

## 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.

- The MiTEAM staff provides training and technical assistance on the enhanced MiTEAM practice model to local child welfare staff. Rollout of the enhancement will continue through 2017 and includes virtual learning, structured activities, practice support, resources and feedback for improving teaming, engagement with families, assessment and mentoring skills for child welfare workers.
- The DCQI staff works with local communities to develop continuous quality improvement teams and provides ongoing technical assistance on using the team structure combined with state and local data to improve services. Technical assistance methods are specific to the needs of each community.
  - Local CQI teams are being trained to use data from Monthly Management Reports and other sources to drive their work. The Monthly Management Report provides county service data 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 strategize how to replicate successful processes. The monthly report provides a feedback loop that shows whether efforts are reflected in improved scores.
- Trauma-informed caregiver training is being provided in 12 counties, with plans for expansion. This training is an effective tool for engaging caretakers, as it assists foster parents' understanding of the underlying issues related to children's behaviors and may increase empathy based on improved awareness of the effects of trauma.

- Training for mandated child abuse and neglected reporters is provided by local MDHHS staff in their communities. Mandated reporter training was enhanced in 2016 to include training for specific professional roles in child welfare.
- The DCQI will provide training for CFSR reviewers in 2017 and 2018.
- MiSACWIS project support staff will continue 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 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 seek training schedules, track staff training, access computer-based training, and register for training sessions.
- The Office of Workforce Development and Training and Native American Affairs provides ICWA/MIFPA 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 in their geographic areas and refer young people to employment and educational programs in their area.
- MDHHS includes information about Youth in Transition services and Education and Training Vouchers 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 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.

## MDHHS TARGETED PLANS STATUS

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

1. **Foster and Adoptive Parent Diligent Recruitment, Licensing and Retention Plan, Attachment L:** The Foster and Adoptive Parent Diligent Recruitment, Licensing and

Retention Plan was assessed in 2017, and it was determined no substantive changes are necessary at this time.

- 2. Health Care Oversight and Coordination Plan, Attachment M:** The Health Care Oversight and Coordination Plan was assessed in 2017 and the following changes were made to the plan:
  - Foster care policy was changed to add assessment of developmental history and substance use disorders to initial medical examination requirements for children placed in foster care.
  - The Office of Good Government was added to the list of experts with which MDHHS collaborates and from whom MDHHS solicits input.
  - Under comprehensive (routine) medical examination guidelines, MDHHS added information on a “lean process improvement project,” facilitated by the Office of Good Government.
  - The case review process for monitoring timeliness and completeness of medical and dental history was replaced by management reports from MiSACWIS.
  - Clarification was provided on collaboration with the State Court Administrative Office encouraging judges to include an order for parents to sign releases for medical records transfer at the time of court-ordered removal.
  - Efforts to identify an organization to help young people complete a Durable Power of Attorney designation were eliminated from the plan. This function may be completed on a local level.
  - Additional child characteristics including age, placement status and clinical diagnosis were added to the trends being tracked by the Foster Care Psychotropic Medication Oversight Unit.
  - Description of the process for tracking psychotropic medication consent and analysis of prescribing trends was clarified.
  - A review of professional standards of care and child welfare practices in several other states was added to demonstrate how MDHHS policies and procedures were derived.
- 3. Child Welfare Disaster Plan, Attachment N:** The MDHHS county offices, Business Service Centers and the Child Welfare Field Operations Administration reviewed Michigan’s Child Welfare Disaster Plan in 2017 and determined a change in procedure was necessary. MDHHS now has county plans, which comprehensively address all children under jurisdiction in that county instead of requiring individual public and private agency plans.
- 4. Staff and Provider Training Plan, Attachment O:** The MDHHS Staff and Provider Training Plan was reviewed in 2017, and it was determined that updates were necessary. In the updated plan, specific information is provided on:
  - Tracking and monitoring institutional and residential training processes utilizing the new learning management system.
  - Results of levels one and two training evaluations, as well as a plan for developing level three evaluation methods.

- Additional information about how the Office of Workforce Development and Training is improving the monitoring of training requirements and training quality for foster and adoptive caregivers.

## 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 on an ongoing basis 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. Assessment of a home for placement must assess child safety, risk factors and the needs of the child, as well as the capacity of the prospective caregiver.

In 2016, MDHHS continued to update child welfare policy and create effective training and tools to improve placement decisions and ensure a good fit for children with their caregivers, reduce maltreatment in care and maintain placements. Tools and policies are continuously reassessed through monitoring and reporting results in a feedback loop to ensure they address risk and safety effectively.

### **Safety - Assessment of Performance**

Safety 1 and 2 achievements are tracked through the Michigan data profile provided by the Children's Bureau, and, in 2016 and 2017, data provided through a contract with the University of Michigan Data Lab.

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

### **Progress in 2016**

- A grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) funds suicide prevention training for 800 child welfare workers each year. The training modules include suicide awareness training and applied suicide intervention skills training. MDHHS staff will be trained to deliver the training in the future.
- MDHHS began statewide implementation of the enhanced MiTEAM practice model. MiTEAM reestablished focus on fundamental social work practice skills. The model guides Michigan's child welfare system on specific interventions and case management activities to ensure that children remain safe, are raised by their families whenever possible, and are provided support and guidance to ensure their well-being.
- Enhanced MiTEAM implementation includes virtual learning, structured activities, practice support, resources and feedback for improving teaming, engagement with families, assessment and mentoring skills for child welfare workers.
- 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 extrapolated MiTEAM principles 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. These revisions were initiated in 2015 and released in 2016.
- Development of the MiTEAM Assessment Module began with an emphasis on 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 a comprehensive online training course on the Strengthening Families Protective Factors Framework. Also in development was an application exercise to be conducted in the field introducing the Strengthening Factors Framework.
- The MiTEAM Fidelity Tool is being piloted in three counties in 2016 and 2017 and will be rolled out for use in all 83 counties in 2018. Results from the fidelity tool will show local leadership where additional training and support may be needed.

**Safety Outcome 2:** Children are safely maintained in their own homes when appropriate.  
**Progress in 2016**

The Office of Workforce Development and Training provided Safety by Design training for all new workers and new CPS supervisors to improve safety assessment skills, develop effective safety plans and ensure an awareness of threatened harm. Safety by Design will continue to be offered as an in-service training across the state. MDHHS continued to reduce maltreatment in care through the following activities:

- Trauma-informed screening of children in care was integrated into general child welfare practice in 20 of the 83 counties. The information obtained from the trauma screeners is shared with service providers and caretakers to reduce the likelihood of re-traumatization and risk of maltreatment recurrence in care. Trauma-informed screening will be expanded in 2017 and 2018.
- Trauma-informed caregiver training is being provided in 12 counties, with plans for expansion. This training is an effective tool for engaging caretakers, as it assists foster parents' understanding of the underlying issues related to children's behaviors and may increase empathy based on improved awareness of the effects of trauma.
- Trauma-informed training sessions for caregivers were added to the University Partnership training contracts in 2016.

**Safety Outcomes 1 and 2 - Plan for Improvement**

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

- **S.1.1 Objective:** MDHHS will decrease maltreatment of children in foster care.  
**Measure:** U-M Child and Adolescent Data Lab (2015).<sup>1</sup>

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<sup>1</sup> In the absence of NCANDS data, Michigan's 2016 performance in the Safety and Permanency outcomes was calculated through a contract with the University of Michigan Child and Adolescent Data Lab applying approximated syntax that accounts for syntax errors identified in the CB technical bulletin dated Oct. 11, 2016.

**Baseline:** 13.56 rate of maltreatment in care; FY 2013.

**Benchmarks:**

**2015 – 2019:** Demonstrate improvement each year.

- **2015 Performance:** 10.65<sup>2</sup> rate of maltreatment in care; FY 2015.
- **2016 Performance:** 9.84 rate of maltreatment in care; FY 15b/16a.

- **S.1.2 Objective:** MDHHS will reduce the number of victims having recurrence of maltreatment.

**Measure:** U-M Child and Adolescent Data Lab (2015).

**Baseline:** 12.4 percent of victims experienced recurrence of maltreatment; FY 2013.

**Benchmarks:**

**2015 – 2019:** Demonstrate improvement each year.

- **2015 Performance:** 9.98 percent of victims experienced recurrence of maltreatment.
- **2016 Performance:** Data not available.<sup>3</sup>

## Planned Activities for 2017

- MDHHS is reducing foster care caseloads from 15:1 to 13:1 in 2017.
- The Office of Workforce Development and Training will provide Safety by Design training for new CPS workers and supervisors to improve safety assessment skills, develop effective safety plans and ensure an awareness of threatened harm.
- MDHHS is developing 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 lead efforts to improve placement assessment and decision-making.
- A workgroup will be convened to look at modifications to the MDHHS threatened harm policy to assist caseworkers in their assessment of how past and current factors contribute to child safety and child abuse/neglect.
  - Threatened harm training will be offered to CPS workers on an as-needed basis, or as policy modifications occur.
- Use of the Safe and Together model for assessment continues, aimed at reducing recurrence rates and enhancing caseworkers' understanding and approach to complaints that allege domestic violence. Safe and Together principles are incorporated in Michigan's MiTEAM practice model. Ongoing support will include engagement of other child welfare partners throughout the state to address domestic violence.
- CPS is taking the following steps to enhance mandated reporter training:

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<sup>2</sup> Maltreatment in care data was reported as 7.27 in 2016. The data for 2015 was recalculated following the Children's Bureau Technical Bulletin on Oct. 11, 2016, which changed the syntax for this data indicator.

<sup>3</sup> Due to the updated requirement of a three-year timespan for determining recurrence of maltreatment, 2016 performance data on this data indicator will not be available until 2018.

- Coordination with the MDHHS Office of Communications to distribute an online video training for mandated reporters.
- 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.
- Online training developed for specific mandated reporters and exploration whether reporters may obtain continuing education credits for attending the training.
- Revision of mandated reporter brochures for 10 types of reporters.

### **Planned Activities for 2018**

MDHHS will address the recurrence of maltreatment through:

- A workgroup that assesses and responds to recurrence of maltreatment on a statewide level will issue a comprehensive report of findings and recommendations in 2017.
- Data on recurrence of maltreatment used to evaluate trends and develop pilot programs, system changes, policy development, statewide initiatives and training, the results of which demonstrate the level of effectiveness in key performance areas.
- Threatened harm training, which was enhanced to address areas in which caseworkers appear to have difficulty. The training will be provided to local MDHHS offices on request.
- Enhanced domestic violence training through the Safe and Together model for all child welfare staff statewide. Ongoing support will include engagement of other child welfare partners throughout the state.
- Local office development of continuous quality improvement (CQI) teams in each county will continue. Each team will develop goals and plans specific to their county's needs. The Division of Continuous Quality Improvement (DCQI) will provide ongoing support to local CQI teams.
  - Local CQI teams are being trained to use data from Monthly Management Reports and other sources to identify barriers that may affect outcomes.
- Trauma-informed screening of children in foster care continues as a general case management practice in several counties. Based on outcomes, statewide expansion is underway.
  - Trauma-informed training for caregivers is likely to expand to additional counties. This training helps foster parents understand the underlying issues related to children's behaviors.
- Improvement of relative safety screening by frontline staff prior to out-of-home placement. Planned future initiatives include:
  - Development of podcasts and webinars to enhance training and utilization of the initial relative safety screening form.
  - Evaluating data for opportunities to prevent abuse and neglect, assess for possible maltreatment and identify areas for intervention. Efforts are focused on

validating MiSACWIS foster care data. Once validation is completed, information will be shared with the Business Service Center directors for analysis to identify areas needing attention.

- Evaluating the effectiveness of services provided to children and families to ensure appropriate focus on their needs.
- Continued employment and expansion of family preservation and support programs to reduce risk of maltreatment and allow families to remain safely together, including Families First of Michigan and Families Together Building Solutions. Outcomes from these programs are provided in the Quality Assurance section of this report.
- Assessing investigation policies and procedures in licensed provider settings. To enhance the investigation process, maltreatment in care workers are required to coordinate pre-dispositional case conferences with their supervisors, foster care workers and licensing certification consultants.
- Continuing to enhance screening and licensing procedures for relatives.
- 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 effectiveness in meeting the needs of children and families.
- Evaluation will continue of MDHHS structured decision-making tools assessing risk and safety factors for relative caregivers and licensed foster parents.
- MDHHS continued to assess the need for enhanced training for providers to address behavior problems and other challenges that contribute to child maltreatment.
- MDHHS has conducted a caseworker time study to evaluate the time necessary to complete caseworker responsibilities. The department will evaluate how to use this information to support improved case practice.

## **Implementation Support**

- MDHHS' Injury and Violence Prevention Unit's five-year Substance Abuse Mental Health Services Administration grant will continue through 2017 to expand suicide prevention services in Michigan.
- MDHHS continues to participate in the Consortium on Improved Placement Decision-Making and Capacity Building sponsored by the Annie E. Casey Foundation, resulting in the following activities:
  - The Quality Improvement Council (QIC) Placement sub-team collaborated with the Office of Workforce Development and Training to develop training to improve placement outcomes, "A Guide to Critical Thinking in Child Welfare." The training supports the development of critical thinking skills for assessment.
  - "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 develop a cross-system plan to address the needs of infants affected by opioids and their caregivers.

### **Program Support**

- The 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 to reduce the recurrence rates in their county.

### **Technical Assistance and Capacity Building**

- 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 disorders and the effects on children and families.

## **POPULATION AT THE GREATEST RISK OF MALTREATMENT**

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.

The policies and services described below remained in place in 2016. Policy enhancements and services described earlier are targeted 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, parental capacity and characteristics and financial and social stressors on parents. 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. Protect MiFamily, Michigan’s Title IV-E waiver project.
5. Early On policy and service provision.
6. Infant Mental Health Home Visitation, described in the Services Continuum section of this report.
7. Plans of Safe Care, described in the section titled, “Safe Care for Infants Affected by Substance Use.”

### **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-old, 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.

### **Safe Sleep Policy**

Safe sleep policy, described in the CAPTA 2018 update, Attachment B, requires that CPS investigation workers include in their assessments of children under 1-year-old the factors that place a child at risk of suffocation in his or her sleep environment.

### **Birth Match System**

The birth match system alerts MDHHS when a parent who previously lost parental rights or committed an egregious act of abuse or neglect has given birth to a new baby in Michigan. This 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 high risk of maltreatment.

### **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 family satisfaction surveys continue to suggest that the families served are highly satisfied with the program. Protect MiFamily is described in more detail later in this report.

### **Early On**

The Child Abuse Prevention and Treatment Act requires all child victims, ages birth to 36 months in substantiated cases of CPS categories I or II 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 2016, MDHHS referred 5,136 children to Early On. Of these referrals:

- The number of drug-exposed infants was 2,396 (46 percent).
- The number of infants less than 1-year-old at referral was 3,583 (70 percent).

As of March 31, 2017, 2,846 children were referred for Early On services. Of these, 1,418 (50 percent) were drug-exposed at birth and 2,348 (83 percent) were less than 1-year-old at the time of referral.

### **Planned Activities for 2017 and 2018**

MDHHS is focusing on the following projects related to Early On:

- Service coordination between child welfare staff and Early On to enhance a comprehensive system of services, referring children who are eligible for Early On services or meet the requirements of CAPTA.
- Training caseworkers on the Early On referral process and providing information on the services provided.
- Ongoing resources provided to caseworkers, through an Early On link in MiSACWIS, so MDHHS staff can readily access information on the 0-to-3 population.
- Collaboration with Early On partners, remaining abreast of projects, and staying aware of updated policies to enhance the collaborative referral process.
- Enhancements in MiSACWIS to provide Early On with more complete referral information.
- Enhancement of data collection and reporting systems.
- Collaborating with programs in MDHHS that will benefit from working with Early On.

## **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 March 5, 2017, approximately 47 percent of foster care services were contracted with private agencies. The children's foster care program is closely tied to the CPS, family preservation and adoption programs. 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 placement with a suitable relative, a permanent adoptive home or legal

guardianship. 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**

Permanency 1 achievements are tracked through the Michigan data profile provided by the Children’s Bureau and, in 2016 and 2017, data provided through a contract with the University of Michigan Child and Adolescent Data Lab.

### **Child Welfare Practice – the MiTEAM Model**

A foundation of Michigan’s child welfare reform is the MiTEAM practice model. The MiTEAM model incorporates family engagement, family team meetings and concurrent planning into a unified practice model for child welfare. The model focuses child welfare services on the key skills of **T**eaming, **E**ngagement, **A**ssessment and **M**entoring. The unified approach of the MiTEAM model:

- Provides for consistency in practice.
- Clarifies roles and expectations for staff.
- Informs policy, training and quality assurance.
- Explains how child welfare interventions and services are delivered to families.

With the MiTEAM practice model, MDHHS implemented 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. Child welfare staff receive support in conducting family team meetings from peer coaches trained to provide technical assistance. 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 an important resource for ensuring safety for children.
- Family members are the first placement considered if removal is necessary.

### **Progress in 2016**

- Kent County completed its enhanced MiTEAM implementation with the conclusion of supervisory small group sessions and mentoring coaching labs in January 2016. The assessment phase began in April. Staff will complete assessment of whether they are implementing the model with fidelity, track early results for children and families and recommend next steps toward full, sustainable implementation.
- 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.

- Application exercises will be conducted in the field to support learning.
  - Supervisors will utilize the MiTEAM Fidelity Tool to reinforce skill development and report trends for local planning.
- The MiTEAM Fidelity Tool was automated in June 2016. The MiTEAM Fidelity Tool is an assessment instrument for measuring 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.
- MiTEAM Summits were held regionally with leadership to initiate statewide implementation of the enhanced MiTEAM model. The training incorporates virtual training modules, leadership practice calls, application exercises and practice with the MiTEAM Fidelity Tool within four training cycles.
- All public and private child welfare staff completed the engagement and teaming MiTEAM training and support activities.
- Additional enhanced MiTEAM activities included:
  - Director and mid-manager MiTEAM practice calls.
  - Supervisor MiTEAM practice calls.
  - MiTEAM Specialist/Liaison MiTEAM practice calls.
  - MiTEAM Specialists and Liaisons practice support training.
  - MiTEAM Specialist-led application exercises.
  - MiTEAM Specialist and Liaison networking meetings.
- 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 its development and factors to consider when expanding parenting time.
- MDHHS convened the Residential Transformation Workgroup in 2016 to analyze Michigan's continuum of mental health and behavioral health services for children in the child welfare system. The workgroup consists of representatives from child welfare, community mental health, courts, residential treatment providers and other community partners. The goal is to develop a system of behavioral health care that ensures high quality therapeutic intervention for children in the least restrictive environment, while maintaining family connections and progress to permanency. Reliance on residential care will decrease. Treatment will be trauma-informed, evidence-based or considered best practice and delivered in the community.
- MDHHS will shift the focus of services to longer-term outcomes such as reducing the length of time to permanency and placement stability. Interventions that are supportive in nature, such as family advocates and supporting young people in activities they excel in are associated with stronger outcomes. Providers and the department are working collaboratively to establish community resources, screening and assessment standards and intervention goals that meet the needs of children.

## Progress in 2017

- All child welfare staff completed enhanced MiTEAM training on assessment, case plan development and implementation in April 2017.
- Enhanced MiTEAM activities include:
  - Director and mid-manager MiTEAM practice calls
  - Supervisor MiTEAM practice calls
  - MiTEAM specialist and liaison practice support training
  - MiTEAM specialist led application exercises
  - MiTEAM specialist and liaison practice support networking meetings
  - Supervisor completion of fidelity worksheets for each of their staff and a fidelity tally worksheet for their unit

## Permanency 1 – Plan for Improvement

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

- **P.1.1 Objective:** MDHHS will increase the percentage of children discharged to permanency within 12 months of entering care.  
**Measure:** AFCARS data profile/U-M Child and Adolescent Data Lab.<sup>4</sup> (2015).  
**Baseline:** Thirty-three percent; FY 13b/14a  
**Benchmarks:**  
**2015-2019:** Demonstrate improvement each year.
  - **2015 Performance:** Thirty-two percent
  - **2016 Performance:** Not available.<sup>5</sup>
- **P.1.2 Objective:** 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; U-M Child and Adolescent Data Lab (2015).  
**Baseline:** 50.6 percent; risk standardized performance  
**Benchmarks:**  
**2015-2019:** Achieve the national standard of 43.7 percent or more.
  - **2015 Performance:** 48.37 percent; FY 15b/16a
  - **2016 Performance:** 48.23 percent; U-M Data Lab (15b/16a)
- **P.1.3 Objective:** MDHHS will increase the percentage of children in care for 24 months or more discharged to permanency within 12 months.  
**Measure:** AFCARS data profile/U-M Child and Adolescent Data Lab (2015).  
**Baseline:** 37.7 percent; risk standardized performance  
**Benchmarks:**

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<sup>4</sup> In the absence of the federal data profile, Michigan contracted with the University of Michigan Child and Adolescent Data Lab to calculate Michigan's achievement in CFSR Safety and Permanency outcomes using approximated syntax that accounts for errors identified in a CB technical bulletin dated 10/11/2016.

<sup>5</sup> Because the permanency in 12 months outcome is computed using three years of data, 2016 performance data will not be available until 2018.

**2015-2019:** Achieve the national standard of 30.3 percent or more.

- **2015 Performance:** 36.7 percent; FY 15b/16a approximated syntax.
- **2016 Performance:** 46.3 percent; FY 15b/16a approximated syntax.

- **P.1.4 Objective:** 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/U-M Child and Adolescent Data Lab (2015).

**Baseline:** 3.4 percent; risk standardized performance

**Benchmarks:**

**2015-2019:** Achieve the national standard of 8.3 percent or less.

- **2015 Performance:** 3.73 percent; FY 13b/14a
- **2016 Performance:** Not available.<sup>6</sup>

- **P.1.5 Objective:** MDHHS will decrease the rate of placement moves per day of foster care.

**Measure:** AFCARS data profile/U-M Child and Adolescence Data Lab (2015).

**Baseline:** 3.28 percent; risk standardized performance

**Benchmarks:**

**2015-2019:** Achieve the national standard of 4.12 moves or less.

- **2015 Performance:** 3.35 moves; FY 15b/16a
- **2016 Performance:** 3.31 moves; FY 15b/16a

## Planned Activities for 2018

- Statewide implementation of the automated MiTEAM Fidelity Tool will begin in 2018.
- Michigan will incorporate training in the use of the MiTEAM Fidelity Tool into the New Supervisor Institute.
- Placement options are being considered to replace congregate care settings, such as increasing the number of treatment foster homes and utilization of foster family shelter homes.

## 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 action steps strengthen MDHHS' permanency outcomes:

- The Placement sub-team focuses on placement of children in unlicensed placements, foster parent licensing, relative licensing and placement exceptions.
- Adoption resource consultants provide services to children statewide who have been waiting over a year for adoption without an identified adoptive family.

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<sup>6</sup> Because the re-entry within 12 months outcome is computed using three years of data, 2016 performance data will not be available until 2018.

- 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.
- Permanency resource monitors assist local offices and private agencies 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. This process provides ongoing monitoring and support through the treatment process to expedite less restrictive placements with an appropriate level of community treatment.
- The Michigan Adoption Resource Exchange continues to produce 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 will provide technical assistance to local counties and agencies on how to use management reports and other data to track case management activities.
- DCQI staff will assist counties in their assigned area to develop and implement county continuous quality improvement (CQI) plans.
- DCQI staff will assist county CQI teams to implement the MiTEAM Fidelity Tool to track the use of the MiTEAM practice model in case management.

### **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’ contract with the Center for the Support of Families continued in 2016, to assist in the implementation of enhanced MiTEAM training.

### **Permanency 2 - Assessment of Performance**

Permanency 2 achievements are tracked through the Quality Assurance Compliance Review (QACR) and the Quality Service Review (QSR), which are detailed in the Quality Assurance section of this report.

Michigan demonstrates strength in placing children in close proximity to the child’s home, locating and identifying relatives and keeping children connected to extended family.

- In 89 percent of cases, mother/child contacts were of sufficient frequency to promote the parent/child relationship. This is a notable increase from 2015, when this was true in only 72 percent of cases. Visits with mothers continue to be of greater frequency than visits with fathers.
- Father/child contacts were of sufficient frequency to promote the parent/child relationship in 81 percent of cases. This is an increase from 2015, when 65 percent of cases showed sufficient parent/child contacts.
- In 75.5 percent of cases, documentation showed concerted efforts made to maintain the child's connections with his or her extended family.
- In 93.9 percent of applicable cases, relative placement was stable and appropriate to the child's needs.
- Michigan continues to encourage all families providing out-of-home care for relatives to pursue licensure; in 2016, 666 relative-only foster care licenses were issued through the Division of Child Welfare Licensing.

### **Progress in 2016**

- 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. MDHHS requested this legislative change to increase placement opportunities and maintain important family connections for children. Public Act 228 was signed into law on Dec. 18, 2015.
- Policy on family team meeting types and timeframes provides guidance to ensure that children and families have an active voice in case planning.
- The MiTEAM Manual was updated to provide guidance for family team formation, functioning and coordination. Regularly scheduled and intervention-based family team meetings ensure that the family, caseworker and other team members are actively implementing, reviewing and revising case plans to address barriers to permanency.
- Enhanced MiTEAM training and support efforts began statewide to enhance practice skills at all levels of the organization.
- 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.
- Development of the automated MiTEAM Fidelity Tool, which assists supervisors in capturing and providing feedback on caseworker competency.

### **Permanency 2 - Plan for Improvement**

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

- **P.2.1 Objective:** Children will have visits of sufficient frequency with their mother and father to promote their relationships.  
**Measure:** Quality Assurance Compliance Review (QACR)

**Baseline:** Seventy-seven percent of children in care had visits with their parents of sufficient frequency to promote parent-child relationships, 2014.

**Benchmarks:**

**2015-2019:** Demonstrate improvement each year.

- **2015 Performance:** Sixty-six percent of children in care had visits with their parents of sufficient frequency to promote their relationships.
- **2016 Performance:** Seventy-six percent of children in care had visits with their parents of sufficient frequency to promote their relationships.

- **P.2.2 Objective:** 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 Performance:** Thirty-four percent of children were placed with relatives in their initial placement.
- **2016 performance:** Thirty-six percent of children were placed with relatives in their initial placement.

- **P.2.3 Objective:** Children in foster care will have visits of sufficient frequency with siblings to maintain and promote sibling relationships.

**Measure:** QACR

**Baseline:** Eighty-eight percent; calendar year 2014.

**Benchmarks:**

**2016-2019:** Demonstrate improvement each year.

- **2015 Performance:** Fifty-seven percent of children had visits of sufficient frequency to maintain sibling relationships.
- **2016 Performance:** Sixty-three percent of children had visits of sufficient frequency to maintain sibling relationships.

## **Progress in 2017**

- Development of parenting time training for relative caregivers/foster parents that includes the benefits of increased parenting time and ways caregivers may assist.
- Development of a parenting time observation tool to document progress that will enable caseworkers to make informed decisions.
- Expansion of supportive visitation services to 70 counties.
- Provision of Family Incentive Grants to assist relatives with home repairs and other financial barriers to licensure and relative placement.
- Development of local CQI teams to review metrics and practice indicators and form local quality assurance plans.

## **Planned Activities for 2018**

- Trauma-informed practice is being promoted statewide through the continued implementation of the MiTEAM enhancements, training and other activities.
- The MiTEAM Fidelity Tool will be implemented statewide with the assistance of MiTEAM specialists and DCQI.

## **Implementation Support**

In addition to the implementation of the MiTEAM practice model, community involvement and partnership are essential with courts, universities, private providers and child welfare advocates to preserve family relationships and connections. The following steps are being implemented in 2017 and 2018 to strengthen permanency outcomes:

- Expanding supportive visitation services.
- Strengthening policy to encourage increasing the frequency of parent-child visits.
- Piloting trauma-informed practice in Genesee, Lenawee, Mecosta/Osceola, Kalamazoo and Kent counties to address factors that may limit the quality of engagement with children and families.
- Enactment of a state law setting minimum standards for frequency of parent and sibling contact.
- Continuing 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 is developing training on how to utilize family team meetings effectively as a resource for developing and revising parenting time plans.
- DCQI provides technical assistance to local counties and agencies on how to use management reports and other data to track case management activities.
- DCQI staff assists counties in their assigned area to develop and implement county continuous quality improvement (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 address the use of family team meetings to engage parents, caregivers and others case members in the development of parenting time plans.

## **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' contract with the Center for the Support of Families continued in 2016 to assist in the implementation of enhanced MiTEAM training.

## SERVICES FOR CHILDREN AGES 5 AND UNDER

- 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.
- As of February 2017, 13 children under 5 did not have an identified permanent family but by April 2017, one of those had an identified family, and nine had a placement pending. The remaining three children were listed as “open” on April 1, 2017.

### **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. The child 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.

### **Progress in 2016**

- MDHHS policy changes instituted Plans of Safe Care for all infants born exposed to substances.
- Michigan collaborated with Medicaid health plan providers to ensure that each young child receives early periodic screening, diagnosis and treatment services. The MDHHS Medical Services Administration issued policy calling for physicians to screen for and identify trauma in the children they serve.
- MDHHS piloted trauma-informed practice in Kent, Genesee, Lenawee, Mecosta/Osceola and Kalamazoo counties to address factors that may limit the quality of engagement with children and families.
- The MiTEAM Manual was updated to include guidance about activities, planning strategies and suggestions to ensure that parents are involved in the daily activities of their child and that visits meet minimum parenting time requirements.
- Supportive Visitation services expanded to additional counties on Oct. 1, 2016. As of Oct. 31, 2016, performance data shows:
  - Eighty percent of parents were reunified with their child within six months following completion of the program.
  - Ninety-three percent of parents did not have a substantiated CPS complaint within six months of successful completion of the program.

- Eighty-eight percent of parents showed an improvement in at least two of the identified target areas on the post-training test.
- Ninety-two percent of parents participated in all supportive visitation sessions.

### **Progress in 2017**

- MDHHS is participating in the Early Childhood Comprehensive Systems project, which brings together community service providers to develop seamless systems of care for children in the formative years from birth to age 3 to grow up healthy and ready to learn by addressing their physical, emotional and social health in a broad-based and coordinated way.
- MDHHS is implementing trauma screening for CPS ongoing and foster care cases statewide.
- New supportive visitation contracts were awarded on Oct. 1, 2016. The service is now available in 70 of the state's 83 counties. Performance data for supportive visitation contracts from Oct. 1, 2016 to March 31, 2017 includes:
  - Eighty-four percent of parents showed improvement in a minimum of two of the identified target areas on the post-training test.
  - Eighty-nine percent of parents participated in all scheduled sessions or contacted the visitation coach prior to the visit time to cancel and/or reschedule.
  - Ninety-nine percent of families who successfully completed services reported satisfaction with the services delivered by the contractor.
  - One hundred percent of referring workers reported satisfaction with services provided and documentation received (including timeliness).
- MDHHS developed a web-based training for persons other than caseworkers who supervise visits to ensure safety and visit documentation clearly informs the caseworker of progress or concerns.
- MDHHS is working on guidance for the development of parenting time plans, ideally to be completed during family team meetings.
- In the Genesee County Infant/Toddler Treatment court, of the three new cases in 2017:
  - All of the children received developmental screenings.
  - All of the parents participated in parenting classes, individually and in groups.
  - Sixty-four percent of families have been reunified since 2009; this drop in reunification rate from 78 percent appears to be due to the number of cases with significant to severe opiate addiction.
  - Four families have children who have re-entered care since 2009.

### **Planned Activities for 2018**

- Trauma-informed practice is being promoted statewide through the MiTEAM enhancement.
- Statewide trauma screening for CPS ongoing and foster care cases will continue.
- MDHHS will explore adding Supportive Visitation contracts to additional counties.

## 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 education and physical and mental health.

### **Well-being 1 - Assessment of Performance**

Well-Being 1 achievements are tracked through Quality Assurance Compliance Reviews (QACR) and Quality Service Review (QSR). Results are reported for fiscal year 2016 (Oct. 1, 2015 to Sept. 30, 2016) and where available, 2017 data is provided for the period from Oct. 1, 2016 to March 31, 2017. The QACR and the QSR are described in detail in the Quality Assurance section.

### **Strengths**

- Michigan exceeded the federal goal of 95 percent, with 97.1 percent of children in the sample having a visit with their caseworker a minimum of once each month. Eighty-three percent of those visits took place in the child’s residence (MiSACWIS, 2016).
- In 85 percent of cases, parents had initial and ongoing formal or informal assessments; and, of those with identified needs, appropriate services were provided (2016 QACR).
- Fifty-seven percent of the cases were identified as acceptable in the area of Teaming; this is an improvement from 23.5 percent in 2015 (2016 QSR).
- In 97 percent of cases, stakeholder interviews showed strength in assessing and understanding a child’s family culture and providing appropriate services (2016 QSR).
- The medication management indicator measures the family’s understanding of the purpose of psychotropic medication, whether parental consent is obtained, and whether the child has regular medication reviews. Of the cases reviewed, 95 percent were found acceptable for medication management (2016 QSR).
- Sixty-seven percent of cases were rated as acceptable in the long-term view factor, showing that safety, permanency and well-being outcomes for the family demonstrated the skills and supports needed to successfully close the case and sustain progress. This is nearly a 20 percent improvement from 38.5 percent in 2015 (2016 QSR).

### **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 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 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 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 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.

## Well-Being 1 - Plan for Improvement

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

- **W.1.1 Objective:** 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 percent; 2014

**Benchmarks:**

**2015 - 2019:** Demonstrate improvement each year.

- **2015 Performance:** Fifty-seven percent of caseworker visits with parents were sufficient to promote achievement of case goals.
  - **2016 Performance:**
    - In 89 percent of cases, caseworker visits with mothers were sufficient to promote achievement of case goals.
    - In 69 percent of cases, caseworker visits with fathers were sufficient to promote achievement of case goals.
- **W.1.2 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.

**Measure:** QACR

**Baseline – 2014:**

- Eighty percent of parents' needs were assessed ongoing.
- Eighty-nine percent of children's needs were assessed ongoing.
- Seventy-four percent of foster parents' needs were assessed ongoing.

**Benchmarks:**

**2016 - 2019:** Demonstrate improvement each year.

**2015 Performance:**

- Eighty-five percent 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 Performance:**

- Eighty-six percent of parents' needs were assessed initially and ongoing.
- Ninety-five percent of children's needs were assessed initially and ongoing.
- Eighty-nine percent of caregivers' needs were assessed initially and ongoing.

- **W.1.3 Objective:** Caseworkers will involve the child and family in case planning.

**Measures:**

- QACR
- QSR 2014 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:**

- Twenty-five percent of parents signed the treatment plan.
- Eighteen percent of children signed the treatment plan.
- In the QSR, 62.5 percent of cases scored within the acceptable range for voice and choice.

**Benchmarks:**

**2015 - 2019:** Demonstrate improvement each year.

**2015 Performance:**

- Twenty-six percent of parents signed the treatment plan.
- Thirty-five percent of children signed the treatment plan.
- In the QSR, 44.2 percent of cases scored within the acceptable range for voice and choice.

**2016 Performance:**

- In 87 percent of cases, mothers were involved in the development of the case plan (2016 QACR).
- In 76 percent of cases, fathers were involved in the development of the case plan (2016 QACR).
- In 91 percent of cases, children were involved in the development of the case plan (2016 QACR).
- In the 2016 QSR, 64.7 percent of cases scored within the acceptable range for voice and choice.

- **W.1.4 Objective:** Caseworkers will visit with children in foster care a minimum of once each calendar month.

**Measure:** MiSACWIS.

**Baseline:** Ninety-six percent 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 Performance:** In 96 percent of cases, children had visits with their caseworkers monthly.
- **2016 Performance:** In 97 percent of cases, children had visits with their caseworkers monthly.

### **Planned Activities for 2018**

- MDHHS will continue to focus on improving the frequency and quality of caseworker visits with parents, emphasizing the need to involve fathers in case planning.
- MDHHS will improve assessment skills of caseworkers through enhanced MiTEAM training, coaching and mentoring.
- MDHHS will improve family involvement in case planning through training caseworkers on the family team meeting process.

### **Implementation Support**

- The Reasonable and Prudent Parent Standard was implemented, which included training for staff, child-caring institution providers and foster parents.
- 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 are able to select two individuals to participate on the case planning team 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 and educational documents.
  - 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.
- The DCQI assists county CQI teams to implement the MiTEAM Fidelity Tool to track the use of the MiTEAM practice model in case management. The MiTEAM practice model requires coordination of a family team for service planning and implementation.

### **Technical Assistance and Capacity Building**

- MDHHS' contract with the Center for the Support of Families continued in 2016 to assist in the implementation of enhanced MiTEAM training.

- DCQI staff assists counties in their assigned area to develop and implement county continuous quality improvement (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.

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

- Children entering foster care or changing placements to continue their education in their schools of origin whenever possible and if it is in their best interest.
- When making best interest decisions for a child, collaboration is necessary between the caseworker, school staff, the child's parents and the child.
- Children are eligible to receive transportation from their new placement to remain in the same school. New federal legislation removed the definition of foster care from the McKinney-Vento Act and as of Dec. 10, 2016, young people in foster care are now included in Title 1 funding for education transportation under the Every Student Succeeds Act.
- 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.
- Child welfare specialists are trained in education policy in the Child Welfare Training Institute pre-service institute and program-specific transfer training.
- MDHHS education planners provide educational support to young people ages 14 and older referred because of a specific educational need.

## **Progress in 2016**

- The Data Management Unit assisted the Well-Being Education subcommittee interpret the data provided by the Center for Educational Performance and Information. Once the match between students enrolled in school and children in foster care is validated, the Well-Being Education subcommittee will determine how best to use the data.
- The Every Student Succeeds Act of 2015 removed "awaiting foster care placement" from the definition of eligibility for McKinney-Vento Homeless Assistance Act. This transfers 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 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 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.

## Well-Being 2 - Plan for Improvement

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

- **W.2.1 Objective:** 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

**Baseline:** Eighty-nine percent; 2014

**Benchmarks:**

**2015 - 2019:** Demonstrate improvement each year.

**2015 Performance:**

- Eighty-eight percent of children were registered and attending school within five days of initial placement.
- Seventy-nine percent of children were attending school within five days of a placement change.

**2016 Performance:**

- Eighty-six percent of children were registered and attending school within five days of initial placement.
- Eighty-three percent of children were attending school within five days of a placement change.

- **W.2.2 Objective:** 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 percent; 2014

**Benchmarks:**

**2015 - 2019:** Demonstrate improvement each year.

**2015 Performance:**

- Seventy-nine percent of children remained in their school of origin when entering care.

- Seventy-two percent of children remained in their school when changing placements.
- 2016 Performance:**
  - Seventy-two percent of children remained in their school of origin when entering care.
  - Sixty-three percent of children remained in their school when changing placements.
- **W.2.3 Objective:** MDHHS will ensure children’s educational needs are assessed and appropriate services provided.
  - Measure:** QACR
  - Baseline:** 93.94 percent; calendar year 2014
  - Benchmarks:**
    - 2015:** Establish a baseline.
    - 2016 - 2019:** Demonstrate improvement each year.
      - **2015 Performance:** In 89 percent of cases, the child’s education needs were assessed and services provided appropriate to his or her needs.
      - **2016 Performance:** In 88 percent of cases, the child’s education needs were assessed and services were provided appropriate to his or her needs.

### Planned Activities for 2018

- 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 of children in foster care.
- 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.
- The Well-Being - Education sub-team received data from Michigan Department of Education’s Center for Education Performance and Information and the sub-team continues to assess the data to determine if any education measures can be identified for children in foster care.

## **Program Support**

- The Data Management Unit assisted the Well-Being Education sub-team interpret the data provided by the Center for Educational Performance and Information.
- 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.

## **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.
- 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.

### **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 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.

- 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. 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 and mental health care and share the passport with all providers, including foster parents.
- Health care providers must have the information needed to assist the child and family receiving assessment and treatment for 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:

- Health liaison officers that focus on addressing system barriers at the county level.
- A brochure, "Guidelines for Foster Parents and Relative Caregivers for Health Care and Behavioral/Mental Health Services," sent to foster and relative providers at placement to outline health care requirements.
- Development of a webinar on the health needs of children in foster care.
- Regular conference calls and meetings between the Child Welfare Medical Unit with health liaison officers to provide policy and practice updates.
- Training and technical assistance provided to local office staff to ensure timely Medicaid opening, and accurate/timely documentation of health care activities in MiSACWIS.
- Streamlining Medicaid opening/enrollment at the time of foster care entry.
- 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.
- Ongoing outreach/education/technical assistance to the primary care community.

### **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 the adults responsible for them. 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.

Foster care policy and the Health Oversight and Coordination Plan contain the following requirements related to mental health:

- Caseworkers must ensure that mental health assessment and treatment are provided when identified by the psychosocial/behavioral assessment at every comprehensive medical examination, and assist with obtaining services if needs are identified.
- Children in foster care will receive mental health services through Medicaid health plan behavioral health service providers or community mental health service providers.
- Medical providers must engage legal parents or guardians in an informed consent process prior to prescribing psychotropic medications to children in foster care.

Michigan's achievement in the mental health screening as measured by successful completion of initial and periodic comprehensive medical examinations is listed above. Achievement in informed consent for psychotropic medication use is listed below. Recent performance (2017) appears lower than reported in 2016. This reflects changes in the method of measuring informed consent documentation. In prior reporting periods, the DCQI completed a targeted case review to measure compliance. Since July 1, 2016, the Foster Care Psychotropic Medication Oversight Unit tracked 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.

### **Impact of Protocols on the Use and Monitoring of Psychotropic Medications**

For most categories, the prescribing patterns in 2017 are similar to those seen in prior years. The data will be monitored over the next several years to determine trends and address the factors associated with each one.

### **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. After an evaluation of these protocols, each county is proceeding according to the recommended practice from the Workforce Engagement Team.
- 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 website on the public michigan.gov 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. Implementation includes the addition of two analysts to assist reconciliation of data and provide outreach to mental health providers and child welfare staff.

- 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.

### Well-Being 3 - Plan for Improvement

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

- **W.3.1 Objective:** Children entering foster care will receive an initial comprehensive physical examination within 30 days of entry.  
**Measure:** MiSACWIS data (Monthly Management Report).  
**Baseline:** Seventy percent; 2015.  
**Benchmarks:**  
**2016 – 2019:** Ninety-five percent or higher.
  - **2016 Performance:** Seventy-five percent of children had a timely initial physical examination.
  - **2017 YTD Performance:** Eighty percent of children had a timely initial physical examination.
- **W.3.2 Objective:** Children entering foster care will receive a mental health screening within 30 days of entry.  
**Measure:** MiSACWIS data (Monthly Management Report – initial medical examinations<sup>7</sup>).  
**Baseline:** Fifty-one percent; 2015.  
**Benchmarks:**  
**2016 – 2019:** Ninety-five percent or higher .
  - **2016 Performance:** Seventy-three percent of children received a mental health screening within 30 days of entering care.

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<sup>7</sup> 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.

- **2017 YTD Performance:** Eighty percent of children received a mental health screening within 30 days of entering care.

### **Health Care Oversight and Coordination Plan for Improvement**

- **W.3.3 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 percent of cases reviewed, an informed consent process was completed with parents and physicians prescribing psychotropic medication, 2014.

**Benchmarks:**

**2015 – 2019:** Increase by five percent each year.

- **2015 Performance:** In 18 percent of cases, there was documentation of an informed consent process.
- **2016 Performance:** In 84 percent of cases, there was documentation of an informed consent process.
- **2017 YTD Performance:** In 68 percent of cases, there was documentation of an informed consent process.

### **Progress in 2017**

- The child well-being website was updated.
- Contracts for comprehensive trans-disciplinary and comprehensive team trauma assessment services are in place.
- Fair market rate counseling contractors working with child welfare clients completed mandated training.
- Witnessed verbal consent 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.

### **Planned Activities for 2018**

- Recommended activities of the implementation teams from the timely medical exams workshop will continue. When complete, each task will move into maintenance phase. Teams will engage in continuous quality improvement efforts as determined by the data in the monthly management reports.
- 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 to address challenges in achieving care coordination and parent/guardian/casework engagement in informed consent.
- Targeted training for child welfare supervisors on informed consent policy and practice.

- Qualitative review of mental health records for a subset of child welfare cases.
- Plan and implement the projects recommended by the physician leadership team.
- Implement protocols for access and integration of comprehensive trauma assessments.
- Complete contracting for psychological and psychiatric assessments.
- The Children’s Behavioral Action Team, now renamed the Children’s Transitions Support Team will continue and expand activities.
- Ongoing development of the [www.michigan.gov/fosteringmentalhealth](http://www.michigan.gov/fosteringmentalhealth) website

### **Implementation Support**

- Health liaison officers, county-based foster care workers and supervisors have access to CareConnect360, an online, claims-based electronic record. Access will be expanded to all foster care and CPS caseworkers.
- A team comprising the Child Welfare Medical Unit, MiSACWIS, 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.

### **Program Support**

- 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 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.
- DCQI provides technical assistance to local counties and agencies on how to use management reports and other data to track case management activities.

### **Technical Assistance and Capacity Building**

- The MDHHS Behavioral Health and Developmental Disabilities Administration developed a cross-systems website on trauma that launched in the fall of 2016.
- DCQI staff will assist county CQI teams to implement the MiTEAM Fidelity Tool to track the use of the MiTEAM practice model in case management.
- County implementation teams will 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 system to provide resources, information and communication among divisions, agencies and stakeholders. MDHHS set goals and objectives with yearly benchmarks for the following 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**

#### **Assessment of Performance**

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 is reviewing 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 is working with the CPS program office to ensure the information is 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 Adoption and Foster Care Analysis and Reporting System (AFCARS) and NCANDS data reliability and correct errors.
- Utilize the MiSACWIS system to track progress toward child welfare goals.

#### **Foster Care and Adoption Data: 2015 AFCARS Review**

MDHHS completed the AFCARS Review in July 2015. The AFCARS review evaluates the accuracy and reliability of foster care and adoption data. MDHHS methodology for collecting and reporting AFCARS data was assessed for timeliness, accuracy, quality of data entry and adherence to federal requirements. The assessment consisted of:

- A review of the program logic used for each AFCARS element in MiSACWIS.
- A review of test cases.

- A MiSACWIS system demonstration.
- An adoption and foster care case file review (sample).
- A review of the adoption and foster care population and elements.
- Technical documentation.

The federal team met with program and technical staff responsible for oversight of foster care and adoption policy development and the implementation of the technical requirements of AFCARS and provided preliminary results, outlining the findings and required changes.

### **AFCARS Improvement Plan**

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. All required information is transmitted to the Children’s Bureau. Key areas requiring improvement include:

- Adoption: reporting the primary factor 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 of young people 18-years-old and older in juvenile justice placements.

### **General Requirements**

The reporting system includes all children who had been in foster care for at least 24 hours. MiSACWIS implemented this change in November 2016 for caseworkers to identify whether the foster care episode is 24 hours or less in duration.

### **Foster Care Data Elements**

MiSACWIS was modified to require workers to complete the race and ethnicity fields for children and foster care caretakers to address missing values as of March 2016 and options for reason for removal were expanded to include incapacity, safe haven and abandonment.

The information system implemented the question, “Is this a physical condition that is medically proven and results in a marked and severe functional limitation for the child?” in 2016. MiSACWIS also implemented a modification to address, “Has the child ever been adopted?” and “If yes, how old was the child when adoption was legalized?” to ensure that if the first question is yes, a value for the second question is entered.

MiSACWIS foster care changes were implemented in 2016, but the code for the AFCARS file has not been completely updated to capture this information:

- Date of first removal from the home.
- Total number of removals from the home to date.

- Date the child was discharged from the last foster care episode.

In November 2016, MiSACWIS addressed the Service Type and Living Arrangement fields to improve the accuracy of reporting the child's current placement setting. The system was also modified to distinguish between children placed outside of the state by identifying whether the current selection of "out of state parent" is the parent from whom the child was removed. The system will implement a change to allow workers to distinguish between a relative or non-relative guardian by Sept. 30, 2017.

### **Adoption Data Elements**

- MiSACWIS was modified to require the worker to complete the race and ethnicity fields for the child and adoptive parents to address missing values as of March 2016 and the reasons for removal were expanded to include incapacity, safe haven and abandoned children.
- The information system will be modified by Sept. 30, 2017, 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.
- By Sept. 30, 2017, MiSACWIS will implement a change to improve identification of the relationship of the person adopting the child by allowing multiple selections.
- MiSACWIS will implement modifications by Sept. 30, 2017, to improve identification of the state, tribe, or country other than the United States that the child was placed by and the placement location.
- MDHHS prioritizes continuous quality improvement efforts. The data group identifies the areas needing improvement and makes changes to MiSACWIS and program code logic to improve the accuracy and reliability of the data. A plan for additional improvements with projected timelines was approved.

### **Missing/Outlier Value Report**

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. The MOV report will be updated in conjunction with MiSACWIS releases and reviewed in routine case management activities. The MOV report will expand to include NCANDS data in 2018.

### **Information System Review**

To ensure that MDHHS can identify accurately the location, demographic characteristics, legal status and permanency goals of all children currently in foster care, or who were in foster care during the preceding 12 months, the DCQI developed an Information System Review. The Information System Review process examines 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. Caseworkers are assigned to validate the MiSACWIS data for accuracy. In 2017, a minimum of 265 cases is being reviewed, based on the number of foster care cases in the state. The review will be completed in the summer of 2017 and reported in the Statewide Assessment and the 2019 APSR.

Case information to be reviewed will be extracted from the AFCARS file and a spreadsheet/review tool with the information to be verified is 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.

### **Reviewers**

Foster care caseworkers in MDHHS local offices and private agencies serve as reviewers for the cases for which they were responsible during the period under review. Alternate caseworkers may be designated as reviewers by local management. Quality assurance functions are performed by the DCQI.

### **Training**

Written instructions for the review were provided to the field via supervisory telephone conferences. Instructions included:

- A written description of the review process identifying the purpose and scope of each item being reviewed.
- An electronic copy of the spreadsheet/review tool.
- Instructions and the due date for transmission of review results to the DCQI.

### **Review Process**

The sample size of cases selected is based on the foster care population, a minimum of 265 for fiscal year 2017. The lead staff screens the sample to ensure that all cases meet the review criteria. Cases selected for review will be provided to the local office or agency responsible for the care of the child with a due date for returning review responses.

The Information System Review spreadsheet serves as the review tool for reviewing data accuracy. The spreadsheet includes the child's person ID, name, date of birth, gender, racial identity, disability (as applicable), legal status and permanency goal, followed by a Y/N field to indicate whether the data element as listed is accurate both on the spreadsheet and in the MiSACWIS record. Once the review is complete, the completed review tool is transmitted electronically to the DCQI for tallying, compilation and analysis.

## Quality Assurance and Improvement

DCQI staff compiles the data from the review and completes a report. The report includes the findings and an analysis of the outcomes including strengths, opportunities for improvement and recommendations. The reports are distributed to stakeholders including the federal Children's Bureau, Business Service Center or local office directors, Child Welfare Services and Support and Children's Services Agency leadership.

## Information System - Plan for Improvement

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

- **A.1.1 Objective:** 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 Performance:** 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 Performance:** The AFCARS FY 2016a and FY 2016b files were submitted timely. Michigan was compliant in all foster care and adoption data elements with the exception of a timeliness error for foster care discharge date.
  - **2017 Performance:** The AFCARS FY 2016a and FY 2016b files were submitted 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.

Michigan improved in three data quality areas originally identified as exceeding the three percent threshold in March 2016 and the preliminary data of the FY 2016a file:

- Dropped cases.
- Missing discharge reasons.
- Missing termination of parental rights dates.
  
- **A.1.2 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.  
**Measure:** MiSACWIS federal reporting data.  
**Benchmarks:**  
**2015 – 2019:** Submission of file within the threshold as reported in the Supplemental Validation report.
  - **2015 Performance:** 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 Performance:** The NCANDS file was submitted timely and accepted. Data improvements were recommended for child and caregiver risk factors.

### **Planned Activities for 2018**

- 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. Results from the Information System Review will be reported in the Statewide Assessment prior to Michigan's CFSR Round 3 and in the 2019 APSR.
- Michigan is modifying MiSACWIS to enable the collection of data on identified victims of human trafficking, and will begin reporting it with the NCANDS file in 2019 for FY 2018.

### **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 Quality Improvement Council, 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 Quality Improvement Council collaborates with Child Welfare Supportive Services to ensure local and private agency staff understand documentation requirements.
- The Data Management Unit within the 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 methodology aligns 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 and

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 State Court Administrative Office, which represents circuit court family divisions on child welfare issues.

## **Item 20: Written Case Plan**

### **Michigan Foster Care and Native American Affairs Policy**

As required by 1988 PA 224 of 1988, 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 Michigan Indian Family Preservation Act (MIFPA).
- Identify the permanency goal and the services necessary to achieve it.

### **Initial Service Plan**

Foster care policy requires the child's family, the child and the foster parent, relative and unrelated caregivers and tribe (if applicable) to be offered the opportunity to participate in preparing the case service plan. The foster care worker is required to engage the family in the development of all case service plans. Plans must designate the person(s) responsible for coordinating and implementing the plan. For cases involving Indian children, active efforts must be reflected in the plan, including the caseworker's tasks in assisting the family to complete the service agreement and tribes should be asked if the plan meets their tribal active efforts criteria or minimally satisfy the Michigan Indian Family Preservation Act definition of active efforts. In addition, a cultural plan must be created for the Indian child and family.

The initial service plan is completed within 30 calendar days of the date the child enters foster care. If the child was returned to either/both parent(s) and the child was re-removed during this period, a description of the reasonable efforts to prevent the removal must be included. For Indian children, clear and convincing evidence including active efforts and testimony from a qualified expert witness are required to prevent removal from the home.

- **Timeliness:** In calendar year 2016, 74 percent of initial service plans were completed timely. This represents an increase of 6 percent from 2015.

### **Updated Service Plan**

The updated service plan must clearly reassess progress made to alleviate the presenting problem(s) that necessitated entrance into foster care. This must include a reassessment of concerns and barriers to reunification as identified in the initial service plan and updated service plans. Compliance or noncompliance with agreed-upon treatment goals by the parent(s), and if applicable, the non-parent adult(s) must be clearly recorded.

For Indian children, progress on active efforts and good cause to the contrary recommendations including diligent search for an ICWA placement preference must be demonstrated if the child is not placed in an ICWA-compliant home. Documentation of active efforts, diligent search and good cause to the contrary recommendations must be cited in the plan and demonstrated at each hearing until the child is returned home or placed in an ICWA-compliant home.

A copy of the updated 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 on-going 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.

- **Timeliness:** In calendar year 2016, 83 percent of initial service plans were completed timely. This figure represents an increase of 5 percent from 2015.

### **Case Review System - Assessment of Performance**

Michigan's achievements in Case Review System outcomes are monitored through the Quality Assurance Compliance Review (QACR) and the Quality Service Review (QSR), described in the Quality Assurance section of this report. Michigan's FY 2016 Title IV-E review also provided data for measuring performance.

#### **2016 Title IV-E Review**

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.

**Objective:** 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 percent (77/80) of cases were in compliance compared with the Title IV-E Review in 2010, which showed 92.5 percent (74/80) of cases reviewed were in compliance.

#### **Assessments and Service Plans**

**Objective:** Assessments and service plans will be of sufficient quality to inform case planning.

In the QSR, Planning Interventions reviews the degree to which meaningful, measurable and achievable life outcomes (e.g., safety, permanency, well-being, daily functioning in fulfilling life roles, transition and life adjustment) for the focus child and family are supported with well-reasoned, agreed-upon goals, intervention strategies and actions for their attainment.

**Performance - January through June 2016:**

In QSRs, in 82 percent (18 of 22 cases), Planning Interventions was rated acceptable.

**Objective:** Services in plans will be available in a timely and appropriate manner, monitored for quality, identify appropriate, acceptable services, resolve barriers, and service plans will be amended when services are not provided or are inadequate.

In the QSR, Implementing Interventions measures the degree to which intervention strategies, natural and professional supports and services planned for the focus child, parent or caregiver and family are available and provided on a timely and adequate basis.

**Performance – January through June 2016:**

In 77 percent (17 of 22) of cases, Implementing Interventions was rated acceptable.

- The State Court Administrative Office has been developing a system for collecting data. In 2017, the court will release county data for the first time to track family involvement and other items. The courts review the provisions through dispositional review hearings no more than every 92 days and the provisions are included in court orders.

**Objective:** 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 in 2016 showed 96 percent (77 of 80 applicable cases) were in compliance compared with the Title IV-E Review in 2010, which showed 92.5 percent (74 of 80 applicable cases) were in compliance.

**Judicial Determinations**

MDHHS and the court collaborate to strengthen the efficiency of actions through training and support of judges, attorneys, and other court staff, particularly 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.

**Item 21: Periodic Reviews**

**Dispositional Review Hearings**

State law requires a dispositional review 91 days from the original dispositional hearing and every 91 days thereafter for a child that is placed and remains in foster care, as long as the child is subject to the jurisdiction, control, or supervision of the court, or the Michigan Children's Institute, or other agency.

For a child with a permanency 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 as long as the child is subject to the jurisdiction, control, or supervision of the court, MCI Superintendent, or other agency.

If the child is returned home, the court shall periodically review the progress as long as 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 a dispositional order.
- Continue the prior dispositional order.

### **Young Adult Voluntary Foster Care Case Review**

Michigan provides foster care services to young adults who wish to receive foster care services until they reach the age of 21. For those young people, the quarterly case review is conducted through family team meetings. In family team meetings:

- Family members are actively involved in case decision-making and service participation from removal through achievement of permanent homes for children.
- Family members are an important resource for ensuring safety for children at risk.
- Family team meetings encourage ongoing family involvement and support that can remain in place beyond when the youth turns 21.

## **Item 22: Permanency Hearings**

### **Permanency Planning Hearing**

The supervising agency must 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.

## **2016 Title IV-E Review**

- The judicial determinations were timely and included rulings that facilitated timely permanency plans.

## **Item 23: Termination of Parental Rights**

### **Foster Care and Native American Affairs Policy**

The following circumstances require a petition for termination of parental rights to be filed with the court:

- CPS is mandated by federal law and Michigan's Child Protection Law to file a petition to terminate parental rights.
- The court orders the supervising agency to file a petition to terminate parental rights. This will often occur if a child is not returned home at or before the permanency planning hearing. The petition must be filed with the court no later than 28 days from the permanency planning or review hearing when reasonable efforts have been exhausted.
- The child has been in foster care for 15 of the most recent 22 months, unless the case service plan submitted to the court contains a compelling reason why termination is not in the child's best interest.

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 does not need to be delayed until a Permanency Planning Hearing. Consultation with legal counsel (generally the prosecuting attorney) is necessary to determine if the case is appropriate and if there are sufficient legal grounds 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.
- The written court order and case service plan document a compelling reason for determining that filing a petition to terminate parental rights would not be in the best interest of the child. Compelling reasons include but are not limited to:
  - Adoption is not the appropriate permanency plan for the child.
  - No grounds to file the termination exist.
  - 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 the state considers 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).
- Other; if this is the compelling reason, there must be a clear documentation within the case service plan and written court order.

If a petition is filed, it must be filed by the end of the 15th month that the child has been out of home, with the date the child entered care being the date the original petition was filed requesting removal of the child from his/her home. Data on Item 23 was gathered from the Quality Assurance Compliance Review (QACR), described in Item 21.

### **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 complied with the federal requirement by amending Michigan Court Rule (MCR) 3.921. The caseworker is required to provide notification of all child protective proceedings to foster parents, relative caregivers and pre-adoptive parents. The Notice of Hearing form, DHS-715, is used to send notification of court hearings. The Notice of Hearing must include:

- Name and address of current placement.
- Name of child(ren) court hearing will review.
- Date and time of court hearing.
- Complete court address.
- Date written comments and materials from foster/adoptive parent are due.
- Any additional caseworker comments, if applicable.
- Caseworker name, agency, complete address and telephone number.

SCAO recommends that for compliance with the time-of-service requirement in MCR 3.920, courts should provide notice of the hearing to MDHHS timely (28 days prior) for a notice of hearing to be given to foster and adoptive parents within the time required in the court rule. If the court provides notice to the caseworker timely, the DHS 715, Notice of Hearing, must be sent to the foster/adoptive caregivers within seven days.

The improvement from 2015 to 2016 is likely due to ongoing MiSACWIS training for caseworkers, which resulted in improved accuracy in data entry.

ICWA and MIFPA require Michigan courts and child welfare agencies to send notice 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.

### **Case Review System Plan for Improvement**

**Goal:** MDHHS' case review system will ensure each child has a case plan that promotes permanency and includes the required provisions.

- **B.1.1 Objective:** A written case plan will be developed jointly with the child's parents for each child in foster care and includes the required provisions.

**Measure:** QACR.

**Baseline – 2014:**

- In 27.2 percent of cases, plans were developed jointly with the mother.
- In 22.3 percent of cases, plans were developed jointly with the father.

**Benchmarks:**

**2015 - 2019:** Demonstrate improvement each year.

#### **2015 Performance:**

- In 79 percent of cases, plans were developed jointly with the mother.
- In 62 percent cases, plans were developed jointly with the father.
- In 67 percent of cases, plans were developed jointly with the child.

#### **2016 Performance:**

- In 87 percent of cases, plans were developed jointly with the mother.
- In 76 percent of cases, plans were developed jointly with the father.
- In 91 percent of cases, plans were developed jointly with the child.

In 2015, family involvement in developing case plans was broadened to include description of family involvement in family team meetings, planning and decision-making rather than being counted as compliant only when there was a family member's signature on the service plan. This change appears to have resulted in much greater level of compliance because it is based on multiple factors rather than the single factor of a signature on the plan.

- **B.1.2 Objective:** For children in foster care, periodic court review hearings will occur timely.

**Measure:** QACR

**Baseline – 2014:** In 91.7 percent of cases, review hearings occurred timely.

**Benchmarks:**

**2015 - 2019:** Demonstrate improvement each year.

- **2015 Performance:** Ninety-five percent of review hearings occurred timely.
- **2016 Performance:** Eighty-two percent of review hearings occurred timely.

- **B.1.3 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.

**Measure:** 2016 QACR.

**Baseline:** Forty-six percent; 2014.

**Benchmarks:**

**2015 - 2019:** Demonstrate improvement each year.

  - **2015 Performance:** Ninety-two percent of permanency hearings occurred timely.
  - **2016 Performance:** Ninety-seven percent of permanency hearings occurred timely.
  
- **B.1.4 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 or compelling reasons will be documented.

**Measure:** 2015 QACR.

**Baseline:** Thirty-eight percent; 2014.

**Benchmarks:**

**2015 - 2019:** Demonstrate improvement each year.

  - **2015 Performance:** Sixty-seven percent of termination petitions were filed timely.
  - **2016 Performance:** Not available.
  
- **B.1.5 Objective:** Caregivers will be notified of court hearings and the notification will include how they may exercise their right to be heard.

**Measure:** QACR.

**Baseline - 2014:** Forty-three percent of caregivers received notification of court hearings and their right to be heard.

**Benchmarks:**

**2015 - 2019:** Demonstrate improvement each year.

  - **2015 Performance:** Eighteen percent of caregivers were notified of court hearings and how they may exercise their right to be heard.
  - **2016 Performance:** Fifty-eight percent of caregivers were notified of court hearings and how they may exercise their right to be heard.

### **Planned Activities for 2018**

- MDHHS is working with SCAO to develop new court data reports for CFSR Round 3 outcome measures.
- Through a data-sharing agreement, the court obtains MDHHS data to create reports for local judges on hearing timeliness and permanency.
- 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.

## **Implementation Support**

- MDHHS will continue to collaborate closely with SCAO to improve Case Review System data collection and analysis and implementation of improvement efforts.
- MDHHS will continue to collaborate with SCAO with the directors serving as co-chairs of the CFSR Steering Committee.
- Collaboration with the Foster Care Review Board will continue to inform foster care case management improvement efforts.

## **Program Support**

- Native American Affairs, in collaboration with the DCQI and SCAO, will pilot Indian child and family case reviews for CPS and foster care cases in 2017.
- DCQI will provide technical assistance to local counties and agencies on how to use management reports and other data to track case management activities.

## **Technical Assistance and Capacity Building**

- DCQI is developing a web-based QACR tool that includes the addition of clarifying language to enable more precise measure of case review system functioning.
- County implementation teams will engage in continuous quality improvement efforts as determined by the data in the monthly management reports.

## **QUALITY ASSURANCE SYSTEM**

### **Item 25: Quality Assurance System**

Michigan's quality assurance system functions statewide to ensure that the child welfare continuous quality assurance system fulfills all five of the above standards for a Quality Assurance System:

1. Operating 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.

Michigan uses the Quality Assurance Compliance Review (QACR) and the Quality Service Review (QSR) to monitor progress in the child welfare Quality Assurance System. Performance in Michigan's family preservation services is monitored through follow-up visits three, six and twelve months following conclusion of services to track whether children were able to remain with their families. Technical assistance is provided by MDHHS family preservation specialists.

## **Quality Assurance in the Jurisdictions where CFSP Services Are Provided**

The MDHHS Children's Services Agency (CSA) structure is designed for organizing continuous quality improvement efforts at the state level that funnel into local county and agency levels. Service data from local counties and agencies is collected and analyzed, and provides direction for future initiatives in a quality improvement feedback loop. Oversight by the CSA provides strategic leadership that ensures communication and plans are shared statewide and that resources are available in each county statewide for implementing strategies in the field.

## **Quality Assurance System Assessment of Performance**

### **Involving Local Stakeholders in Quality Assurance Efforts**

In 2016, SOFAC (now the Quality Improvement Council or QIC) sub-teams included representatives from private agency foster care and adoption agencies, in addition to experts from inside and outside the department that responded to emerging issues and initiatives. The sub-teams refined membership throughout the year to expand collaboration. The maturation of SOFAC during 2016 included improved coordination among sub-teams.

### **County Implementation**

County implementation teams receive information through their respective Business Service Centers, through meetings with the CSA executive director and membership on state-level sub-teams. County implementation teams and sub-teams guide community efforts, address barriers and direct continuous quality improvement processes that promote and measure fidelity to the MiTEAM practice model. In 2017, MDHHS is strengthening county-level teams through the implementation of the enhanced MiTEAM model. Improving local access to data through QSR reporting and monthly management reports will drive local improvement efforts. Effectiveness of local efforts will be demonstrated in the monthly report data in a feedback loop that in turn will drive future efforts.

### **Quality Service Review**

The Division of Continuous Quality Improvement (DCQI) utilizes the Quality Service Review (QSR) to measure the effectiveness of services provided to children and families throughout Michigan. Michigan's QSR reviews child welfare cases to measure the status of children and caregivers during and after service delivery. The resulting QSR report provides a robust picture of child welfare services in each community and forms one of the fundamental tools for enhancing Michigan's child welfare reform efforts statewide.

In 2016, the QSR was enhanced by integration with intensive training of caseworkers in the enhanced MiTEAM practice model. The resulting comparative data is providing valuable information on the effectiveness of the casework model and training. Counties that have had a second QSR demonstrated a marked improvement in case practices and outcomes.

In 2016, 64 cases were reviewed statewide. Cases were randomly selected and included 41 open foster care and 23 ongoing CPS cases. Counties reviewed included St. Clair, Sanilac, Huron,

Tuscola, Lapeer, Berrien, Van Buren, Cass and St. Joseph. Mecosta-Osceola, Lenawee and Kent counties were reviewed for the second time. Case interviews with 596 case members were held to gather results from all perspectives. In addition, 36 stakeholder interviews and 84 stakeholder focus groups with 658 participants were conducted to gain information on how well the child welfare system in the community is working.

### **Statewide QSR Process**

QSRs are conducted in Michigan's Business Service Centers on a rotating basis, planned so that each county undergoes a QSR every other year. In 2016, the county selection process was altered to conduct QSRs in contiguous counties or regions, allowing a greater number of counties to receive a QSR each year. Wayne County, Michigan's most populous county, consists of three district offices, each of which is reviewed as a separate office. The history of Michigan's QSR development is below:

- The QSR was piloted in 2014 in four county offices: Mecosta/Osceola, Lenawee, Kalamazoo and Kent.
- Following the pilot QSR, four additional county offices underwent a QSR in 2014. Ninety-six total cases were reviewed.
- In 2015, the QSR was conducted in five counties: Bay, Oakland, Wayne, Jackson and Grand Traverse, reviewing 65 cases.
- In 2016, the original pilot counties of Mecosta/Osceola, Lenawee and Kent were reviewed for a second time to track performance levels over the two ensuing years. Results of that review are later in this report. Also in 2016, reviews were conducted in St. Clair, Sanilac, Huron, Tuscola, Lapeer (BSC 2) and Berrien, Van Buren, Cass and St. Joseph (BSC 3), reviewing 64 cases.

### **Reviewer Training**

Reviewers complete training consisting of eight hours of classroom training with certified facilitators, followed by shadowing a certified mentor on a case review. After shadowing, the trainee leads a case review and the certified mentor acts as the trainee's coach through the review and provides feedback. Certification is achieved after a trainee demonstrates understanding of QSR protocol and proper implementation of rating and conducting interviews.

### **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.

### **Review Process**

QSRs consist of interviews of case members, such as caseworkers, teachers, therapists, caregivers, family members and children when appropriate, to obtain diverse perspectives.

In addition to applying the QSR protocol, each QSR includes stakeholder interviews conducted in individual and group settings (focus groups) that include MDHHS and private agency staff. 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.

## **Standards to Evaluate the Quality of Services - QSR Status and Practice Indicators**

Michigan's QSR protocol utilizes 12 indicators for measuring child and family status, and nine indicators for measuring case practice performance in open 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. 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.

### **Child and Family Status Indicators**

1. Safety from Exposure to Threats of Harm.
2. Safety from Behavioral Risks to Self or Others.
3. Stability.
4. Permanency.
5. Living Arrangement.
6. Physical Health.
7. Emotional Functioning.
8. Learning and Development.
9. Voice and Choice.
10. Family Functioning and Resourcefulness (family of origin).
11. Caregiver Functioning.
12. Family Connections.

### **Practice Performance Indicators**

1. Responsiveness to Cultural Identity and Need.
2. Engagement.
3. Teamwork and Coordination.
4. Assessment and Understanding.
5. Long-Term View.
6. Planning Interventions.
7. Implementing Interventions.
8. Medication Management.
9. Tracking and Adjustment.

Each indicator is rated on a six-point scale to determine the level of the child status and the quality of performance indicators. The ranges are depicted below:

Child and Family Status		Practice Performance		Performance Zones	Overall Rating
6	Optimal status	6	Optimal practice	Maintenance	Acceptable
5	Good status	5	Good practice		
4	Fair status	4	Fair practice	Needs Refinement	Not acceptable
3	Marginal status	3	Marginal practice		
2	Poor status	2	Poor practice	Needs Improvement	
1	Serious and worsening status	1	Absent or adverse practice		

QSR results are provided to local communities through feedback at the time of the QSR and through a written summary following their QSR. The written summary includes suggested steps for improvement.

## Standards for Measuring Compliance with Federal and State Laws and Policy Quality Assurance Compliance Review

In the Quality Assurance Compliance Review (QACR), Michigan measures compliance with federal CFSR standards, state law and MDHHS policy. Certain QACR results are reported to federal monitors for the state’s Implementation, Sustainability and Exit Plan (ISEP) and others are reported to the Michigan Legislature.

### Quality Assurance Compliance Review

The QACR examines compliance through a review of the following information in MiSACWIS and paper files:

- Assessments and service plans.
- Educational status and services.
- Medical Passport.
- Medical, dental and mental health services.
- Medical insurance coverage.
- Compliance with the Indian Child Welfare Act and the Michigan Indian Family Preservation Act.

The QACR takes place annually and reviews 265<sup>8</sup> cases from a statistically valid sample representative of all jurisdictions statewide. Cases of dual abuse/neglect and juvenile justice wards are included in the review population. The QACR instrument is modified as needed to

<sup>8</sup> The minimum number of cases to be reviewed in 2016 is based on Michigan’s foster care population and was provided by the Children’s Bureau.

ensure evolving practice in the field matches best practices as identified by the Children's Bureau, MDHHS administration, QIC sub-teams, the court monitoring team and other stakeholders.

### **Case Selection**

- The sample of cases to be reviewed is stratified to reflect the population of children in foster care.
- The cases are divided into two samples by date of entry into foster care to capture data on initial and updated service plans and initial and yearly medical, behavioral and dental health requirements.
- The DCQI lead analyst screens cases in the sample prior to the review to ensure that each case meets the criteria for inclusion.

## **Identifying the Strengths and Needs of the Child Welfare System**

Some highlights of the findings of the QSR and the QACR in 2016 are listed below.

### **2016 QSR Results**

MDHHS and its private agency partners are doing well in meeting the immediate needs of children. The following strengths and opportunities were identified from the aggregate reviews completed in 2016.

#### **Strengths**

- **Safety - Exposure to Threats:** Of the cases reviewed, 95.4 percent were found acceptable. Children are free from abuse and neglect at home, in school and in other settings.
- **Living Arrangement:** Of cases reviewed, 95.3 percent were found acceptable. Children were living in the most appropriate, least restrictive living arrangements.
- **Caregiving:** Of cases reviewed, 92.5 percent were found acceptable. Caregivers are willing and able to provide children protection, support and supervision.
- **Physical Health:** Of cases reviewed, 96.1 percent were found acceptable. Children are achieving and maintaining favorable health status. Children are receiving adequate and consistent levels of health care appropriate for their needs.
- **Cultural Identity:** Of cases reviewed, 96.9 percent were found acceptable. The cultural identity of the child and family was assessed, understood and accounted for in service plans.
- **Medication Management:** Of cases reviewed, 95 percent were found acceptable. Use of psychiatric or addiction control medications is necessary, safe and effective.

#### **Areas for Improvement**

- **Voice and Choice:** Children, parents, caregivers and key supporters have an active influence in shaping decisions on goals and services. Of cases reviewed, 63.1 percent were found acceptable.

- **Teaming:** Teaming is the formation, coordination and function of teams, with team members working together in a defined plan to meet case goals. The planning teams are child and family-focused and organized. Of cases reviewed, 57.3 percent were found acceptable.
- **Engagement:** Those involved with the children and family have a mutually beneficial trust-based relationship and are willing to make adjustments in scheduling to accommodate family participation in the service planning process. Of cases reviewed, 70.5 percent were found acceptable.
- **Long Term View:** Children, parents, caregivers and service providers have a clear path to attain the shared goal of sustained safety beyond case closure. Of cases reviewed, 67.2 percent were found acceptable.

### **Provision of Relevant Reports – QSR Feedback Process**

Immediate feedback is provided during the week of the QSR to the local director and staff that include the scoring results of the child and family status and practice performance indicators. Feedback includes a presentation of each case that includes the child’s recent progress and prognosis for the next six months.

Preliminary feedback from stakeholder interviews and focus groups is also provided, showing compiled strengths and challenges in casework and suggesting trends that may affect service quality. From this feedback and other information, agency caseworkers and supervisors devise the next steps to overcome concerns and ensure success in their cases.

Following each QSR, each county or agency receives a written summary that includes compiled status and practice indicator results showing the strengths and challenges observed in the review. The agency also receives a written report that documents suggested steps to facilitate improvement based on compiled ratings of each indicator. A practice improvement plan is required and progress is monitored by the Business Service Center director.

### **Quality Assurance Compliance Review Reports**

Results of the annual QACR are provided to the Michigan Legislature, and are reported in the APSR. Some highlights from the 2016 QACR include:

- A sufficient inquiry was conducted to determine whether the child is a member of, or eligible for membership in a federally recognized Indian tribe in 88 percent of cases.
- For Native American children in care, 100 percent (seven out of seven applicable cases) demonstrated active efforts to prevent removal or reunite the child with his or her family.
- A written case plan was developed jointly with the child’s father in 76 percent of the cases reviewed (133 of 174 applicable cases), compared with 62 percent in 2015.
- A written case plan was developed jointly with the child’s mother in 87 percent of cases (194 of 223 applicable cases), compared with 84 percent in 2015.

- Documentation of a formal or informal assessment was conducted with the mother 92.4 percent of the time (206 of 223 applicable cases), and of these, 88 percent of mothers were offered appropriate services to meet their needs. In 2015, a formal or informal assessment was conducted with the mother 91 percent of the time.
- For school-aged children, 92 percent (47 of 51 applicable cases) of case files showed that the agency addressed the child’s educational needs through provision of services, compared with 88 percent in 2015.

### **Continuous Quality Improvement Feedback Loops**

QACR results on identification and services for Native American children and families were shared with the MDHHS Office of Native American Affairs in 2015 and 2016 to assist with ongoing Tribal consultation on ICWA compliance.

Similarly, QACR results on parental involvement with the development of case plans were shared with the foster care program office, which addressed family involvement through policy requiring family team meetings at key points during foster care cases and enhanced training on conduction of family team meetings.

In the enhanced MiTEAM training, county offices and agencies receive specialized training and coaching in the model to assist caseworkers with involving parents and documenting their involvement in development of service plans. DCQI uses the information collected in QSR and QACR reviews to complete reports for distribution to stakeholders and publishing on the MDHHS public website. Analysis of data and reporting results is critical in a feedback loop 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.
- 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.
- 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.

### **Evaluation of Service Provision over Time**

In 2014, following the initial QSRs, the pilot counties of Mecosta-Osceola, Kent and Lenawee worked on the enhancement of Michigan’s MiTEAM practice model. The counties were provided advanced training in team development and functioning as well as engagement with families to facilitate assessment during coaching labs that assisted staff to develop key behavioral activities to implement the case practice model over a period of seven months.

The pilot counties in partnership with their private agency partners and other child welfare stakeholders constructed County Implementation Teams. County Implementation Teams utilize data on child welfare metrics to guide implementation efforts that improve outcomes for children and families in the community and address systemic barriers identified in the QSRs.

Returning to the pilot communities for follow-up QSRs in 2016 demonstrated that not only has case practice in the pilot counties improved dramatically in some areas, but it appears the well-being of families served also improved, as shown below:

#### Lenawee County Practice Improvement 2013 - 2015<sup>9</sup>

Teamwork and Coordination		Assessment and Understanding		Long-Term View	
2013	2015	2013	2015	2013	2015
36%	67%	51%	89%	25%	50%

#### Mecosta/Osceola County Practice Improvement 2013 - 2015

Implementing Interventions		Assessment and Understanding		Long-Term View	
2013	2015	2013	2015	2013	2015
50%	91%	37%	81%	25%	83%

#### Kent County Practice Improvement 2014 - 2016

Teaming and Coordination		Long-Term View		Tracking and Adjustment	
2014	2016	2014	2016	2014	2016
0%	50%	42%	83%	50%	75%

In addition to the pilot counties noted above, DCQI conducted a QSR in nine counties where a QSR had not been previously conducted. In those counties, baselines were established for the practice performance indicators. In each of the counties, the baselines mirrored the state averages from 2015. The statewide emphasis in the MiTEAM practice model has begun to show promise in improving case practice performances.

### Statewide Practice Performance Indicators Comparison of 2014, 2015 and 2016

Practice Performance Indicators	Percent Acceptable Ratings		
	2014	2015	2016
Fiscal year			
Tracking and Adjustment	54.1%	43.0%	75.0%
Medication Management	90.9%	94.4%	95.0%
Implementing Interventions	61.4%	50.7%	81.2%
Planning Interventions	69.8%	62.8%	80.4%
Long-Term View	44.7%	38.4%	67.1%
Assessment and Understanding	56.5%	57.0%	76.3%

<sup>9</sup> Percentage of cases reviewed that rated as acceptable for the practice indicator.

Teaming	28.8%	23.5%	57.2%
Engagement	61.8%	47.0%	70.5%
Cultural Identity and Need	84.3%	95.3%	96.8%

Utilizing the quality assurance methods in place, the data summarized above and through continued refinement of review instruments and methods through continuous quality improvement feedback loops, Michigan is well positioned to demonstrate continued improvement in child and family outcomes over time.

### **Family Preservation Services Continuous Quality Improvement**

Michigan offers an array of evidence-based family preservation services that include:

- Families First of Michigan.
- Family Reunification Program.
- Families Together Building Solutions.

Michigan’s family preservation services are provided by contractors who are responsible for following up in person with families at three, six and 12 months after the conclusion of services to learn whether the children have remained in the family home. If a family is in need of services to prevent removal at the time of the follow-up, they are provided with referrals and short-term assistance.

To ensure high quality services are being provided with model integrity, MDHHS family preservation specialists and trainers complete case record reviews at least annually for each team. They attend staff meetings in which cases are discussed and feedback offered. Results from follow-up visits, case reviews and staff meetings form the basis of ongoing technical assistance and training for family preservation staff. Detailed descriptions of Michigan’s family preservation services are included in the Services Array section of this report.

#### **Families First of Michigan Program Data**

In 2016, the Families First of Michigan program served 2,026 families. Results include:

- At the three-month follow-up, 92 percent of families were intact.
- At the six-month follow-up, 89 percent of families were intact.
- At the 12-month follow-up, 89 percent of families avoided placement or further CPS involvement.

#### **Family Reunification Program Data**

In 2015 and 2016, the Family Reunification Program was available in 44 counties in Michigan. In 2017, the Family Reunification Program expanded by 29 counties, now serving 73 counties.

- In 2016, the Family Reunification Program served 1,031 families.
- Ninety-three percent of families successfully completed services.

- Eighty-eight percent of families did not have any substantiated CPS involvement for a 12-month period following replacement of the child(ren) in the home and Family Reunification Program case closure.
- Eighty-five percent of families did not have children removed from the home for the 12-month period following replacement in the home and Family Reunification Program case closure.
- Ninety-nine percent of families reported satisfaction with the services received.

### **Families Together Building Solutions Program Data**

During FY 2016, 2,283 families were served by Families Together Building Solutions. Outcomes in 2016 for the program are as follows:

- During program participation, 98 percent of families who received services did not have a substantiated abuse/neglect complaint during program participation.
- At the follow-up six months after completing Families Together Building Solutions services, 96 percent of families did not experience out-of-home placement.
- During the 12-month period after Families Together Building Solutions case closure, 94 percent of families did not require out-of-home placement.

### **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.

### **Progress in 2016**

- MDHHS is developing training and technical assistance for the Business Service Centers, local offices and private agencies to assist the use of data to target outcomes specific to each community.
- QSRs were conducted in multi-county areas within the Business Service Centers, utilizing staff based in the field. This streamlines the review process, allowing each county in Michigan to undergo a review on a rotating basis.

### **Quality Assurance System Plan for Improvement**

**Goal:** MDHHS will maintain an identifiable quality assurance system.

- **C.1.1 Objective:** The MDHHS quality assurance system will operate in jurisdictions where services in the Child and Family Services Plan are provided.

**Measure:** Implementation of 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:** Completion of six QSRs and two CFSR test reviews.

**2017:** Completion of seven QSRs and two CFSR test reviews.

**2018:** Completion of the CFSR onsite review.

**2019:** Implementation of the CFSR program improvement plan.

- **2016 Performance:** The original pilot counties of Mecosta/Osceola, Lenawee and Kent were reviewed for a second time to track performance improvement. QSRs were also conducted in St. Clair, Sanilac, Huron, Tuscola, Lapeer (BSC 2) and Berrien, Van Buren, Cass and St. Joseph (BSC 3), reviewing a total of 64 cases. In 2016, test CFSR reviews were conducted on two cases.

- **C.1.2 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 quality services that protect their health and safety.

**Measure:** Completed revision of the QSR protocol.

**Baseline:** Completed revision of the QSR protocol; 2014.

**Benchmarks:**

**2015:** Release of the new QSR protocol in November 2014.

**2016 – 2019:** Evaluate QSR and revise as necessary.

- **2015 Performance:** The new QSR protocol was released in November 2014.
- **2016 Performance:** The QSR protocol was used to review 64 cases.

- **C.1.3 Objective:** The MDHHS quality assurance system will identify strengths and needs of the service delivery system.

**Measures:** County QSR reports and annual QSRs.

**Baseline:** County and annual report of the QSRs; 2015.

**Benchmarks:**

**2016:** County and annual reports of the QSRs.

**2017:** Completion of seven QSRs, completion of the CFSR Statewide Assessment.

**2018:** Completion of QSRs, CFSR onsite review and compilation of results.

**2019:** Completion of QSRs, development of the CFSR program improvement plan.

- **2016 Performance:** County and annual QSR reports were completed.

- **C.1.4 Objective:** 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:** Annual QSR Report 2015 and county QSR reports.

**Benchmarks:**

**2016:** 2016 QSR Annual Report, county QSR reports, monthly management reports and CFSR data.

**2017:** Completion of seven QSRs, completion of CFSR Statewide Assessment.

**2018:** Completion of QSRs, CFSR onsite review and compilation of results.

**2019:** Completion of QSRs, development of the program improvement plan.

- **2016 Performance:** The 2016 Annual QSR Report and county QSR reports were completed.

- **C.1.5 Objective:** The MDHHS 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:**

**2016 - 2019:** Demonstrate improvement each year.

- **2016 Performance:** A comprehensive feedback process was developed in collaboration with the field.

## Planned Activities for 2018

- Michigan will undergo the CFSR Round 3 in 2018. The state has opted to conduct a traditional review and intends to use the federal Onsite Review Instrument during the CFSR and as part of the ongoing continuous quality improvement process. The CFSR Workgroup will identify and train state-level reviewers in the use of the instrument.
- The DCQI will conduct seven QSRs, reviewing 84 foster care cases including juvenile justice cases, in all five Business Services Centers. 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.
- 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.
- The DCQI will conduct the QACR, reviewing 265 cases from a statistically valid sample representative of all jurisdictions statewide. Cases of dual abuse/neglect and juvenile justice wards are included in the review population. The sample of cases is stratified to reflect the population of children in foster care. The cases are further divided into two samples by date of entry into foster care to capture data on initial and updated service plans and initial and yearly medical, behavioral and dental health requirements.
- The DCQI will conduct the QACR utilizing for the first time a web-based application that automates data collection, which will improve data quality. QACR results will be used to determine training and other activities in the field to improve performance.
- Michigan will undergo the CFSR Round 3 in August. Results will determine the CFSR program improvement plan.

- DCQI will continue to develop and refine case review protocols to provide information on the functioning of services to children and families throughout the state.
- MDHHS will engage stakeholders as reviewers and train them to ensure reviews are conducted in a consistent and systematic manner.
- DCQI will conduct appropriate data analyses and will report the data in clear and 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 Business Service Centers and county directors to develop a standard process for county agencies to use for incorporating QSR feedback into their county-level improvement plans.
- MDHHS is developing processes for providing training and technical assistance to the Business Service Centers, local offices and private agencies for using data 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 continuous quality improvement efforts as determined by the data in the monthly management reports.

### **Technical Assistance and Capacity Building**

- MDHHS is continuing to contract with the Center for the Support of Families and has developed a statewide implementation plan for the MiTEAM enhancements that includes virtual learning, practice and application exercises and observation and support.
- With support from the Children’s Bureau, MDHHS is preparing for the Round 3 CFSR in 2018, preceded by a statewide self-assessment.

## **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 for delivery.
- Identifies workforce performance gaps and recommends, reviews and prioritizes training solutions.

The Office of Workforce Development and Training utilizes the Cornerstone OnDemand learning management system (LMS). In addition to training offered through the learning management system, employees are able to document completion of external training on this system, resulting in a thorough individual transcript reflecting all child welfare specific training.

On Dec. 1, 2015, child welfare training migrated to this new system. The department is working to merge historical training data from the former system into the current LMS. For fiscal year 2016, this affects data from October and November 2015. The trends identified in this report are valid, though the number of people who completed each training may be slightly higher than reported. The training office continues to work through logistical issues with the field to adjust to the registration and reporting functions of the new system.

All child welfare training funded through Title IV-E is included on the Title IV-E Training Matrix, Attachment J. Child welfare courses offered between Oct. 1, 2015, and September 30, 2016, are listed on the attached Office of Workforce Development and Training course list, along with the number of trainees in Attachment K. Additional information can be found in the attached Staff and Provider Training Plan, Attachment O.

## **Item 26 – Initial Staff Training Assessment of Performance**

Michigan’s performance in Initial Staff Training is tracked through LMS data, levels one and two training evaluations and through the training sub-team of the QIC.

In 2016, 865 new caseworkers completed the nine-week pre-service institute initial training. Caseworkers are required to complete initial training within 112 days of hire; 98 percent of caseworkers completed training timely. The 15 who were incomplete left child welfare practice during or immediately after training.

MDHHS continues to collaborate with 13 Michigan undergraduate schools of social work and three graduate schools of social work to offer the child welfare certificate. Students who complete this program are able to complete a condensed version of the pre-service institute prior to being assigned a caseload.

Initial training for caseworkers consists of four weeks of classroom training and five of on-the-job training. Trainees must successfully complete training and pass two multiple-choice exams.

- During on-the-job weeks, trainees learn local office policy and procedures, read MDHHS policy, observe courtroom proceedings, and complete MiSACWIS webinars and computer-based trainings. Trainees shadow their assigned mentors and a variety of child welfare professionals in their community. Structured on-the-job activities are documented and debriefed with the supervisor.
- During classroom weeks, trainees debrief on-the-job training activities, and receive feedback on their application of structured decision-making tools, assessments and case documentation utilizing training scenarios. Trainees practice interviewing clients and participate in a mock trial.
- Throughout training, there is an emphasis on personal and child safety, family preservation and well-being throughout the continuum of care. Trainees engage in discussions about the importance of parent and sibling visitation. Trainees learn to recognize and mitigate secondary trauma. MiTEAM practice model concepts are interwoven throughout the initial training.
- CPS specialists may not carry a caseload until after passing the first exam. Foster care and adoption specialists may carry a caseload of up to three cases, effective the first day of on-the-job training. Trainees work with assigned mentors with the oversight of their supervisors, and receive a progressive caseload when appropriate.
- Program specific transfer training is available for specialists who have completed initial training and are changing programs. In 2016, 112 caseworkers completed this training.

In November 2016, a legislative report was submitted to address the requirement to study the feasibility of reducing pre-service 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. The workgroup assessed the impact of a reduction of in-person, centralized training and assessed resources, cost and timeline considerations associated with moving content from the classroom to online and on-the-job training. The workgroup determined that although it is feasible to reduce classroom training, it is not advisable.

**Level One Evaluation – Initial Staff Training.** Level one evaluation is feedback provided by trainees immediately after completing training.

Highlights from level one evaluation feedback of pre-service institute training include:

- After one week of training:
  - Eighty-six percent of trainees strongly agree or agree that on-the-job training helped them better understand their position.
  - Eighty percent strongly agree or agree that they can navigate the online policy manuals.
- After four weeks of training:
  - Ninety-six percent of trainees strongly agree or agree that they understand the importance of developing strategies to combat stress in the workplace.

- Ninety-six percent strongly agree or agree that they can write policy driven reports.
- After nine weeks of training:
  - Ninety-three percent of trainees strongly agree or agree that they can identify and incorporate family and child strengths into treatment plans.
  - Ninety-five percent strongly agree or agree that they understand the five permanency goals.

Throughout the institute, by soliciting written comments from trainees during the weekly evaluations, a common theme emerged. Trainees felt that program-specific material would fit better at the beginning of the pre-service training instead of at the end. This is primarily due to trainees receiving a limited caseload after their fourth week of training, while program-specific material was not provided until the eighth week of training.

After receiving stakeholder feedback and examining level one evaluation results, a pilot of the reformatted pre-service institute was delivered. The piloted institute included:

- MiSACWIS computer training in the classroom instead of offering it as an optional training typically provided during field weeks.
- Program-specific training was offered during the first week of classroom training instead of the last week.
- The new hires returned to the field for two consecutive weeks instead of the traditional one-week classroom, one-week field rotation.

Beginning in January 2017, the pre-service institute is being reformatted to reflect many of the changes piloted in 2016.

**Level Two Evaluation – Initial Staff Training.** In level two evaluation, the effectiveness of training is measured through completion by the trainer and field supervisor of a competency-based evaluation of each trainee. Trainees are required to pass (70 percent or higher) two written exams and a competency evaluation. Trainees who do not pass receive additional support and re-take the exam.

**Post-training exam scores in 2016**

Exam	Range	Average
General child welfare	59-100%	83%
Adoption	70-96%	85%
Children’s Protective Services	64-98%	82%
Foster care	36-95%	83%

The evaluation is used to create ongoing training plans for individual caseworkers. Trainees who do not pass the competency evaluation are not permitted to assume a full caseload. In some instances, this has resulted in the local office placing the person in a non-caseload carrying position, or the person being separated from child welfare service.

**Level Three Evaluation – Initial Staff Training** - In level three evaluation, trainees’ skills are measured to track whether trainees are able to apply the skills they learned on the job. In 2017, a level three evaluation will be administered to caseworkers and their supervisors three and 12 months after completion of initial training. Results will provide information about whether the training resulted in effective performance of the skills taught in the training.

**Progress in 2016**

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

- Fifty child welfare certificate holders completed a condensed pre-service institute. This included five adoption specialists, 19 CPS specialists and 26 foster care specialists.
- An additional university was approved to offer the child welfare certificate program.

**Initial Supervisory Training**

New supervisors are required to complete a five-day child welfare supervisory training within 90 days of hire or promotion. In 2016, 115 supervisors completed initial training; 85 percent completed it timely. Of the 17 who completed the training after 90 days, nine completed it between 91 and 129 days. Four completed training over 156 days after their hire date.

A three-day program-specific training is offered for supervisors who have completed initial training. In 2016, 19 supervisors completed these trainings.

**Level One Evaluation - Initial Supervisory Training**

Feedback indicate that the student guide did not flow well and included outdated resources. Trainees reported that the eight-hour, five-day training format was not meeting the operational needs of the field. Trainees also wanted MiSACWIS training in the classroom. Trainees rated their trainers as knowledgeable, engaging and effective, and reported that the material was understandable and useful.

**Level Two Evaluation - Initial Supervisory Training**

Trainees must pass (70 percent or higher) a written exam at the end of training.

**Post-training exam scores in 2016**

Exam	Range	Average
Adoption	84-98%	87%
Children’s Protective Services	70-100%	92%
Foster care	81-100%	93%

**Level Three Evaluation - Initial Supervisory Training**

Upon implementation of the new supervisory training in 2017, a level three evaluation will be administered to trainees and their supervisors three and 12 months after completion.

## Progress in 2016

A redesign of initial supervisor training was developed with the assistance of stakeholder input. This training is being implemented in 2017. This training meets the requirement for MDHHS supervisors to complete both the five-day child welfare training within 90 days, and a multi-week new supervisor institute within six months. The revised training includes general management skills and specific skill development critical to supervising in child welfare.

Highlights of the training include:

- Blended learning in the classroom, on-the-job and via webinar.
- Six-hour classroom days instead of eight hours.
- An online student guide with regularly updated resources.
- Hands-on skill development in the classroom utilizing adult learning principals.
- MiSACWIS training on supervisory functions and data report utilization.
- The MiTEAM Fidelity Tool will be taught once automated statewide.
- Guest speakers will engage new supervisors to gain a deeper understanding of the roles of various MDHHS offices and partners.

## Initial Training – Plan for Improvement

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

- **D.1.1 Objective:** MDHHS will ensure that initial training includes the basic skills and knowledge required for child welfare positions and is completed timely.

**Measure:** MDHHS learning management system (LMS).

### 2014 Performance:

- Ninety-eight percent of new caseworkers completed initial training within 112 days.
- Ninety-nine percent of new supervisors completed initial training within 90 days.

### 2015 Performance:

- Ninety-eight percent of new caseworkers completed initial training within 112 days.
- Ninety-eight percent of new supervisors completed initial training within 90 days.

### 2016 Performance:

- Ninety-eight percent of new caseworkers completed initial training within 112 days.
- Eighty-five percent of new supervisors completed initial training within 90 days.

The percentage of supervisors completing training timely fell in 2016. This appears to be due to a change in the LMS used for training registration. The training office is collaborating with the field to address barriers to timely training completion, including better communication on how private agency supervisors register for training on the new LMS.

## **Planned Activities for 2018**

- 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 QIC training sub-team through collaboration with the Children's Services Agency and Business Service Centers.
- MDHHS will send surveys to trainees and their supervisors three and 12 months after training completion to track learning over time.

## **Item 27 – Ongoing Staff Training**

### **Assessment of Performance**

Michigan's performance in Initial Staff Training is tracked through LMS data, levels one, two and three training evaluation and through the training sub-team of the QIC.

MDHHS requires child welfare caseworkers and those in supportive positions to complete 32 hours of ongoing training per year. Supervisors must complete 16 hours of ongoing training per year. Ongoing training plans are created between child welfare staff and their supervisors. Through a Governor's Task Force initiative, a child welfare training clearinghouse is being created to provide easy access to information about available training for child welfare staff and their supervisors.

In addition to ongoing training offered by the Office of Workforce Development and Training, 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. Ongoing training is also offered by the State Court Administrative Office, the Prosecuting Attorneys Association of Michigan and local community partners.

### **Progress in 2016**

- Ninety-eight percent of 2,598 child welfare caseworkers completed a minimum of 32 hours of ongoing training in 2016.
- Of 719 supervisors, 99 percent completed at least 16 hours of ongoing training in 2016.

### **MiTEAM Training**

In spring 2016, MiTEAM summits were held regionally to initiate statewide implementation of the enhanced MiTEAM practice model. 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 Fidelity Tool and assess the extent to which the enhanced MiTEAM practice model behaviors are being practiced as designed. The MiTEAM Fidelity Tool was

automated in June 2016. Supervisors in three counties piloted the automated tool in anticipation of statewide implementation in 2018.

### **Supporting and Affirming Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ) Youth**

The training office is pursuing a contract with the Ruth Ellis Center in Detroit. This agency has experience providing support and services for LGBTQ young people in Michigan. They will provide subject matter expertise on the training content and technical assistance in the development of a multi-module computer based training.

MDHHS offers training related to providing appropriate and culturally sensitive services to young people who identify as LGBTQ in the following ways:

- During initial training, caseworkers complete a computer-based training to introduce them to the unique needs of young people who identify as LGBTQ. Classroom discussions provide context and resources to meet the needs of those youth.
- Training on Michigan's Youth in Transition program includes content on serving LGBTQ young people to ensure they have sufficient supports in place prior to their case closing.
- The training office offers a one-day ongoing classroom training designed to improve the quality of care offered to LGBTQ youth in placement. This training assists child welfare professionals to develop self-awareness and practice culturally competent services.
- The Adoption Worker Conference and the Foster Care and Licensing Worker Summit included sessions in which trainees learned about evidence-based practices to increase health and safety for LGBTQ youth in care.
- A variety of LGBTQ training opportunities are included each year in the university training list.
- The PRIDE curriculum for caregivers includes training on caring for foster children, and a vast array of support is available through the Child Welfare League of America.

### **Collaboration with Universities to Deliver Ongoing Training**

During 2016, Michigan State University managed the child welfare in-service training program, through a contractual partnership with the eight universities in Michigan with Master of Social Work programs.

- Forty-seven classroom and 27 online trainings were offered free of charge to MDHHS child welfare staff.
- More than 1,260 trainees attended classroom training in 23 locations across the state; more than 460 participated in online trainings.
- Three classroom and four online leadership trainings were completed by almost 100 trainees.
- More than 60 trainees completed three classroom and three online trainings for caregivers.

### **Level One Evaluation – University Training**

This university contract includes a robust evaluation component. The majority of trainees

reported a high level of satisfaction with classroom and online training. They indicated that the trainings increased their knowledge, were relevant to their work, and they would recommend the training to coworkers.

Trainees assessed their competency in the learning objectives for each training immediately prior to the training and immediately after completion. Analysis of the data indicated an increase in trainees' self-assessed competency in the learning objectives.

### **Level Two Evaluation – University Training**

Objective knowledge assessments were conducted on a portion of the trainings. There was an increase in trainees' knowledge after completing training, mirroring trainees' self-reported improvements in competency.

### **Level Three Evaluation – University Training**

Response rates for the two-month follow-up survey ranged from 15 percent for online training to 23 percent for classroom training. Follow-up survey results indicate trainees felt competent or moderately competent in the learning objectives two months following completion of classroom training. Trainees indicated they had applied the knowledge gained and felt better able to communicate, more skilled in recognizing substance abuse and mental health, and were able to address the needs of children and families more effectively. Trainees indicated that they were taking steps toward better organization and self-care and had shared knowledge with their coworkers.

### **Ongoing Training – Plan for Improvement**

Michigan's performance in Ongoing Staff Training is tracked through LMS data, levels one, two and three training evaluation and through the training sub-team of the QIC.

- **D.1.2 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 Performance:**

- Over 99 percent of caseworkers completed at least 32 hours of ongoing training.
- There was no ongoing training requirement for supervisors in 2014.

**2015 Performance:**

- Ninety-nine percent of caseworkers completed 32 hours of ongoing training.
- Ninety-nine percent of supervisors completed 16 hours of ongoing training.

**2016 Performance:**

- Ninety-eight percent of caseworkers completed 32 hours of in-service training.
- Ninety-nine percent of supervisors completed 16 hours of in-service training.

### **Planned Activities for 2018**

- MDHHS will continue distributing a course catalog and other communication of training

opportunities, with a special focus on recruiting those with zero through four years of employment in child welfare.

- MDHHS will increase participation in leadership and caregiver training.
- MDHHS will continue to explore ways to increase survey response rates.

Evaluation findings have been steady for almost seven years. In the future, the evaluation process will be re-assessed to maximize findings and use funding most effectively to guide continual improvement.

### **MiSACWIS Training**

The MiSACWIS project has a robust training team, including MDHHS staff, the design, development and implementation vendor, and the Office of Workforce Development and Training. Training is developed based on end users' needs and is ongoing.

MiSACWIS project support staff will continue the MiSACWIS Academy training. The Academy includes end-user classroom workshops, webinars, web-based trainings and new worker training. The enhanced new worker training for child welfare workers is jointly conducted by MiSACWIS and the training staff. The new worker training for licensing staff is jointly conducted by the Division of Child Welfare Licensing and MiSACWIS project staff. MiSACWIS project staff also conducts new worker juvenile justice residential training.

The MiSACWIS workshops are offered to MDHHS and private agency first-line workers and supervisors. The significant changes with the child welfare licensing required classroom training sessions, webinars and new web-based training development; this will be ongoing with the changes planned for FY 2018. Other enhancements for 2018 require similar training support.

MiSACWIS project staff continues to conduct onsite visits in MDHHS office and private agencies. Staff is revising the approach to the visits to provide customized support when a full onsite visit is not needed. Project staff gain valuable feedback on MiSACWIS and the participants receive over-the-shoulder support. Project staff continues to update online help, prepare release notes and maintain the training environments to support end users.

### **MiSACWIS Training Evaluation**

- Level one and two evaluations are completed as standard practice in training.
- Surveys for the MiSACWIS onsite visits reveal a need for continued training.

### **Planned Activities for 2017 and 2018**

- Development of new trainings as the system is enhanced.
- Provision of workshops, webinars, and computer-based trainings as needed.
- Surveying onsite review participants regarding training needs.

## **MiSACWIS Training Academy**

MiSACWIS project staff launched the MiSACWIS Training Academy in January 2015. This effort was the result of feedback from MDHHS and private agency staff during quarterly visits that caseworkers need training. Continued user training and system skill development are critical to maintain and advance knowledge as system changes are made. To address this, MiSACWIS field support staff conduct training workshops. Trainees register in the learning management system and receive in-service training credit.

Identifying the training needs for workshops requires analysis of help desk trends, system updates and onsite visit feedback. Each workshop has a focus area based on the analysis. During training sessions, end users practice system functionality, ask questions and address issues on their own cases. Field support staff provides over-the-shoulder support.

MiSACWIS field support record webinars to provide further support to field users with the assistance from training staff. The webinars are available in the learning management system.

New CPS, foster care, adoption, licensing, juvenile justice and juvenile justice residential workers receive MiSACWIS case management training. MiSACWIS field support staff provide training or training support to each of these program areas. The MiSACWIS team, with the help of the Office of Workforce Development and Training, conducts monthly webinars for new child welfare workers to prepare them for the case management training. The Division of Child Welfare Licensing and training staff receive training as needed to assist them in understanding MiSACWIS functionality.

MiSACWIS field support provides computer-based trainings, a MiSACWIS training environment, job aids and online help to provide support to end users. The training environment allows end users to practice case management activities in an environment that mirrors a live-production environment.

From January through March 2017, the MiSACWIS Training Academy provided six different training workshops, four webinars and 51 new worker trainings, training 2,591 MiSACWIS users. In addition, there have been 25 computer-based trainings developed or updated. Specific details for all training workshops, webinars, additional training and computer-based trainings are listed below by training session name and date.

### **Placement Payment Worker and Supervisor Workshops, November 2015 through April 2016**

The MiSACWIS field support staff began delivering placement and payment training workshops in 2015 due to help desk trends in this topic area, with 414 participants. Field support conducted 15 worker sessions with 258 participants and 11 supervisor sessions with 156 participants. The session outlined the process of completing a placement and the payment service authorization, along with understanding the payment process. The workshops were

broken out to address supervisors and workers individually, as concerns, questions, responsibilities and roles are different.

### **Wayne County and Business Service Center 1 – CPS and Foster Care Case Management Workshops, January, February and October 2016**

The MiSACWIS Training Academy provided two sessions of CPS MiSACWIS Refresher training to current CPS workers with 22 participants, and two of Foster Care MiSACWIS Refresher training to 37 foster care workers. Field support conducted one session for each program area in Wayne County and one for users in northern Michigan. Workers were able to practice case management in the training environment and receive assistance with case specific issues.

Topics for the CPS worker refresher training included:

- Completing a CPS investigation.
- Understanding how to complete case services and manual payments.
- Completing a CPS updated service plan.
- Entering a relative placement.
- Completing a case closure.

Topics for the foster care worker refresher training included:

- Entering case management information.
- Completing a case service plan.
- Entering providers, placements and payments, including relative placements.
- Creating paid and unpaid case services and completing case service reviews.
- Understanding the foster care worker's role in the adoption process.
- Completing a case closure.

### **Case Services Train-the-Trainer, March and April 2016**

In two training sessions, MiSACWIS field support staff provided MDHHS and private agency users a train-the-trainer session in entering and maintaining case services. The training assisted 74 participants to provide the same training to others in their offices. Training materials included instructor notes, a participant guide and job aids.

### **Child Placement Network Process Train-the-Trainer, August and September 2016**

MiSACWIS field support staff provided MDHHS and private agency users a train-the-trainer session in how to use the Child Placement Network in MiSACWIS. The training assisted participants to provide the same training to others in their offices, with 56 total participants.

The training covered:

- Understanding the Child Placement Network process in MiSACWIS.
- Recording the child's characteristics, placement referral and match providers.
- Recording the placement.
- Utilizing the Geo Mapper application to identify potential providers.

### **Licensing Worker Training Workshops, October 2016 through present**

MiSACWIS project staff delivered training on completing licensing management tasks for field staff on new and existing functionality. The target audience was licensing workers and supervisors in 26 training sessions with 387 total participants.

### **MiSACWIS Training Academy Webinars**

An Incident Reporting webinar was conducted with the Division of Child Welfare Licensing and Juvenile Justice employees in January 2016, with 44 participants from MDHHS local offices, MDHHS training schools and juvenile justice residential facilities. The webinar outlined the process to complete an incident report in MiSACWIS. Topics for the webinar were:

- Seclusion and restraint policy requirements.
- An overview of the seclusion and restraint process.
- Understanding reporters' entries in MiSACWIS.
- Approving the seclusion and restraint incident.
- A MiSACWIS demonstration.

### **Financial Webinar, February 2016**

MiSACWIS project staff facilitated a webinar on the MiSACWIS payments process for Child Care Fund users with 30 participants. The training objectives were:

- An overview of the MiSACWIS payment process.
- A demonstration of the MiSACWIS payment process.

### **MiSACWIS Overview Webinar series for New Caseworkers, March 2016 through present**

New CPS, foster care and adoption workers in the pre-service institute training participate in a MiSACWIS Overview Webinar series to become familiar with navigating MiSACWIS. Field support conducts the webinar series over three days with one session per day. To support the training, MiSACWIS field support staff offer the webinar series on a monthly basis. Since the webinar series pilot in March 2016, MiSACWIS field support staff provided nine webinar sessions with three webinars in each session totaling 635 participants.

### **Court Webinar, November 2016**

The Federal Compliance Division and MiSACWIS project staff collaborated to deliver four webinars to 83 child welfare funding specialists and supervisors. Each webinar addressed the changes coming to the court sections in the November 2016 release. The webinar reviewed the new functionality and provided a general overview of the court sections in MiSACWIS.

### **Additional MiSACWIS Training**

#### **New CPS, Foster Care, and Adoption Worker Case Management Training**

The MiSACWIS field support staff delivered case management training to new CPS, foster care and adoption workers through September 2016 to support the pre-service institute training. New workers practiced case management in the training environment. Practice included

completing social work contacts, placements, case services, assessments and service plans. In 26 sessions, 320 new caseworkers were trained on case management in MiSACWIS.

In 2016, MiSACWIS project staff teamed with Office of Workforce Development and Training staff to transition the case management training delivery to training staff. MiSACWIS field support provided three train-the-trainer sessions for 15 training staff in March 2016. Beginning with a pilot in September 2016, training staff implemented MiSACWIS case management activities into their pre-service institute, and MiSACWIS support staff assist as needed.

### **New CPS and Foster Care Worker Payment Training**

Beginning with the Office of Workforce Development and Training pilot class in September 2016, MiSACWIS field support staff delivers payment training to new CPS and foster care workers each month as part of the pre-service training, in 23 classes with 352 new workers. MiSACWIS staff will continue to provide this training as part of the pre-service training.

### **Strike Team/Payment Triage Team Training**

The MiSACWIS project staff delivers training to the strike team prior to the start of each workshop training. The strike team provides training and over-the-shoulder support. The strike team is comprised of BSC, Child Welfare Services and Support and Federal Compliance Division analysts. Seven trainings were provided from January 2016 through the present. The training topics were placement payment, case services train-the-trainer, Child Placement Network train-the-trainer and licensing worker training.

### **Licensing Summit, July 2016**

MiSACWIS staff presented at the statewide Licensing Summit for licensing workers and supervisors. The presentation provided an overview of the Child Placement Network functionality in MiSACWIS to approximately 300 attendees. MiSACWIS field support offered a breakout session on secure criminal history in collaboration with Division of Child Welfare Licensing staff in two sessions, with 25 participants. Each session provided a demonstration of the secure criminal history functionality in MiSACWIS.

### **New Juvenile Justice Residential Worker Case Management Training**

New juvenile justice residential workers receive a two-day MiSACWIS case management training quarterly. The pilot training was offered in September 2016 with 25 participants. The second session occurred in January 2017 with 20 participants. Three more sessions are scheduled for 2017. Training objectives include:

1. Navigating in MiSACWIS and learning the resources available for support.
2. Completing an admission, entering education and health information and documenting social work contacts.
3. Entering assessments, documenting services and completing treatment plans.
4. Entering incident reports and grievances.
5. Maintaining medication logs, child transport plans and daily provider logs.

### MiSACWIS Computer-Based Trainings (CBTs)

The MiSACWIS training team has updated 18 CBTs and developed seven new CBTs, listed below.

Computer-Based Training	Description
Access the Data Warehouse from MiSACWIS	Assists caseworkers to access data from MiSACWIS.
View MiSACWIS InfoView Reports	Assists caseworkers to access data from MiSACWIS.
Access MiSACWIS Using MILogin	Assists staff to use MILogin functionality to access MiSACWIS.
Understanding the MiSACWIS App: A Mobile Experience	Assists staff with the MILogin and MiSACWIS access.
MiSACWIS: Verify and Approve a Roster	Updates to the payment process.
MiSACWIS JJ: Record a Treatment Plan and Release Report	Overview of the treatment plan and release report in MiSACWIS Juvenile Justice.
Record a Health Profile in MiSACWIS	Recording a health profile.
MiSACWIS JJ: Incident Reports	Recording an incident report.
MiSACWIS: General Tasks	General functionality in MiSACWIS.
MiSACWIS: Manage Service Authorizations	Recording service authorizations.
MiSACWIS: Record a Provider Special Evaluation	Implementation of provider special evaluation functionality.
MiSACWIS: Create and Maintain Case Services	How to enter case services.
MiSACWIS: Provider Inquiry	Overview of provider inquiries.
MiSACWIS: Record a Home Evaluation	Recording a home evaluation.
MiSACWIS: Court Actions Part 1 Petitions, Motions, and Hearings	Recording petitions, motions and hearings.
MiSACWIS: Court Actions Part 2 Orders and Findings	Recording court orders, findings, offenses, adjudications, and associating court orders with hearings.
MiSACWIS: Record Removal and Placement	Locating a placement and recording a removal.
MiSACWIS: Record Legal Status and Appeals	Recording legal status, termination of parental rights and appeals.

MiSACWIS: Record an Intake	Recording a CPS intake.
MiSACWIS: Assessments	Entering assessments.
MiSACWIS: Add a DOC and Add-On Costs	Managing the costs of placement.

### Planned Activities for 2018

- MDHHS will continue offering computer-based training for MiSACWIS users.
- MDHHS will develop new computer-based training as needs are identified.

## Item 28 – Foster and Adoptive Parent Training

### Assessment of Performance

Michigan’s performance in Foster and Adoptive Parent Training is monitored through the Division of Child Welfare Licensing.

In 2016, 90 child welfare staff were trained in the foster/adoptive Parents’ Resource for Information, Development and Education (PRIDE) curriculum, which prepares them to provide PRIDE training to prospective foster and adoptive parents. Persons seeking approval as adoptive parents must participate in a minimum of 12 hours of training prior to the adoptive placement of a child. The PRIDE curriculum must be used for adoptive parent training and the material in the following designated PRIDE sessions must be covered:

- Connecting with PRIDE.
- Teamwork Toward Permanence.
- Meeting Developmental Needs: Attachment.
- Meeting Developmental Needs: Loss.
- Meeting Developmental Needs: Discipline.

The third annual Foster, Adoptive and Kinship Training Conference was held in May 2016. This conference was developed in collaboration with the Foster, Adoptive, and Kinship Parent Collaborative Council. Over 200 foster, adoptive and kinship parents attended.

The Post Adoption Resource Centers began offering resource family training in 2016. Each region offers one two-day conference or two one-day conferences annually.

### Foster and Adoptive Parent Training Plan for Improvement

**Goal:** MDHHS will expand training for foster and adoptive parents.

- **D.1.3 Objective:** MDHHS will explore centralizing training for foster and adoptive parents.

**Measure:** MDHHS learning management system.

**2015:** Submit a proposal to the SOFAC (now the Quality Improvement Council) for consideration of centralizing foster and adoptive parent training.

**2016:** Determine funding sources for implementing centralized foster and adoptive parent training. This budget enhancement request was not approved.

### **Planned Activities for 2018**

- A budget enhancement for regional resource teams was included in the governor’s proposed budget for 2018. The teams would be housed in each Business Service Center to focus on recruiting, supporting and developing foster families to meet annual non-relative licensing goals.
- The Office of Workforce Development and Training will continue to train teams that will be responsible for conducting PRIDE training for all foster and adoptive parents of private and public agencies. This would ensure the consistency of PRIDE training and enable the department to evaluate the training and obtain feedback.

### **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.

- During 2016, the division conducted 97 annual reviews of private contracted child-caring institutions eligible for Title IV-E funding. Of these, 18 agencies had violations related to initial staff orientation and ongoing staff training.
- During 2016, 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. Of 86 annual reviews, 19 institutions had violations of R 400.4128, “Initial staff orientation and ongoing staff training.”

The Division of Child Welfare Licensing monitors documentation of licensed foster parent caregiver training in child placing agencies by reviewing compliance with training requirements and assessing ongoing training needs from a sample of records during on-site annual and renewal inspections.

- During 2016, the division conducted 195 annual inspections of licensed child placing agencies. Of these, 32 included a citation for violation of R 400.12312, foster parent training.

### **Planned Activities for 2018**

- 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.

## **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 Division of Child Welfare 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 Division of Child Welfare 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.
- The Office of Workforce Development and Training will continue to train teams that will be responsible for conducting PRIDE training for all foster and adoptive parents of private and public agencies. This would ensure the consistency of PRIDE training and enable the department to evaluate the training and obtain feedback.

## **SERVICE ARRAY AND RESOURCE DEVELOPMENT**

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 the efficacy 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.

Michigan's Service Array and Resource Development goals for the 2015 – 2019 Child and Family Services Plan were created based on then-current assessment of the service array in 2014. Following the release in October 2014 of the updated federal definition of systemic factors for Round 3 of the CFSR, Michigan modified the goals and objectives in this area to streamline efforts and focus on the areas likely to have the greatest impact on statewide service availability and ability to target services to the individual needs of children and families.

## **Item 29: Array of Services – Assessment of Performance**

Michigan’s performance in the Array of Services factor is monitored through QSR interviews and focus groups, QIC, collaboration with the courts and with the Foster Care Review Board. MDHHS is committed to providing services tailored to meet the individual needs of children and families throughout the state. MDHHS prioritizes evidence-based and promising practices and interventions. Services provided by MDHHS emphasize engaging with families effectively and working with the entire family system to increase safety and effect lasting change. Trauma-informed care is a staple in providing child welfare services and training on trauma-informed services is included in initial and ongoing staff and provider training.

- In 2016, the Service Array sub-team surveyed all federally recognized 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. The results of the survey were used to create a resource guide on local domestic violence and batterer intervention services, which was provided to child welfare staff, along with enhanced training on domestic violence through local training and coaching on MiTEAM case management skills.
- The Service Array sub-team collaborated with leaders within the state-level Recovery Oriented System of Care in 2016 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 for all regions of the state that includes services provided, costs/insurance and contact persons. A communication issuance was released that encouraged all county offices to collaborate with their respective local substance abuse providers.

The impact of child welfare services is assessed through Quality Services Reviews (QSR), which are conducted around the state by region. Counties from each Business Service Center participate in a QSR every year. Interviews and focus groups are conducted with stakeholders, families, children and service providers to gather feedback on the quality and impact of child welfare services and interventions in that county. Review feedback is provided to the local staff verbally immediately after the QSR and later in a written report. Counties then develop a practice improvement plan, which is monitored through the Business Service Center, creating a continued quality improvement feedback loop.

Results of the Statewide QSR Annual Report for 2016 indicated that Michigan’s child welfare community should continue to:

- Explore expanding access to mental health services.
- Locate affordable housing and transportation services for clients.
- Address challenges in staff retention.
- Develop staff through ongoing comprehensive training.
- Explore MiSACWIS improvements to eliminate duplication in data entry.

## **Statewide Services for Children and Families**

Michigan offers a broad services array throughout the state. Services offered statewide include the following assessment and developmental services:

- Early On services for children ages 3 and under experiencing developmental delays.
- Infant mental health services provided by community mental health agencies.
- Substance abuse disorder prevention, treatment and recovery, residential, outpatient and day treatment services.
- Community Mental Health services for children and adults.
- Maternal/infant home visitation services.
- Domestic violence shelter and services.

## **Statewide Services to Prevent Abuse and Neglect**

- Child Protection/Community Partners funding is provided to MDHHS county offices for services to families at low to moderate risk of child abuse or neglect. Services are determined locally. The purpose of the funding is to:
  - Develop services targeted to the specific needs identified in the community.
  - Reduce the number of re-referrals for substantiated abuse and neglect.
  - Improve the safety and well-being of children.
  - Improve family functioning.
- Prevention services are provided statewide through Family Independence Specialists to families receiving financial assistance.
- 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 cutting-edge approaches to serving families.

## **Children's Trust Fund Direct Service Grants**

Children's Trust Fund direct service grants are awarded through a competitive bid process. These programs are intended to help build strong, nurturing families and to prevent child abuse and neglect. They provide prevention services to meet community needs, identified in community needs assessments. Services are provided to families that have risk factors for child maltreatment but do not have active CPS cases. Funding priorities for direct service grants include:

- Replication of secondary direct prevention programs that have been shown to be effective in the prevention of child abuse and neglect.
- 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 demonstrate collaboration and coordination of efforts as part of a local comprehensive plan and offer referral services.
- Programs that adhere to culturally competent guiding values and principles.
- Projects that serve special populations.

In 2016, the Children’s Trust Fund awarded 24 direct service grants that served 26 counties. A snapshot of direct services provided in 2016 is below.

<b>Children’s Trust Fund Direct Services in 2016</b>	
<b>Type of Service</b>	<b>Number of Services</b>
Home visits	2,849
Parenting classes	784
Support groups	113
Group counseling	5
One-on-one counseling	141
Screening	541
Childcare Services	103
Respite care Services	847
Transportation	566
Referrals	924
Resource coordination	525
Workshops (e.g., Parent Meetings)	123
Prenatal Services	164
<b>Total Children Served</b>	<b>2,350</b>
<b>Total Adults Served</b>	<b>2,361</b>
<b>Total Families Served</b>	<b>1,850</b>

### **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 24/7.
- Ongoing CPS services to children in the home are provided through local CPS staff.

### **Family Preservation Services**

In addition to the locally determined services described above, Michigan provides evidence-based family preservation services to prevent the need for placement or to allow an early return from placement. Each of Michigan’s family preservation models described below is based on collaboration with the family to assess their strengths and needs and providing individualized services focused on the family’s particular needs and circumstances.

### **Families First of Michigan**

Families First of Michigan is a home-based, intensive crisis intervention model supporting the CPS, foster care, adoption and juvenile justice programs. 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. Agencies that provide services to tribal children and families must ensure cultural competence in intervention. The purpose of the service model is to:

- Keep children safe in their own homes and prevent foster care placement.
- Return children to their families in a safe and timely manner.
- Provide enhanced safety for children in the home.
- Defuse the potential for violence within the family.

Examples of individualized intervention services the model provides include:

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

### **Statewide Services to Promote Permanency**

- Foster care and adoption services and 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.
- The Adoption Assistance Program provides adoption and medical subsidy and assistance with non-recurring adoption expenses for children and their adoptive families.
- The Guardianship Assistance Program provides financial support to ensure permanency for children who are placed in eligible guardianships.

### **Statewide Services for Youth Transitioning to Adulthood**

- Michigan's Chafee Foster Care Independence 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. Homeless and Runaway Youth Services are 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 provided to young people ages 16 to 21 that require support for longer periods. Services are available statewide and include crisis management, community education, counseling, placement and teaching of life skills.

## **Planned Activities for 2018**

- MDHHS will expand trauma screening for children and families to additional counties.
- MDHHS will continue to collaborate with Medicaid-funded behavioral health services to address the needs of children and families with mental and behavioral health concerns.
- MDHHS will continue to promote and support the work of the Children’s Trust Fund to prevent child abuse and neglect in local communities.
- MDHHS will enhance of CPS investigation and ongoing services through continued development of trauma-informed services and training.
- MDHHS will continue offering technical assistance to contracted family preservation program staff to ensure services are provided with fidelity to evidence-based models.
- MDHHS will continue to expand services to current and former foster children to enhance their opportunities for successful participation in higher education.
- MDHHS will assist young people who have been in or currently are in foster care with activities to promote independent living.

## **Other Services Offered in Specific Regions**

### **Family Reunification Program**

The 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. Out-of-home placement may include the following placement types:

- Residential treatment.
- Family foster care.
- Group family foster care.
- Relative placement.
- Psychiatric hospitalization.

### **Families Together Building Solutions**

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 for 90 days, and are available to families 24 hours a day, seven days a week.

The Families Together Building Solutions therapist provides services targeted to the needs of each family and include engagement, building trust, collaborative goal-setting, enhancing family functioning, task-building interventions, parenting skills, development and coaching in household management skills, communication and conflict resolution skills, and enhancing the use of community resources when appropriate. The service is available in 42 counties.

## **Behavioral Health and Disabilities Services for Children**

Children must meet eligibility criteria for Serious Emotional Disturbance or Intellectual and Developmental Disability as outlined in the Michigan Mental Health Code. The following services are available statewide, and described in the Services Continuum section of this report:

- Applied Behavior Analysis.
- Intensive Crisis Stabilization.
- Crisis Residential Services.
- Youth Peer Support.
- Parent Support Partners.

Other services for behavioral health are available in certain regions of the state:

- Wraparound.
- The Early Childhood Comprehensive Systems Grant.
- Project AWARE.
- Safe Schools/Healthy Students.

## **Planned Activities for 2018**

- MDHHS will continue exploring expanding the Family Reunification Program to additional counties to promote successful reunification with their families or in permanent placements.
- MDHHS will provide technical assistance to contracted Families Together Building Solutions programs to ensure fidelity to the model.
- MDHHS will continue collaboration with Medicaid-funded services to children and families with mental or behavioral health concerns. Planned expansion of these services is described in the Services Continuum section of this report.

## **Item 30: Individualizing Services**

### **Child Welfare Practice – the MiTEAM Model**

The MiTEAM 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 will be 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 local case management activities. County staff members that need assistance will be identified through use of the MiTEAM Fidelity Tool by supervisors. The DCQI develops and provides technical assistance to local offices and agencies resulting

from fidelity tool findings and supports the Office of Workforce Development and Training in training the model to new and transferring child welfare staff.

### **Locally Allocated Funds for Community Needs**

The 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 the 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 the 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 high 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 to meet individual needs.

### **Individualized Service Provision**

Contracted family preservation activities, including Families First of Michigan, the Family Reunification Program and Families Together Building Solutions focus on 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.

### **Progress in 2016**

- Protect MiFamily, Michigan’s Title IV-E waiver demonstration project, provides families with enhanced screening, assessment and in-home case management for a 15-month period, coupled with access to an array of support services. Evaluation results will determine efforts to expand the project.
- Protective factors were incorporated into Families First of Michigan contracts and the Title IV-E waiver, Protect MiFamily.
- Trauma-informed practice is 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 the services in family preservation contracts.
- Protective factors were incorporated in Family Reunification Program contracts effective spring 2016.
- MDHHS is responding to requirements outlined in the Preventing Sex Trafficking and Strengthening Families Act, including provisions to identify, report, document and determine services for young people victimized by, or at risk of, sex trafficking.

### **Service Array and Resource Development - Plan for Improvement**

**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.

- **E.1.1 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 safely with their parents when it is safe to do so.
- Help children in foster and adoptive placements achieve permanency.

**Measure:** To be determined.

**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.

- **E.1.2 Objective:** MDHHS' service array and resource development system will ensure services can be individualized to meet the unique needs of children and families.

**Measure:** To be determined.

**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.

### **Planned Activities for 2018**

- DCQI will collaborate with MiTEAM staff to assist caseworkers and supervisors to provide services with fidelity to the MiTEAM practice model. Technical assistance in teaming is being focused on in 2017 to ensure ongoing collaboration with families in developing their service plans.
- MDHHS will explore funding options for developing a prevention/preservation contract targeting families with children ages 5 and under experiencing challenges with substance abuse. Workers certified through the Michigan Certification Board for Addiction Professionals will provide assessment, treatment and strength-based interventions to families for six months.
- MDHHS will monitor the progress of the Title IV-E waiver service, Protect MiFamily and consider expansion of the program to additional counties.

### **Implementation Support**

- MDHHS will continue to collaborate with leaders within the state-level Recovery Oriented System of Care in 2016 to ensure substance abuse recovery services are available statewide.
- 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 for Children to ensure children who meet eligibility criteria for Serious Emotional Disturbance or Intellectual and Developmental Disability are provided appropriate 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**

- In collaboration with MiTEAM staff, DCQI will create processes for providing ongoing technical assistance in the creation of local continuous quality improvement teams to enable local offices to respond quickly and accurately 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 or technical assistance effectively 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.

### **Assessment of Performance**

Assessment of Michigan’s performance in the Agency Responsiveness to the Community systemic factor is monitored through the work of the QIC and its sub-teams, 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 ongoing participation with the Michigan Race Equity Coalition.

## **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 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.

Significant efforts were made in 2016 to identify how the program could more specifically affect permanency outcomes in the cases reviewed, as well as address systemic issues in the foster care system overall. The identified changes were implemented in March 2017. The principle change is the elimination of randomly selected cases for review and 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. This will allow resources to be focused on cases that might benefit from third party review.

In 2016, the Foster Care Review Board conducted 834 reviews involving 1,013 children. Findings from those reviews include:

- The board made 510 recommendations related to child safety.
- The board made 664 recommendations related to timely permanency.
- The board made 764 recommendations related to child well-being.
- The review board received 118 intake calls from foster parents inquiring about appealing removal decisions.
- Local review boards conducted 87 appeal hearings, supporting the foster parents 44 times (the board did not support the child's move from the foster parents home) and supporting the agency's decision to move the child 43 times.

## **Caseworker Retention**

In response to concerns expressed by the Foster Care Review Board in 2015, as well as results from Quality Service Reviews, the QIC Resource Development sub-team established three work groups to address caseworker hiring and retention issues. The three workgroups include:

- 1. CSA Hiring Protocol workgroup.** This group focuses on the effective recruitment of all prospective hires, faster processes for onboarding new staff and strategies for improving the chances for success of new hires. The following activities were undertaken in 2016:
  - Piloting county-specific postings to improve job fit with potential applicants: This has been completed for a majority of offices. The county specific postings ensure applicants are interested in the specific county that has a job opening and ensure applicants are aware of some of the exceptional characteristics of the county in which they are applying.
  - Pre-employment personality testing (demonstration project). A contract was awarded to PricewaterhouseCoopers for the development of a job fit

assessment tool specific to Michigan child welfare. The project has made substantial strides with understanding the key performance areas and personality traits that assist effectively carrying out child welfare duties. It is expected that this tool will be ready for pilot later in 2017.

- Enhanced strategies for the targeting of talent. MDHHS has implemented an “Ambassador Program” that utilizes current field staff to engage with colleges and universities across the state with social work and related human services degree programs. This program has been helpful in raising awareness about available careers within MDHHS.
  - The department is utilizing the on-line job-posting site “Indeed” to raise awareness about available job postings. In select areas, Indeed has been utilized to identify individuals with the appropriate education and experience, from which a solicitation is sent to the targeted candidate asking if they are interested in applying for work with MDHHS.
  - The department’s participation in career fairs and the Ambassador Program have nearly doubled student participation in the MDHHS Social Work Internship program. This program provides students with a first-hand understanding of the child welfare field and serves as a feeder for interested interns to move into child welfare positions in MDHHS.
  - Enhanced process for meeting staffing requirements. Local offices can initiate these activities five weeks prior to the actual vacancy date.
  - The department is strengthening its applicant pool. Local offices with higher turnover rates can opt to post openings, recruit and interview applicants every six months to build a qualified candidate pool prior to vacancies occurring. This allows the offices to fill vacancies more quickly than previously.
  - MDHHS has updated the Realistic Job Preview video that applicants are expected to view to gain an understanding of the challenges and rewards of child welfare positions. The interview process incorporates follow-up questions as part of the department’s efforts to assure that interview candidates take the opportunity to self-select out if the job is not a good fit for them.
- 2. Employee Retention workgroup.** This workgroup targets the development and implementation of specific strategies to promote increases in job satisfaction and retention of front-line public and private child welfare employees through effective employee engagement practices.
- **Manager Feedback Tool.** This is designed to provide feedback from staff concerning strengths and growth opportunities of their manager. The tool is administered anonymously and allows staff to rank their manager on a number of competencies for building resiliency and strong supports. The tool is nearly ready for pilot.
  - **Enhanced Exit Survey.** This survey explores the reasons people leave employment to assist in development of targeted management training opportunities. This survey has been completed and rolled out.

- 3. Culture Assessment and Development workgroup.** This workgroup focuses on strategies to develop and maintain strong local office cultures through a system of ongoing measurement, training and accountability of manager-level staff and above. The workgroup encourages meaningful assessment of office culture through annual organizational reviews of staff and managers in a specific county office. Organizational reviews would ideally be conducted annually and the office trend reported on directors' performance reviews. Bids for this service are awaiting award.

### **Ongoing Consultation in Implementing Provisions of the CFSP and APSR**

MDHHS has ongoing collaborative relationships with professional and citizen groups to ensure 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. These groups include:

- **The Children's Trust Fund.** In 2016, the CTF provided direct service grants that served 28 counties in evidence-based and evidence-informed services. Details about grant-funded activities are provided in the Service Array section of this document.
- **The State Child Death Review Team (Citizen Review Panel for Child Fatalities).** The Michigan Child Death Review program 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. Other members are appointed to add expertise as needed. Quarterly meetings include review of local findings and current state-level issues affecting children's health, safety and protection.
- **The Governor's Task Force on Child Abuse and Neglect (The Citizen Review Panel for Children's Protective Services, Foster Care and Adoption).** The Citizen Review Panel process includes giving 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.
- **The Michigan Youth Opportunities Initiative (MYOI) Youth Boards.** Youth boards serve as the leadership and advocacy arm of MYOI. Young people are trained in leadership, media and communication skills, including how to strategically share their story and present on panels. Local MYOI 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 QSRs.
- **Tribal State Partnership.** This group of Tribal Social Service directors, state and private agency directors and MDHHS meets 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.

- **The Medical Care Advisory Council.** The purpose of the Council is to advise the Michigan Department of Health and Human Services on policy issues related to Medicaid. In addition, 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.
- **Quality Improvement Council.** The council serves as the MDHHS 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 council consists of central office and local MDHHS and private agency managers and staff who oversee the work of sub-teams that specialize in addressing specific issues.
- **The “Michigan Equity Practice Guide for State-level Public Health Practitioners.”** This guide provides strategies, resources and examples that state-level health and social service professionals can use to put equity into practice in their everyday work.

### **Agency Responsiveness in the Provision of Quality Services**

MDHHS’ process for the assessment of current case management in communities statewide is the QSR, conducted by the DCQI in cooperation with local offices, agencies and providers. The 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. 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. The QSR is described in detail in the Quality Assurance section of the APSR.

The interviews and focus groups conducted as part of QSRs in 2016 provided Michigan with valuable feedback from stakeholders. Feedback from 2016 interviews and focus groups is summarized below. Proposed improvements resulting from stakeholder interviews and focus groups are described in several areas in this report.

### **Feedback from QSR Focus Groups and Stakeholder Interviews in 2016**

#### **Strengths**

- MDHHS and private agency staff expressed having strong positive relationships between MDHHS, the courts and service providers.
- Foster parents have strong relationships with their foster care workers, communicate with them regularly and feel supported.
- Caseworkers have strong peer-to-peer support with each other and their supervisors, as well as a strong relationship across program areas and with the local courts.
- The Michigan Youth Opportunity Initiative (MYOI) program was identified by young people as being very helpful and provides them much-needed support.
- Since entering care, MYOI youth report an improvement in their grades.

- Caseworkers appreciate the enhanced MiTEAM model and state that it promotes keeping families together and allows them to include family members as support, even if they are unable to provide placement.

### **Areas for Improvement**

- Affordable housing and transportation services are vital and rarely do counties have enough resources for families in need.
- In all counties reviewed, there is recognition that without the basic needs of housing, food or transportation, families are not able to experience benefits from services.
- Mental health services across the state need more certified trauma-informed therapists.
- A trend identified in multiple counties was the need for mental health services for adolescents, which leads to an increase in the number of children entering care due to severe behavioral issues.
- Expanding services to include families and foster parents is crucial in all areas of Michigan to support and stabilize placements.
- Young people reported sibling visits are not occurring regularly, often due to worker turnover or one or more siblings being adopted while others are still in care.
- Staff report that the amount of time required to complete paperwork takes a large amount of time away from children and families.
- Workers identified MiSACWIS payment issues take a large amount of their time.
- The time required for transporting and supervising parenting time and sibling visits can present a challenge for staff in completing their other duties.

## **Agency Responsiveness to Racial Disproportionality**

### **Michigan Race Equity Coalition**

To examine and implement strategies to address the root causes of minority overrepresentation in child welfare, state-level stakeholders formed the Michigan Race Equity Coalition. 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.

The observations by the coalition about disproportionality in Michigan’s child welfare system include: 1) measures taken to prevent children from entering the juvenile justice and child welfare systems are cost-effective; and 2) children of color experience significantly worse outcomes in the juvenile justice and child welfare systems than do non-minority children. To address these disparities, the Race Equity Coalition recommended:

- Michigan should direct resources to early childhood community-based services in communities where disproportionality exists.
- MDHHS should support the recommendation to pass a court rule requiring every court to report juvenile justice data to the State Court Administrative Office annually.

- Michigan should revise the Michigan Child Protection Law and the Juvenile Code to mirror current MDHHS policy that defines child neglect to exclude “situations solely attributable to poverty.”
- The state should engage in education and outreach to county boards and legislators about the importance of adequate staffing for data collection and reporting in child welfare and juvenile justice agencies.
- MDHHS should provide training to child welfare workers and supervisors explaining the differences between poverty and neglect and include strategies for: 1) having conversations with families about their financial situations; 2) assessing the impact of poverty on child safety and threatened harm; and 3) alleviating poverty-related issues that cause stress for families and lead to maltreatment and/or removal.
- MDHHS should establish a cultural competency/cultural humility training curriculum to increase awareness of racial and ethnic identity development and teach the importance of young people in care developing and maintaining their racial/ethnic identity. The curriculum should clarify how one’s own perceptions influence work with people from different cultures and explore how to engage in conversations about race and ethnicity.

### **Progress in 2016**

- The implementation of the MiTEAM practice model enhancements in 2016 included collaboration and implementation by external stakeholders that includes local courts, private agency providers and service providers. Highlights of the enhancements include:
  - Emphasis on family team meetings that include family input regarding:
    - Family team participants.
    - Family strengths and cultural norms.
    - Case planning through the life of the case.
    - Family guided group decision-making.
- Incorporation of cultural awareness, competence and inclusion in the MiTEAM model.
- The MiTEAM Fidelity Tool assists child welfare staff to identify strengths and needs in the implementation of the model. The tool is being piloted in Mecosta/Osceola, Lenawee and Kent counties and will be used statewide beginning in 2018.
- Prudent Parent Standards in policy were 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.

### **Progress in 2017**

- 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.

- The QSR measures “Responsiveness to Cultural Identity and Need.” The QSR assists the department in identification of case practice needs and trends.
- MDHHS developed family team meeting facilitation training to enhance family engagement by caseworkers.
- 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.
- MiTEAM materials and policy were reviewed to ensure that racial equity/cultural awareness language is aligned with QSR and MiTEAM fidelity reviews.

### **Agency Responsiveness at the Community Level**

- MDHHS county offices are tasked with working closely with local human services organizations including private agencies, schools, courts, law enforcement, public health, housing assistance, employment services, substance abuse services and community foundations.
- 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 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.

### **Agency Responsiveness to the Community - Plan for Improvement**

**Goal:** MDHHS will be responsive to the community statewide through engagement with stakeholders.

- **F.1.1 Objective:** 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:** Strengthening Our Focus Advisory Council (now known as the QIC) and sub-teams, 2015.  
**Benchmarks:**  
**2016 – 2019:** Utilize the QIC and QSR findings for consultation and collaboration.
- **F.1.2 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.

**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.
- **F.1.3 Objective:** MDHHS will integrate analysis of state data on child welfare indicators and outcomes to assess performance and trends and ensure the state’s services are coordinated with services and benefits of other federal programs.

**Measure:** Annual Implementation Report.

**Benchmarks 2016 - 2019:**

- MDHHS has developed and 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.

### **Planned Activities for 2018**

- Implementation of the MiTEAM practice model enhancements will continue statewide.
- Indicators from the MiTEAM Fidelity Tool will be implemented statewide with the model enhancements to help staff and managers assess the quality of service delivery.
- 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 State Court Administrative Office 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 sustain the efforts taken in the last year and 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.

### **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. In addition to the federal, state and local collaboration described later in this section, specific examples of collaboration are included in the respective plans for improvement in the CFSR outcomes and systemic factors addressed in this document.

Michigan's child welfare services are developed at the state level and delivered by county offices and private agencies. Local MDHHS offices operate under five Business Service Centers that are geographically based. 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.
- Family Support Subsidy.

### **Service Coordination at the State Level**

MDHHS determines eligibility, provides case management for Medicaid and administers Disability Determination Service for Title II and XVI funds.

The 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.

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. The eligibility criteria for Chafee-funded services are documented in MDHHS foster care policy. 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. As foster care caseworkers, juvenile justice specialists are offered all training opportunities on services available to youth under the Chafee program. Other examples of MDHHS inter- and intra-departmental coordination include:

- 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 staff 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 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 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 2016**

During the 2015/2016 school year, success coaches interacted with or on behalf of students, adults/caregivers, and community members to address barriers and provide referrals, resources and follow-up, as identified by success coaches. The 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. Through the removal of these barriers, success coaches were able to identify resources and remove barriers to attendance.

### **Areas with Pathways Schools**

Pathways to Potential is currently in 259 schools in the following 34 counties: Allegan, Bay, Benzie, Berrien, Calhoun, Clare, Genesee, Gladwin, Gogebic, Grand Traverse, Huron, Jackson, Kalamazoo, Kalkaska, Kent, Lapeer, Macomb, Manistee, Marquette, Mason, Mecosta, Midland, Muskegon, Newaygo, Oakland, Ogemaw, Ontonagon, Ottawa, Roscommon, Saginaw, St. Clair, Tuscola, Washtenaw and Wayne.

## **Planned Activities for 2018**

- The Pathways model will undergo a three-year evaluation by the Johnson Center at Grand Valley State University through a grant funded by the Kellogg Foundation.
- 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.

## **Implementation Support**

- 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, Wayne County. The collaboration focuses on five areas:
  - Increasing timeliness to permanency.
  - Developing procedures that identify and assess the need for trauma therapy.
  - 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.
- 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.
- MDHHS will continue to participate in the Michigan Race Equity Coalition to address issues of racial inequality in child welfare.

## **Program Support**

- Indicators from the previously piloted MiTEAM Fidelity Tool will be implemented statewide with the practice model enhancements to help staff and managers assess the quality of service delivery.
- Implementation of the MiTEAM practice model enhancements will continue statewide.
- DCQI will continue to lead continuous quality improvement efforts in local offices through collaboration with MiTEAM staff.

## 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.
- MDHHS and the Wayne County Circuit Court will continue collaborating with Casey Family Programs, as described above.
- The Pathways to Potential model will undergo a 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

Children in need of foster and adoptive homes include infants, children and youth from various ethnic and cultural backgrounds. 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. Licensing relatives for foster care and adoptive placements is a strength, and the state-administered structure ensures a smooth process for placement of children across jurisdictions.

At any given time, Michigan has approximately 13,000 children in foster care and relies on private child placing agencies to help find temporary and permanent homes for these children. Michigan has over 90 contracts with child placing agencies for foster care case management and over 60 contracts for adoption services.

### 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.

### 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 2016. 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 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.

In 2016, each county's licensing goal was analyzed and monthly targets were established to assist counties in monitoring their progress toward their unrelated licensing goal. Michigan's ongoing plan for diligent recruitment of foster and adoptive families is presented in Attachment H, Foster and Adoptive Parent Diligent Recruitment, Licensing and Retention Plan.

### **Recruitment of Foster and Adoptive Parents for Diverse Youth**

In addition to the information previously provided about the foster home estimator, 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 a vast array of foster homes available to match diversity within the county.

### **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 to all licensed foster families statewide. 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 recommendation to the division. The division 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 of Child Welfare Licensing 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.
- Children's Protective Services 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.
- Children’s Protective Services 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 and submits it with the initial licensing packet. 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. Subsequent disciplinary licensing actions are subject to appeal per MCL 722.121.

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 send an email to DCWL the next morning. DCWL 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.

### **Foster and Adoptive Parent Training**

Foster and adoptive families are provided pre-service training prior to approval as a licensed foster family or pre-adoptive placement. This training provides 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.

In Michigan, the following activities ensure that every 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 contracts adoption services with 63 private Michigan child-placing agencies. All 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 of the state of Michigan, the Interstate Compact on the Placement of Children (ICPC) must be used. The ICPC process should be initiated as early in the permanency planning process as possible. Foster care and adoption staff must coordinate the referral process through the Interstate Compact Office. 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 ICPC process.

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### **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 is not been identified 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 transfer.
- 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 transfer, 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 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 informational and referral services to families.

Progress in 2016 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 foster homes to be licensed for adolescents	Number of non-relative foster homes licensed for adolescents	Goal for non-relative foster homes to be licensed for siblings	Number of non-relative foster homes licensed for siblings	Goal for non-relative foster homes to be licensed for children with disabilities	Number of non-relative foster homes licensed for children with disabilities
Statewide Totals	1003	1071	274	232	460	582	223	702

Data Source: MDHHS Child Welfare Licensing.

From Oct. 1, 2015 to Sept. 30, 2016, MDHHS and private child placing agencies licensed:

- Over 100 percent of the non-relative foster home goal.
- Eighty-five percent of the non-relative foster home goal for adolescents.
- Over 100 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 scorecards that monitored the number of licensed homes.
- Provided 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:

- 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 for reaching 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:

- Sixty-seven percent of counties met at least 90 percent of their annual recruitment goal. This is an increase of 2 percent from 2015.
- Eighty-eight percent of counties met at least 70 percent of their annual recruitment goal. This is an increase of 9 percent from 2015.

### **Progress in 2017**

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 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, 2016 through March 31, 2017, 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 foster homes to be licensed for adolescents	Number of non-relative foster homes licensed for adolescents	Goal for non-relative foster homes to be licensed for siblings	Number of non-relative foster homes licensed for siblings	Goal for non-relative foster homes to be licensed for children with disabilities	Number of non-relative foster homes licensed for children with disabilities
Statewide Totals	1150	478	797	122	663	297	273	322

From Oct. 1, 2016 to March 31, 2017, MDHHS and private child placing agencies licensed:

- Forty-two percent of the non-relative foster home goal.
- Fifteen percent of the non-relative foster home goal for adolescents.
- Forty-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.

An enhanced non-relative licensing dashboard was released in 2017. 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.

### **Adoption and Legal Guardianship Incentive Payments**

Michigan received \$96,165 in Adoption and Legal Guardianship Incentive Funds in FY 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.

Michigan uses the following process to calculate savings and reinvestment activity expenditures:

- 1) The Data Management Unit (DMU) runs a query to determine eligible cases.
- 2) The DMU uses caseload data to calculate savings using average cost per case.
- 3) The MDHHS Budget Division pulls expenditures for all identified reinvestment funds.
- 4) Budget calculates the general fund percent using the quarterly allocation results for each expenditure type.
- 5) Budget updates adoption savings expenditure tracing form and provides it to the adoption program office.

Michigan will continue to reinvest adoption and guardianship incentive savings in allowable expenditures, including the required percentages funding post-adoption and post-guardianship services.

### **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. 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.

The statewide Parent-to-Parent Program:

- Contracts 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.

## Plan for Improvement

**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.

- **G.1.1 Objective:** 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.

- **2016 Performance:** Collaboration between local licensing agencies and the Child Welfare Licensing Division continued to ensure standards were applied equally.
- **G.1.2 Objective:** 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.

- **2016 Performance:** One hundred percent of licensed foster homes had a completed criminal history and central registry screening prior to licensure.

- **G.1.3 Objective:** 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:** Eighty percent or more of annual plans will meet 90 percent of their goal.

**2016 Performance:**

- Sixty-seven percent of counties met at least 90 percent of their annual recruitment goal. This is an increase of 2 percent from 2015.
- Eighty-eight percent of counties met at least 70 percent of their annual recruitment goal. This is an increase of 9 percent from 2015.

- **G.1.4 Objective:** MDHHS will support safe and timely placement across jurisdictions when such placement is in the best interest of the children.

**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 - 2013:** Sixty-two percent of home studies were completed with 60 days.

- **2015 Performance:** Sixty-six percent of home studies were completed within 60 days.
- **2016 Performance:** Seventy-one percent of home studies were completed in 60 days.

- **G.1.5 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.

**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:**

- Eighty percent of children available for adoption without an identified family are registered with the Michigan Adoption Resource Exchange within required timeframes.

- Eighty percent 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.

**2016 Performance:**

- Twenty-four children were registered within the required timeframes; 22 percent compliance.
- From Oct. 1, 2016 through Feb. 28, 2017, eleven children were registered within the required timeframes; 26 percent compliance.
- In 2016, 130 children were referred to the Adoption Resource Consultant Program.
- From Oct. 1, 2016 through March 31, 2016, 73 children were referred to the Adoption Resource Consultant Program.

**Planned Activities for 2018**

The following services will continue:

- 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.
  - Adoption Navigator services.
  - MARE Match Support Program.
  - The Adoption Oversight Committee will meet bi-monthly.

**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 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 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 adoptive and foster 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 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.

## **Technical Assistance and Capacity Building**

- MDHHS will continue 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.

## **CONSULTATION AND COORDINATION WITH NATIVE AMERICAN TRIBES**

### **Tribal Consultation and Coordination**

Michigan engages in government-to-government relations with the state's federally recognized tribes prescribed by Presidential Memorandum 2009 (tribal consultation), 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.

MDHHS delivers services to Michigan's 130,000 American Indians through the Office of Native American Affairs. Native American Affairs coordinates as a departmental tribal 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 and tribal consultation.

There are 12 federally recognized tribes in Michigan; two of which do not have formal Indian child welfare code pertaining to child welfare services (Match-E-Be-Nash-She-Wish Band of Potawatomi and Nottawaseppi Band of Huron Potawatomi Indians).

Where tribal government agencies do not have child welfare or tribal court services available, the state provides care and supervision for Indian child welfare cases and collaborates with tribal Indian Child Welfare Act (ICWA) coordinators on case management. Direct child welfare state services/case management are provided through 83 local MDHHS offices and private foster care providers.

In 2016, through tribal consultation agreements and meetings, the Native American Affairs director interacted with tribal nations and organizations to coordinate review of ICWA implementation in MDHHS policies and services. Participation in review of the state's APSR 2018 was also obtained through tribal consultation agreements and regular meetings.

### **Statewide Tribal Consultation**

In 2016, the Office of Native American Affairs coordinated statewide consultation for the department in the following meetings:

- MDHHS Tribal State Forum (annual), 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.
- Tribal-State Partnership meetings (quarterly), a collaborative group of Tribal Social Services directors, state and private agencies and MDHHS staff that focuses on Indian child welfare and the implementation of the Indian Child Welfare Act of 1978.
- Urban Indian State Partnership meetings (annual), a collaborative group of urban Indian organizations, state agencies and MDHHS staff focused on the challenges facing tribal at-large membership and point-of-entry for MDHHS services.
- United Tribes of Michigan meetings (quarterly; on request), 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.
- Regional Indian Outreach Workers meetings (quarterly) for professional development.
- The State Court Administrative Office Court Improvement Program statewide task force meetings (quarterly) to advocate on behalf of Indian families.
- State and tribal child welfare plans are exchanged annually on approval through the coordinated efforts of Native American Affairs and tribes. In 2018, MDHHS will exchange the state APSR with tribes at the July 2018 Tribal State Partnership meeting.

### **Consultation on Protecting Tribal Children and Providing Child Welfare Services**

MDHHS and the director of Native American Affairs meet at least annually with the federally recognized tribes at the regional Tribal-State Partnership meetings to obtain a description of responsible agencies 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.

The Nottawaseppi Huron Band of Potawatomi Indians recently drafted new child welfare code and contacted MDHHS in 2016 seeking assistance in creating a Memorandum of Understanding for child welfare services between the state and tribe. The draft memorandum is pending submission to the state at this time.

A Title IV-E Review Report was distributed to Michigan tribes in August 2016 through Native American Affairs to summarize Michigan child welfare funding questions and agreements with the department; follow-up is ongoing as tribal inquiries are received. Tribes were interested in learning how the state funds the child welfare programs and services in Michigan to incorporate funding structures into their tribal child welfare funding process and innovate tribal agreements with the state.

A system review of the MDHHS Child Placing Network to add tribal home search functionality and tribally licensed homes for best-fit potential placements for Indian children in Michigan was conducted in 2016. MDHHS determined that Indian home search options are beneficial to Indian children, and will explore enhancements to include tribal indicators and tribally licensed homes to the search functionality in 2017.

Michigan 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.

Michigan also has an ICWA agreement with the Saginaw Chippewa Indian Tribe, and negotiated a Title IV-E agreement with the Little Traverse Bay Band of Odawa Indians in 2012.

Tribes were consulted on new Child Care Fund Handbook protocol language, the MDHHS Human Trafficking Protocol, and 25 updates to Native American Affairs policy in 2016 to ensure safety, permanency and well-being of tribal children and families in Michigan.

Based on the Tribal State Forum tribal consultation discussions with MDHHS Director Nick Lyon, individual onsite consultation meetings with tribes, the Children's Services Agency and Native American Affairs will continue in 2017 and 2018.

### **Chafee Tribal Consultation and Agreements**

The Keweenaw Bay Indian Community is the only tribe in Michigan that has developed a Title

IV-E plan for child welfare maintenance and care and will administer those services independently, with the exception of Chafee services and the Education and Training Voucher program, which 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 five tribes have Youth in Transition Agreements for children under tribal court jurisdiction 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.

Review of whether tribes would like to develop, administer, supervise, or oversee Chafee, Education and Training Voucher 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 at the quarterly Tribal State Partnership meetings. In 2016, the Youth in Transition and Education and Training Voucher discussion occurred at the July 2016 Tribal State Partnership Meeting.

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 seek training schedules, track staff training, access computer-based training, and register for training sessions. Access to the system is monitored through Native American Affairs. Tribes submit staff changes to Native American Affairs for Learning Management System access as needed.

### **Ensuring Culturally Appropriate Services**

MDHHS ensured culturally relevant services to Michigan's American Indian Alaska Native residents in 2016 through:

- Participation in regional and national tribal consultation through 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 ICWA Gold Standard Trainings.
  - Attendance at the National Indian Child Welfare Association, Annual Indian Child Welfare Conference.

- Invitations to tribal representatives for participation and input on various MDHHS committees and workgroups, including the CFSR Workgroup.
- Development of grant and contract opportunities for tribal communities.
- Strengthening the MDHHS Indian Outreach Worker program through case reviews to target best practices and service barriers.
- Quarterly Tribal State Partnership meetings with representatives from Michigan's 12 federally recognized tribes, tribal organizations and local MDHHS and central office staff.
- Publishing culturally competent human service materials 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 ICWA through collaboration with tribal courts, attorneys and social services, state court administration, MDHHS Legal Division and NAA toward development and codification of the Michigan Indian Family Preservation Act (MIFPA).
- Negotiating tribal-state Title IV-E and IV-D agreements. Michigan assists the tribe(s) to access Title IV-E administrative funding, Chafee Foster Care Independence Program, 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 to sensitize consumers and vendors to issues of Native Americans in Michigan and improve cultural awareness and competence.

### **Contracting Culturally Appropriate Services**

Michigan ensured effective and culturally appropriate services in 2016 through the following contracted services:

- 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 for detention services.
- 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, and Bay Mills Indian Community foster care recruitment events and materials.

### **Service Data for American Indian Children and Families**

In 2016, MDHHS increased data reporting of Indian children in foster care to tribes from quarterly to monthly. Data reports are specific to foster care proceedings including placement in-home, adoption and juvenile justice (dual wards). The monthly average is 120 Indian children in care.

The department initiated an ongoing review of Indian data report functionality and a clean-up and quality assurance process in collaboration with the MiSACWIS team, the Data Management Unit, Business Service Center and county directors, Child Welfare Supportive Services, the Office of Workforce Development and Training and Native American Affairs in 2016. In the first quarter of FY 2017, the data cleanup process pinpointed two areas for remedy:

1. Information was not being added in the correct screens in MiSACWIS and, because of this, queries were producing inaccurate data.
2. Training for caseworkers and supervisors is needed on MiSACWIS ICWA screens.

The MiSACWIS team, in collaboration with Native American Affairs, developed an ICWA Job Aid located on the Learning Management System and added to the Office of Workforce Development and Training ICWA training. These tools were added in the second quarter of FY 2017. Training of the field on the use of the job aid will continue in 2018 and ongoing.

### **Compliance with the Indian Child Welfare Act (ICWA) Assessment of Performance**

MDHHS tribal consultation performance was measured through:

- Tribal consultation on Michigan's APSRs at quarterly Tribal State Partnership meetings in 2016 and the Tribal State Forum Meeting on Jan. 4, 2017.
- Quality Assurance Compliance Review, conducted in December 2016.
- Title IV-E Review report in 2016.
- Office of Workforce and Development mandatory ICWA training for new workers and new supervisors.
- Review of Michigan Court of Appeals ICWA/Michigan Indian Family Preservation Act (MIFPA) cases from October 2016 through March 2017.
- MiSACWIS reporting on Indian children in foster care.
- A statewide survey of county and Business Service Center directors.

Michigan demonstrated improved ICWA compliance ratings in 2016. An increase in the number of lower court decisions upheld for Indian child welfare cases between October 2015 and March 2017 were reported through the Michigan Court of Appeals. The court indicated that of the 13 contested cases, 11 lower-court decisions were upheld, one was reversed and remanded, and one was conditionally reversed.

The Bureau of Indian Affairs ICWA Final Rule, 25 CFR 23, cited Michigan as a state demonstrating Indian child welfare best practices in its published regulations in December 2016.

### **ICWA Compliance Webinar and Survey Feedback**

- The DCQI and Office of Native American Affairs convened a webinar for representatives from Michigan's tribes to gather feedback on compliance with the Indian Child Welfare Act in April 2017.
- Follow-up with Michigan tribes took place at the April 19 - 20, 2017 Tribal State Partnership meeting. Follow-up included a presentation of the aggregate feedback; eight of 12 tribes provided additional feedback at the TSP meeting.
- Individual tribal consultation discussions with tribes were ongoing from March 2017 to April 20, 2017, to gain tribal feedback for the APSR Tribal Consultation narrative.
- The American Indian Alaska Native Benchmark Data Report was disseminated to tribes on April 18, 2017, generated from MiSACWIS data.
- A survey was developed in 2017 to gain information on MDHHS 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. Twenty county directors, two Business Service Center directors and one MDHHS district managers responded. Highlights from the survey are provided, as well as a data collector with complete results.

### **Tribal Feedback on Indian Child Welfare Act Compliance**

Feedback on Michigan's performance in complying with the ICWA and the MIFPA was obtained through a Quality Assurance Compliance Review (QACR) and through an APSR Tribal Consultation webinar in April 2017. Feedback from the webinar can be seen in Attachment J, Indian Child Welfare Act Compliance Webinar and Survey Feedback.

### **County and Business Service Center Director Survey**

A survey was developed in 2017 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. Twenty county directors, two Business Service Center directors and one MDHHS district managers responded. The complete survey results can be seen in Attachment I, Indian Child Welfare Act Compliance Webinar and Survey Feedback.

## Data on Indian Child Welfare Act Compliance

- **MiSACWIS:** Ongoing monthly quality assurance of Indian foster care data reports occurred in 2016.
- **Quality Assurance Compliance Review:** This review is conducted annually. In December 2016, the review was conducted of 265 children in foster care from Oct. 1, 2015 to Sept. 30, 2016. In the sample of 265, 140 children entered into placement during the period under review; of those, seven were identified with Indian ancestry.

**Goal:** MDHHS will ensure compliance with the Indian Child Welfare Act statewide.

- **NAA 1.1 Objective:** MDHHS will increase the number of children identified as Indian at the onset of cases statewide.

**Measures:** MiSACWIS data on Indian heritage and the Quality Assurance Compliance Review (QACR).

**Benchmarks:**

- **2015 Performance - MiSACWIS:** data inconclusive.
  - **2015 Performance - QACR:** data not available.
  
  - **2016 Performance - MiSACWIS:** Ongoing monthly quality assurance of Michigan Indian Foster Care Data Reports occurred in 2016 (satisfactorily achieved).
  - **2016 Performance - QACR:** Of the 140 children placed in foster care during the period under review, 88 percent (123) demonstrated sufficient inquiry of Native American heritage; 12 percent (17) did not demonstrate sufficient inquiry.
- **NAA 1.2 Objective:** 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.
- **2015 Performance - MiSACWIS:** data inconclusive.
  - **2015 Performance - QACR:** data not available.
  
  - **2016 Performance - MiSACWIS:** Of 230 Indian children placed in foster care, 60 percent (138) indicated that tribes intervened in state court; 40 percent (91) of tribes did not intervene, or no data was recorded for tribal intervention.
  - **2016 Performance - QACR:** Of the children identified as Indian, 100 percent (7) provided timely notification to the tribe of their right to intervene.

MiSACWIS data showed the following breakdown of the 40 percent of Indian child cases with incomplete inquiry data. Each case showed a confirmed tribe in the record, suggesting contact with a tribe about the Indian child may have taken place. Inquiry of a client about Indian ancestry was missing or not completed timely.

- Inquiry of a tribe about a child's Indian ancestry was missing or not completed timely.

- Verification from an identified tribe about a child’s Indian ancestry was missing or not completed timely.

MDHHS will continue to correct MiSACWIS data on identification, notification, placement and active efforts as an ongoing quality assurance process.

- **NAA 1.3 Objective:** 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:**

- **2015 Performance - MiSACWIS:** data inconclusive.
  - **2015 Performance - QACR:** data not available.
  - **2016 Performance - MiSACWIS:** One hundred percent of the 230 Indian children placed in foster care were in ICWA preferred placements (see chart below).
  - **2016 Performance - QACR:** One hundred percent of the seven Indian children placed in foster care were in ICWA preferred placements.
- **NAA 1.4 Objective:** 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:**

- **2015 Performance - MiSACWIS:** data inconclusive.
- **2015 Performance - QACR:** data not available.
- **2016 Performance - MiSACWIS:** Of the 230 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.
- **2016 Performance - QACR:** In 100 percent (seven) of Indian child welfare cases, the court determined that active efforts were provided.

- **NAA 1.5 Objective:** 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.

- **2015 Performance - MiSACWIS:** data inconclusive.
- **2015 Performance - QACR:** data not available.
- **2016 Performance - MiSACWIS:** In 60 percent (138) of the 230 Indian child welfare cases, tribes intervened in state court.
- **2016 Performance - QACR:** For 100 percent of the seven Indian children placed in foster care, documentation demonstrated timely notification of the rights of the child’s tribe to intervene.

MISACWIS recorded the following placement types for Indian children in foster care in 2016:

<b>Placement Type</b>	<b>Number of Children</b>
Parental Home	74
Relative Foster Home	67
Licensed unrelated foster home	37
Adoptive home	12
Juvenile guardianship	11
Rental home	5
Residential home	5
Detention	5
Estates and Protected Individuals Code guardianship	3
Unrelated caregiver	3
Pre-adoptive home	2
Absent without legal permission (AWOLP)	2
College	1
Unknown	3
<b>Total</b>	<b>230</b>

### **Progress in 2016 and 2017**

- The Office of Workforce Development and Training and Native American Affairs provides ICWA/MIFPA training in pre-service and new supervisor institutes, as well as a refresher course. In 2016 the following training sessions were held:
  - ICWA/MIFPA computer based training: 751 attended.
  - ICWA/MIFPA refresher training: 13 attended.
  - ICWA/MIFPA training for supervisors: 89 attended.
- Tribal participation in the following committees was invited through email, in-person presentations, and written Tribal State Partnership Meeting updates:
  - MDHHS Defending Childhood Home Team.
  - MDHHS Human Trafficking Protocol workgroup.
  - MDHHS Safe Sleep committee.
  - MDHHS Adoption/Foster/Kinship Care Committee.
  - Michigan Human Trafficking Task Force.
  - MDHHS CFSR Steering Committee and Workgroup.
- Local case management meetings take place between tribes and county MDHHS office leadership on an ongoing basis.
- An Indian Outreach Services Business Information System Fit Analysis request was submitted.

- Case management and collection of ICWA data in MISACWIS continues to be tracked. Verification and validation of the data is continuing.
- A new MDHHS Tribal State Forum meeting was held on Jan. 4, 2017. to foster tribal consultation between Michigan tribes and Urban Indian Health Centers and the department for child welfare, Medicaid and mental health programming in Michigan.

### **Planned Activities for 2018**

- Tribal indicators and tribally licensed homes will be assessed for addition to the MDHHS Child Placing Network.
- Clean up of MiSACWIS data on identification, notification, placement and active efforts is an ongoing quality assurance process.
- MDHHS will explore ways to enhance caseworker training and understanding of identification of Native American heritage for children in foster care.
- MiSACWIS ICWA AFCARS enhancement development will be ongoing in 2017 and 2018.
- An Indian Outreach Services Business Information System Fit Analysis will occur.
- Indian child welfare case reviews will occur in 2017 and 2018.
- The National Youth in Transition Database survey and results are reviewed through the Youth in Transition program, and tribal discussion and feedback are planned for 2017.
- In collaboration with Michigan tribes, MDHHS will submit legislative changes to the Child Protection Law to list tribes as entities permitted to receive confidential Children's Protective Services information.
  - Discussions with tribes on the draft language occurred in January through April 2017. Draft language was submitted to MDHHS Legislative Services in April 2017 seeking a bill sponsor.
- Tribes will continue to have access to the MDHHS child welfare training and Learning Management System through Title IV-E and Chafee funding.

### **2018 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.
- Tribal APSR webinar and survey.
- MDHHS CFSR Steering Committee and Workgroup participation.
- ICWA case reviews.
- ICWA 40<sup>th</sup> anniversary event planning.
- Individual tribal consultation.

For more information on child welfare services in tribal communities, please visit [www.michigan.gov/americanindians](http://www.michigan.gov/americanindians).

### Service Description

MDHHS administers, supervises and oversees 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

In 2016, MDHHS continued 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 Independence 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 ensure 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 (MYOI) 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.

## **Justice for Victims of Trafficking Act of 2015 and the Trafficking Victims Protection Act**

The Michigan Legislature passed bills in 2014 to address child sex trafficking, many of which took effect in 2015. The 2014 Michigan Human Trafficking legislation includes:

### **Safe Harbor**

Safe Harbor was one of the key reforms in the 2014 Michigan human trafficking legislative package. Safe Harbor established stronger 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.

### **Progress in 2016**

#### **Collaboration**

- A workgroup of multiple agencies and stakeholders created updates to the MDHHS Human Trafficking of Children Protocol.

- An analyst position was created within the Office of Child Welfare Policy and Programs for development and oversight of policy in cases of child trafficking. This position functions as a statewide resource to child welfare staff, other state agencies, law enforcement, local courts and community stakeholders to ensure coordinated efforts.
- The theme of the annual 2016 Governor’s Task Force conference was “Michigan’s Response to Child Trafficking Policy and Practice.”
- MDHHS staff collaborated with the Human Trafficking Task Force on the development of a statewide human trafficking conference in September 2016.
  - MDHHS staff presented a breakout session on the role of child welfare workers in investigating, documenting and providing services to children who have been trafficked.
- MDHHS participated in a multi-agency workgroup facilitated by the State Court Administrative Office. The focus of the workgroup was to make recommendations to local courts, judges, referees and attorneys regarding the role of courts in cases involving human trafficking.
- Improvements in tracking victims of human trafficking in MiSACWIS were requested for both CPS and foster care.
- MDHHS developed a Title IV-E Program Improvement Plan that includes the following policy and procedural changes:
  - The Foster Child Bill of Rights and Prudent Parent Standard policies were modified to ensure foster children and foster caregivers are informed of Prudent Parent Standards supporting foster child participation in social, extracurricular, enrichment and cultural activities.
  - Foster caregivers are required to complete training on the Prudent Parent Standard.
  - Foster care workers are required to gather information during foster home visits regarding whether the youth participates in activities appropriate to their age and maturity level.
  - For young people for whom another planned permanent living arrangement is the permanency plan, the court will inquire about the youth’s participation in age-appropriate activities according to the Prudent Parent Standard.
  - Foster care policy was changed, limiting another planned permanent living arrangement to young people over 16 years.
  - CPS policy was modified to require the use of the Human Trafficking Protocol for the identification, placement and treatment of human trafficking victims.
  - Guardian Assistance Program policy was updated to allow a successor guardian for foster children whose guardians have died.

### **Planned Activities for 2018**

- The MDHHS Human Trafficking departmental analyst identifies training needs, establishes collaboration with other state agencies and interested organizations, and identifies strategies for providing services to this population.

- MDHHS will continue to cross-train with community agencies on identification of human trafficking, the role of child welfare professionals in trafficking cases and resources for treating victims.
- Additional improvements in documenting incidents of trafficking were requested in MiSACWIS to improve the accuracy of information for federal reporting. Michigan will begin reporting data on the number of identified human trafficking victims in 2019.
- 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 services after thorough assessment of their needs.

### **Housing Resources**

Recognizing that runaways and homeless youth are especially vulnerable to becoming victims of crime, including assault, theft and human trafficking, MDHHS provides services to homeless young people and those at risk of homelessness. MDHHS developed contracts to provide an array of services through its Homeless Youth and Runaway programs. These contracts ensure:

- A minimum of 25 percent of those served are former foster children or homeless due to a dissolved adoption or guardianship.
- Services are provided to foster youth who have voluntarily remained in, or returned to, foster care after their 18<sup>th</sup> birthday that are homeless or at risk of becoming homeless.

MDHHS has committed to reducing homelessness for foster alumni 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 young people ages 18 to 21.
- Participating in a new Housing and Urban Development demonstration grant to extend housing for youth eligible for the Family Unification Program for five years. The Detroit Housing Commission committed to applying for the demonstration grant and included MDHHS as their child welfare agency partner.
- Developing partnerships with faith-based organizations and community partners to expand housing opportunities for young people.
- 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
  - Providing 24-hour crisis services via 22 Homeless Youth/Runaway contracts

### **Progress in 2016**

- The Housing Specialist in the Education and Youth Services unit provided 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.

- The Homeless Youth and Runaway provider in Genesee County sponsored training for their staff and extended the invitation to other providers on providing safe and supportive services to young people who identify as LGBTQ. The training was provided by the Ruth Ellis Center, a residential program for LGBTQ youth in Wayne County.
- Participation in a new Housing and Urban Development demonstration grant to extend housing for youth eligible for the Family Unification Program for five years was approved. One hundred thirty-two young people were referred and, of these, 62 received Housing Choice Vouchers in 2016.
- Grand Traverse Continuum of Care organizations applied for and received a Homeless Youth Demonstration Program grant offered through Housing and Urban Development. The purpose of the grant is to identify strategies to meet the goal of preventing and ending homelessness for young people ages 14 to 24 by building comprehensive systems of care, rather than implementing individual or unconnected projects. The MDHHS housing specialist provides technical assistance in the development of the innovative projects to serve rural communities through this grant.

### **Planned Activities for 2018**

- MDHHS will shift Homeless Youth and Runaway contracts to the new grant format, the Electronic Grants Administration and Management System in 2018.
- MDHHS will incorporate language in the grants awarded to Homeless Youth and Runaway providers to be trauma-informed in their service delivery and trained on the needs of young people who have been trafficked or who identify as LGBTQ.
- MDHHS will continue to collaborate with the Detroit Housing Commission to provide Housing Choice Vouchers to eligible young people.
- MDHHS will seek funding opportunities with collaboration partners for youth housing through Housing and Urban Development, Michigan State Housing Development Authority and the Michigan Homeless Assistance Advisory Board.

### **Serving Youth across the State**

Independent living preparation is required for all young people in foster care ages 14 and older, regardless of their permanency goal. The goal of independent living preparation is to assist young people transitioning to self-sufficiency. MDHHS allocates funds to all 83 counties for independent living services.

Native American young people served by tribal child welfare services or MDHHS that meet eligibility criteria are eligible for Chafee and Education and Training Voucher services. 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.

To prepare for independent living, young people ages 14 and older are involved in the development of their case service plan and participate in quarterly case planning. The level of involvement in the plan and the services provided depend on the youth's developmental abilities. Beginning at age 14, young people in foster care participate in a semi-annual transition meeting to discuss their permanency goals, assess service needs and identify adults that will support them when the agency is no longer involved.

The transition plan 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. This document becomes the youth's transition plan and progress is evaluated during each meeting.

### **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 requires foster parents to encourage young people to participate in recreational activities appropriate to their age and ability. The Michigan Youth Opportunities Initiative (MYOI) utilizes Chafee funds to support youth leadership and activities in local and statewide events.

### **Progress in 2016 and 2017**

- Training was provided to child welfare caseworkers in Genesee, Monroe, Lenawee, Ingham, Kent, Macomb and Wayne counties on accessing Youth in Transition funds, new contract opportunities and benefits to older youth in foster care.
- The MYOI provided advanced leadership and advocacy training to a group of 14 young people in a second Youth Leadership Institute.
- The MYOI provided participants with an array of employment and educational opportunities to engage in activities that support their interests and develop skills to successfully transition to adulthood.
- Young people from Michigan participated in the Daniel Memorial Independent Living conference, a national three-day conference focused on building independent living skills and self-sufficiency for young people in foster care.
- Chafee-eligible young people participated in the annual Teen Conference and attended sessions on independent living skills and topics of interest to youth in foster care.
- Local MDHHS offices and private agencies provided events that fostered learning and the development of daily living skills.
- Training was provided to MYOI coordinators and Education Planners on engagement with young people who identify as LGBTQ.
- Child welfare staff receive training to access Youth in Transition funds, documentation of Chafee funded goods and services and eligibility requirements.

- Young people are provided a range of opportunities to participate in activities and events that promote their learning and development of skills of daily living.
- Training is scheduled for MYOI staff and youth board leaders regarding safe and strategic sharing and messaging.
- Strategies will be identified to publicize the services and opportunities available through the Chafee Foster Care Independence Program.

### **Planned Activities for 2018**

- The MDHHS Youth Advisory Board will be utilized for recommendations regarding improving youth engagement and access to available services and resources.

### **Youth Participation in Improving Foster Care**

**Goal:** Young people will be actively involved in developing practices, policies and procedures to improve services for young people in foster care.

### **Progress in 2016**

- The Education and Youth Services unit reached out to local youth boards to review the National Youth in Transition Database, older youth policy and service gaps.
- MDHHS provided a second group of 14 young people with advanced leadership and advocacy training through a second Youth Leadership Institute.
- MDHHS supported graduates of the Youth Leadership Institute through training.
- MDHHS utilized graduates of the Youth Leadership Institute to inform policy and practice improvements.
- A youth panel was included in the 2016 Community and Faith-Based Summit.
- Young people from MYOI who attended the Youth Leadership Institute were invited to develop an advocacy document, "VOICE IV," providing input and recommendations in child welfare to policymakers.
- Young people and child welfare staff participated in the Michigan Youth Leadership Advocacy Summit and provided opportunities to share their experience and recommendations in child welfare policy to legislatures and child welfare policymakers.

Young people in foster care participated in advocacy and outreach through:

- Foster parent PRIDE training.
- Child Welfare Training Institute panels.
- Kids Speak events for legislators and policymakers.
- Community partnership meetings.
- Permanency Forum.
- Providing information related to education supports by serving as an Education Liaison with their local youth boards.
- MDHHS workgroups including:
  - Health Advisory and Resource Team.

- Foster Care Bill of Rights.
- Local QSR focus groups.

### **Progress in 2017**

- Young people in foster care participated in workgroups and focus groups, including the LGBTQ and Residential Transformation committees.
- Young people from the Michigan Youth Opportunities Initiative participated on panels and individual presentations at conferences that focus on child welfare issues and improvement, including statewide conferences regarding education and psychotropic medication management.
- Young people in foster care participated in child welfare staff training and presentations, as well as foster home licensing training.
- Young people participated in the first meeting of the MDHHS Youth Advisory Board, which focused on an analysis of National Youth in Transition Database data to identify gaps in service areas or areas needing improvement.

### **National Youth in Transition Database**

MDHHS will continue to cooperate in evaluation of the Chafee program through the National Youth in Transition Database. Since 2011, Michigan has gathered demographic and outcome information on young people receiving independent living services. Michigan will continue to collect service and outcome data and use the data to identify areas for improvement.

Michigan recognizes the importance of collecting accurate information regarding the services provided to youth who experienced foster care and the outcomes they experience. 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 services are collected as completely and accurately as possible and to identify any updates or corrections needed in the data collection process.

**Goal:** MDHHS will use data from National Youth in Transition Database submissions to assess services provided to young people and identify types and numbers of services provided.

- Objectives:
  - MDHHS will assess Chafee services provision for Native American youth.
  - By Sept. 1, 2015, MDHHS identified the number of young people receiving independent living services and types of services provided 2011 through 2014.
  - By Sept. 30, 2015, the Education and Youth Services unit had services data that identifies the number of young people receiving independent living services by service domain for the years 2011 through 2013.

- By Sept. 1, 2016, MDHHS examined youth characteristics, foster care history and educational level to identify trends and gaps.
- By Sept. 30, 2016, the Education and Youth Services Unit examined three years of data to identify strengths and gaps in services.

**Measure:** National Youth in Transition Database.

### **Progress in 2016**

- The data query for identifying services provided to youth in foster care was updated to better capture services provided in career preparation and employment programs and vocational training.
- 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 in National Youth in Transition Database data and identify strengths and gaps in data and services.
- Data from the National Youth in Transition Database was shared at a youth board meeting that included the Michigan Youth Opportunities Initiative coordinator.
- Data and trends from the National Youth in Transition Database were shared during the Michigan Youth Leadership Advocacy Summit to an audience of young people who have experienced foster care, child welfare workers, staff from Michigan’s Children, the Michigan Department of Education, the Casey Youth Opportunities Initiative, Fostering Success Michigan and post-secondary institutions.
  - Participants were asked to provide input on priorities for using the data and ways to improve outcome survey collection.

### **Progress in 2017**

- Young leaders from the MYOI, child welfare staff, the director of Fostering Success Michigan and the Vice President of Programs for Michigan’s Children met to form the MDHHS Youth Advisory Board.
  - The services and outcome data for the first and second cohorts of the National Youth in Transition Database were reviewed and discussed.
- Training on the importance of accurate and timely collection of survey and service information was provided to analysts assigned to the Business Service Centers and Child Welfare Supportive Services.
- Monthly supervisory phone conferences were used to provide updates and information to child welfare staff regarding the importance of accurate and timely collection of surveys and documentation of services provided to youth.
- Analysis data from the National Youth in Transition Database will continue through the MDHHS Youth Advisory Board.
- Mapping of the data elements will be ongoing with the data team to ensure services provided are captured accurately.

## Planned Activities for 2018

- The MDHHS Youth Advisory Board will meet quarterly to assess service delivery, policy development and National Youth in Transition data collection.

**Goal:** During 2015 – 2019, MDHHS will develop a framework for analyzing National Youth in Transition data to inform service delivery.

- Objectives: During 2015-2019, MDHHS will:
  - Engage staff at all levels as well as youth and community partners.
  - Identify and select pertinent data.
  - Collaborate with the data team.
  - Develop an implementation plan that includes data monitoring.

**Measure:** Collaborative process for analyzing National Youth in Transition data.

### Benchmarks:

- **2015:** MDHHS will establish a focus group that includes MDHHS staff, community partners, stakeholders and young people.
- **2016:** The focus group will identify the area(s) of focus including population and key questions to be asked. Appropriate data and measures needed to answer the key questions will be agreed upon by the focus group.
- **2017 - 2019:** Strategies will be considered to address gaps and strengthen programming, and a monitoring process will be developed.

## Progress in 2016

- A focus group of youth leaders from the MYOI, 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. It was decided that an MDHHS Youth Advisory Board would be a stronger approach to identifying the gaps in services and policy implementation.
- National Youth in Transition data and trends were shared during the Michigan Youth Leadership Advocacy Summit to an audience of young people who have experienced foster care, child welfare workers, staff from Michigan’s Children, the Michigan Department of Education, the Casey Youth Opportunities Initiative, Fostering Success Michigan and post-secondary institutions.
  - Participants were asked for input on using the data and ways to improve outcome survey collection.

## Progress in 2017

- Youth leaders from the MYOI, child welfare staff, the director of Fostering Success Michigan and the Vice President of Programs for Michigan’s Children met to form the first MDHHS Youth Advisory Board.
  - The services and outcome data for the first and second cohorts of the National Youth in Transition Database were reviewed and discussed.

- Youth engagement and transition planning were among the priority areas for future discussions.

### **Planned Activities for 2018**

- The MDHHS Youth Advisory Board will review National Youth in Transition data, in combination with information and child welfare policy to provide recommendations to Children's Services Agency policymakers for areas needing improvement.

### **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 goal of independent living preparation is to assist young people transitioning to self-sufficiency. Independent living preparation for young people ages 12 and 13 is encouraged based on availability of services and need. Michigan provides age-appropriate independent living services to the following:

- Young people ages 14 through age 20 in foster care.
- Former foster children ages 18 through 20 years.
- Young people who, after age 16, have left foster care for kinship guardianship or adoption.

### **Progress in 2016**

- The first meeting of the MDHHS Youth Advisory Board analyzed National Youth in Transition data to assess barriers and strengths in service delivery, policy development and data collection.
- Members of the Youth Advisory Board included four youth leaders and representatives from key stakeholders, including MDHHS staff, Fostering Success Michigan and Michigan's Children.

### **Planned Activities for 2018**

- The Youth Advisory Board will meet quarterly to assess service delivery, identify trends and gaps in opportunities provided to youth in foster care.

### **Life Skills Assessment**

The Casey Life Skills Assessment is a free, online tool that assesses the life skills of youth in foster care as they navigate high school, post-secondary education, employment and other milestones. The assessment is completed with young people annually starting at age 14. Young people ages 14 and older are involved in the development of their service plans and participate in quarterly case planning. Beginning at age 14, young people participate in semi-annual 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, including housing, relationship skills, independent living skills, education and employment.

### **Assistance with Startup Living Expenses**

Young people 18 and older are eligible for independent living support that includes first month rent, security deposit and startup goods, with a lifetime limit of \$1,500. Room and board funds are available to young people who were in foster care at the age of 18 and have not yet reached their 21<sup>st</sup> birthday. If the youth is a parent or expecting a baby, there is an additional allowance for goods to be used specifically for the newborn.

### **Progress in 2016 and 2017**

- Training was provided to public and private child welfare staff regarding the availability of startup living expenses for eligible youth.
- Technical assistance was provided to public and private child welfare staff to support timely access and documentation of startup living expenses for eligible youth.
- Training was provided to MYOI and child welfare staff regarding eligible expenses, opportunities available to youth and documentation of Chafee fund expenditures.

### **Educational Assistance**

MDHHS education planners work with foster youth ages 14 and older. They work one-on-one to assist young people with financial aid applications and arrange college tours. With the youth, education planners address other barriers to educational success through assisting with:

- Education transportation and payment.
- Records transfer.
- Education placement determinations.
- Advocacy to remain in the school of origin.
- Resolving special education issues.
- Resolving disciplinary issues.
- Post-secondary preparation and attendance.

Education planners also assist young people to complete their financial aid applications and provide training and technical assistance to caseworkers in their counties. Currently, 16 education planners serve young people in 51 counties.

### **Progress in 2016 and 2017**

- Education policy was updated in 2016 to require caseworkers to provide education documentation to the caregivers within 14 days of placement.
- Education policy was updated in February 2017 to include requirements of the federal legislation of the Every Student Succeeds Act of 2015.
- As required by the Every Student Succeeds Act of 2015, an education point-of-contact was identified in each MDHHS county office. This person serves as the county's liaison with the local school district and a resource for child welfare staff for education issues.
- The education analyst co-presented six webinars with the Michigan Department of Education. The webinars were offered to all education planners, and education points-

of-contact, as well as the local 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 Education Well-Being Subcommittee of the Quality Improvement Council received initial data from Michigan Department of Education's Center for Education Performance and Information. The data is being assessed to determine if any education data can be identified for young people in foster care.

### **Planned Activities for 2018**

- Strategies to improve data collection on education outcomes will be identified.
- The education analyst will continue to provide technical assistance and training to child welfare staff, education planners and the education points-of-contact on education policy and school transportation procedures.

### **Personal and Emotional Support for Youth Aging out of Foster Care**

- In October 2014, an Independent Living Plus contract was implemented. Young people receive case management, weekly independent living skills coaching and support in education, mental health and employment, as developed in their individualized treatment plans.

### **Progress in 2015 and 2016**

- In 2015, contracts for mentoring services were awarded in three counties to provide personal support to young people currently or previously in foster care in areas they identified as priorities.
- In January 2016, a fourth provider was awarded a contract for mentoring youth in foster care, and in June 2016, a fifth provider was awarded a contract.

### **Planned Activities for 2017 and 2018**

- Opportunities to provide emotional support to young people transitioning to independence will be identified and strategies developed to address this need.

### **Employment Assistance**

- Local MDHHS offices collaborate with businesses and agencies in their communities to refer older youth in foster care for job training and employment opportunities. The discretionary allocation provided to county offices is used to cover the costs of a training program and provide employment services through a contract. Additionally, young people ages 14 and older are referred to the local Michigan Works! Agency for

employment supports.

### **Progress in 2016 and 2017**

- 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 up to 350 young people per year.
  - In 2016, 373 young people received services in nine Summer Youth Employment sites. Of these, 326 successfully completed the program.
  - In 2016, the minimum amount of time spent on job readiness training was increased to two weeks.

### **Program Support**

- Education planners provide resource information to public and private child welfare staff and refer young people to employment and educational programs in their area.
- In 2016, education planners were trained on employment training opportunities available to young people with an identified disability that are available through the Michigan Career and Technology Institute.
- The Education and Youth Services unit and the MYOI collaborated with Jobs for Michigan's Graduates to improve education and employment outcomes for young people in foster care in Berrien, Wayne and Genesee counties, including juvenile justice cases. Jobs for Michigan's Graduates received a grant from the Annie E. Casey Foundation to work with young people over the next three years.

### **Planned Activities for 2018**

- Strategies for collaboration with school districts will be developed to refer eligible young people to services available through the Workforce Innovation and Opportunity Act.
- The Summer Youth Employment Program will be offered in selected sites.

### **Michigan Youth Opportunities Initiative (MYOI)**

MDHHS continued to expand programming through the MYOI. Programming results in positive outcomes in permanency, education, employment, housing, health, financial management and relationships. Encouraging young people to share their insights and experiences enables MDHHS to receive critical input on current policy and practice.

- MYOI programming is offered in 64 counties.
- Eight hundred forty-seven young people were enrolled in the MYOI program at the end of 2015.
- The MYOI is available to eligible youth with abuse and neglect or juvenile justice cases.

**Goal:** During 2015 - 2019, MDHHS will use the MYOI self-evaluation to identify strategies for engagement with foster youth about gender and race disparity.

- **Objectives:**

- MDHHS will review data collected through self-evaluation to identify disparities in participation and service delivery related to gender and race.
- MDHHS will include state and national data and current research to increase engagement of foster youth by gender.
- MDHHS will collaborate with MiTEAM specialists to include training and communication for youth engagement and outreach.

**Measure:** Demographic information on MYOI enrollment.

**Benchmarks 2015 – 2019:**

- Enrollment of males in MYOI will increase annually.
- Enrollment in MYOI by race will more closely match the population of young people in their county of care.

### **Progress in 2016 and 2017**

- All MYOI sites are 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 MYOI about disparities in race and gender.
- Technical assistance is offered to Wayne and Genesee counties from the Annie E. Foundation in preparation for the training.
- MYOI staff received training on the needs of young people identifying as LGBTQ to support their understanding of diversity and inclusion.
- Technical support and training is offered to MYOI sites to increase participation and service delivery with equitable opportunities for all young people.

### **Pregnancy Prevention**

- Young people participating in the MYOI are offered monthly training regarding development of age-appropriate independent living skills in employment, education, financial competency and health. Many MYOI programs include pregnancy prevention and reproductive health as frequent training topics to all participants.
- The MYOI utilizes local experts, including Planned Parenthood, to educate young people about safe sex, pregnancy prevention and healthy relationships.

### **Planned Activities for 2018**

- Michigan will seek guidance and technical assistance from national resources, such as the Family and Youth Services Bureau to identify gaps in policy, best practices or program opportunities for pregnancy prevention.

### **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.

To assist caseworkers and others to provide culturally sensitive services to young people that identify as LGBTQ, community stakeholders and youth joined MDHHS beginning in 2014 to discuss best practice recommendations for increasing awareness and support for young people who are LGBTQ. MDHHS is committed to developing a child welfare workforce that is knowledgeable and competent to support all children in care.

## **Progress in 2016 and 2017**

### **Program Support**

- In 2016, the Education and Youth Services Unit worked with private agencies providing homeless youth/runaway services to identify training opportunities to improve contracted services to young people who are survivors of human trafficking and those who identify as LGBTQ. This training will be included in the next contract series.
- MDHHS collaborates with universities to provide training in specific topics. Addressing the needs of LGBTQ youth is included in this curriculum.
- In 2016, the Education and Youth Services Unit will assess child welfare policy and practice needs for this population in efforts to:
  - Obtain a comprehensive understanding of the needs of this population.
  - Identify gaps in MDHHS policy, practice, protocols and services for youth and families.
  - Review 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.
- 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.
- The LGBTQ workgroup is developing recommendations for policy and best practice, licensing rules and placement decisions, community resources and training needs.

### **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. Services include mental health, medical, dental, substance abuse, educational and employment support. Placements for homeless and runaway youth are available under Chafee-funded contracts. Michigan contracts with nine colleges and universities to provide independent living coaches for students currently and formerly in foster care.

To be eligible, participants must maintain employment of at least 80 hours per month or participate in an educational program. In Michigan, the majority of young people 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 that parent's 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. Participants also become ineligible when they fail to meet educational, employment, or disability-related requirements. Michigan allows unlimited exits and re-entries into Young Adult Voluntary Foster Care.

**Goal:** During 2015 - 2019, MDHHS will use the National Youth in Transition Database focus group, the self-evaluation team and the Jim Casey Youth Opportunity Initiative to assess the outcomes of young people participating in Young Adult Voluntary Foster Care.

- **Objectives:**
  - MDHHS will review housing, education and employment data to determine the status of youth exiting voluntary extension of care.
  - MDHHS will include recommendations from the focus group, self-evaluation team and the Jim Casey Youth Opportunity Initiative to develop programming.

**Measure:** Follow-up data on young people leaving foster care.

**Benchmarks – 2015 – 2019:**

The National Youth in Transition Database focus group will review data from the outcome surveys of young people at 17, 19 and 21-years-old to identify needs in education, employment and housing. Service and policy gaps will be identified and recommendations considered for improvement.

## **Progress in 2016 and 2017**

### **Program Support**

- 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.
- Policy was updated to clarify implementation of Youth Adult Voluntary Foster Care.
- Policy was updated to expand eligibility to young people who participate in volunteering in local organizations.
- Training was provided to staff from two Business Service Centers, as well as several individual counties.

- Technical assistance to field staff was enhanced through the development of a mailbox specific to Youth Adult Voluntary Foster Care policy and implementation questions.
- The MDHHS Youth Advisory Board reviewed the policy for the extension of foster care to make recommendations to MDHHS.

### **Planned Activities for 2018**

- Strategies will be identified for additional methods to communicate this opportunity to young people transitioning from the child welfare system.
- The Youth Advisory Board will meet quarterly to examine policy implementation and development challenges, including identifying and eliminating barriers in implementation of Young Adult Voluntary Foster Care.

### **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 to process applications and award scholarship funds.
  - The Education and Youth Services unit verifies eligibility for the Office of Grants and Scholarships.
- MDHHS supports 13 post-secondary institutions with campus-based supports for young people in foster care who are attending college.
- Of these, ten 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.
- The Education and Youth Services collaborates with the Education and Training Vouchers contractor and with Fostering Success Michigan to provide regional trainings on higher education supports for foster youth in universities statewide.

### **Campus Coaches**

Campus coaches assist students acclimating to campus life and reaching their education goals. In addition to campus coaches, Western Michigan University 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 2016 and 2017**

- In 2016, a third independent living skills contract was awarded to the Wayne County Community College.
- In 2016, 185 young people were served through Campus Coach contracts.
- A new contract was awarded to Grand Valley State University. Eleven institutions are now contracted to provide supports to youth in higher education.
- In 2017, seven of the independent living skills contracts expire. A new Request for Proposal was posted in April 2017.

## **Planned Activities for 2018**

- 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 regarding education opportunities and resources.

## **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 MYOI is a partnership with the Jim Casey Youth Opportunities Initiative in its 12th year of assisting older youth in foster care through training, advocacy, leadership development and financial competency.
- MDHHS provides an array of supports to young people enrolled in the MYOI. Each site collaborates with community partners and stakeholders to develop opportunities for employment, education and social activities for young people in foster care, including banks, housing developers, employers, the faith-based community and mentors.
- MDHHS collaborates with a Wayne County community stakeholder to provide the Entrepreneur Youth Program, providing opportunities for youth to connect with Wayne County business leaders for internships, mentoring and employment opportunities.
- MDHHS awarded mentor contracts to private agencies in five counties to provide one-to-one mentoring for older youth.

## **Chafee Foster Care Independence 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 Voucher program 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.

## **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 Indian Child Welfare Act training monthly for new child welfare and supervisory staff through new worker online training and facilitator-led supervisor training.
- The State Court Administrative Office 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 Voucher 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 developed a Memorandum of Understanding for each of Michigan's 12 federally recognized tribes to ensure Youth in Transition funds are available to tribal youth in foster care. The Education and Youth Unit presented at the quarterly Tribal-State Partnership meetings, provided outreach and conducted follow-up. To date, eight tribes have signed agreements. Technical assistance is offered at each quarterly meeting and 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 with policy and program updates, changes in law and topics of interest.
- Education Requirements for Youth in Foster Care; education policy and the educational needs of young people are trained.
- 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 training “Working with LGBTQ Youth,” addresses the special needs that may occur regarding sexual orientation and sexual identification.

## EDUCATION AND TRAINING VOUCHER 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.

### Education and Training Vouchers for Tribal Youth

All tribal human services directors are sent Education and Training Voucher 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 March 31, 2017)	407	150
2016-2017 School Year, estimated (July 1, 2016 to June 30, 2017)	435	165

## JUVENILE JUSTICE PROGRAMS

In 2016, MDHHS Juvenile Justice Programs continued its administration of state and federal grants and continued to manage a regional detention support service, an assignment unit for all juvenile justice residential placements and two residential juvenile justice facilities. These facilities provide treatment and detention services for delinquent youth 12- to 20-years-old who are 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, substance use disorder and mental health treatment. The residential facilities operate at the MDHHS secure level and include 24-hour, seven days per week staff supervision.

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.

### **Michigan Youth Re-Entry Initiative**

Juvenile Justice Programs implements the Michigan Youth Reentry Initiative that operates through a contract for care coordination, with an emphasis on assisting young people with medical, mental health or other functional life impairments that may impede success when re-entering the community. Juvenile Justice Programs also provides reentry services to youth with disabilities who are adjudicated through an Interagency Agreement with Michigan Rehabilitation Services.

The program delivers evidence-based and/or promising practices resulting in lower rates of recidivism, increase employment and education outcomes, and permanency for youth with disabilities when re-entering the community.

To address the needs of dual wards, or “crossover youth,” MDHHS is collaborating with Casey Family Programs to support a pilot project of the Georgetown University Center for Juvenile Justice Reform Crossover Youth Practice Model. MDHHS contracted with Georgetown to provide technical assistance to the Crossover Youth Project in Wayne County. Juvenile Justice Programs oversees and monitors this pilot. Several workgroups have been formed in Wayne County and new policies and procedures have been established for how the “crossover youth” will be identified. The full model is scheduled to launch June 2017.

**Goal:** MDHHS will establish data reports to evaluate juvenile justice programming and services.

**Status:** With the implementation of MiSACWIS, MDHHS has begun the process of creating reports to assist with the oversight and understanding of juvenile justice programs.

**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 workers and residential workers utilize the online system and document results in MiSACWIS.

### **Planned Activities for 2018**

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.
- Continue 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 establishment of 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 development of pilot county or regional programs to deliver juvenile urgent response teams that respond 24/7.
- 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.

## **JUVENILE JUSTICE TRANSFERS**

Eighty-nine young people in Michigan’s foster care system were adjudicated as delinquent in FY 2016. This data was derived from the wardship coding in MiSACWIS that counted those children and youth whose type of wardship changed from abuse/neglect to juvenile justice, or became dual abuse/neglect-juvenile justice wards in FY 2016. As of March 31, 2017, there were 192 dual abuse/neglect-juvenile justice wards, or “crossover youth” in Michigan.

The juvenile justice system in Michigan is decentralized, with each county responsible for its juvenile delinquent population. Under the Probate Code, 1939 PA 288, counties may refer a youth to MDHHS for care and supervision or commit the youth under the Youth Rehabilitation Services Act, 1974 PA 150.

## 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 the case management systems used by court programs; therefore, determining the number of dual wards or “crossover youth” 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. In October 2015, MDHHS implemented a juvenile justice case management system into MiSACWIS. MDHHS is also contracting with Georgetown University to continue spreading the Crossover Youth Practice Model to increase collaboration between courts and MDHHS for dual wards.

## SERVICE DESCRIPTION - TITLE IV-B(1) AND (2) 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) 2018 Annual Update.
- Crisis Intervention – Family Preservation Services, in addition to Title IV-B(2) funds.
- Prevention and Support Services, in addition to Title IV-B(2) funds.
- Time-Limited Family Reunification Services, in addition to Title IV-B(2) funds.
- Foster Family and Relative Care Maintenance (foster care payment) services, in addition to Title IV-E and state, local and donated funds.

### Locally Allocated Funds

The 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 the 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 the 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 high 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 services.
- Flexible funds to meet individual needs.

### **Family Preservation Services**

Each of Michigan's family preservation models is based on collaboration with the family to assess their strengths and needs and providing individualized services focused on the family's particular needs and circumstances.

- Families Together Building Solutions.
- Families First of Michigan.
- Family Reunification Program.

Service descriptions and data for MDHHS family preservation programs are provided in the Services Array and Resource Development section in this document.

### **Title IV-B(2) Service Description**

Community-based programs are key components of the MDHHS services continuum and are recommended by local stakeholders to address needs identified in their communities. Funding allocated to Michigan's 83 counties enables local MDHHS offices to contract for services to keep children safely in their homes including:

1. Strong Families/Safe Children, Michigan's Title IV-B(2) program.
2. Child Protection Community Partners program.

### 3. Child Safety and Permanency Plan program.

Local MDHHS decision-making on expenditures through the above funding is one of the ways Michigan ensures that diverse local and regional services are available that meet the needs of specific communities and regions.

#### **Strong Families/Safe Children**

Strong Families/Safe Children 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 local service delivery. The program is statewide.

#### **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 minor children who have an open foster care, juvenile justice or CPS Category I, II or III case. Services in 2015 and 2016 include:

- Parent aide services.
- Parenting education.
- 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 and:

- Increase family stability.
- Increase parenting confidence, resilience and supportive connections.
- Provide a safe, stable and supportive family environment.
- Strengthen relationships and promote healthy marriages.
- Enhance child development.

Family support services are provided to primary caregivers who meet one of the following:

- An open foster care, juvenile justice or CPS category I, II or III case.
- A MDHHS 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 in 2016 include:

- Home-based family strengthening and support services.
- Parenting education/life skills.
- Parent aide services.
- Families Together Building Solutions.
- Mentoring programs for young people and their families.

### **Title IV-B(2) Time-Limited Reunification Services**

Services are provided to children in foster care and their primary caregivers to facilitate reunification within 15 months from the date the child entered foster care. Services include:

- Individual, group and family counseling.
- Substance abuse treatment.
- Mental health services.
- Services to address domestic violence.
- Therapeutic services for families.
- Transportation to and from services.
- Wraparound coordination.
- Supportive visitation/parenting time support services.
- Parent Partners peer mentoring.
- Flexible funds for individual needs.

### **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 2015 and 2016 include:

- Adoptive family counseling and post-adoption services.
- Relative caregiver support services.
- Wraparound coordination.
- Foster and adoptive parent recruitment and support services.

### **Title IV-B(2) Percentages for 2015**

Actual expenditure percentages of total Title IV-B(2) funds in 2015 are below, along with the estimated percentages from the CFS 101, part III.

- Family Preservation, Placement Prevention, 27 percent; estimate: 20 percent.
- Family Support, 39 percent; estimate: 30 percent.
- Time-Limited Reunification, 23 percent; estimate: 20 percent.
- Adoption Promotion and Support, 9 percent; estimate: 20 percent.

- Administrative costs, 2 percent; estimate: 10 percent.

The above percentages reflect 2015 expenditures for the total 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 state resources for post-adoption counseling services and for preventive services to families.

### **Rationale for Percentage Variances in 2015**

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 for the areas of greatest need. Direct adoption services in Michigan are provided by private agencies utilizing federal, state and local funds, not including Title IV-B(2) funds. Further, there is a reduced cost for post-adoption counseling services because children receiving adoption assistance are eligible for Medicaid coverage for post-adoption counseling services.

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 in Michigan because children receiving adoption assistance are eligible for Medicaid coverage, including counseling services.

The percentage variation 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 funds in the categories of Family Preservation, Family Support and Time-Limited Reunification services.

### **Title IV-B(2) Estimated Percentages for 2018**

The Title IV-B(2) estimates for fiscal year 2018 submitted with this plan indicate that Michigan expects to spend the following percentages of Title IV-B(2) funds for the four service categories and administrative costs:

- Family Preservation: 27 percent.
- Family Support: 39 percent.
- Time-Limited Family Reunification: 22 percent.
- Adoption Promotion and Support: 10 percent.
- Administrative costs: 2 percent.

### **Rationale for Percentage Variances in 2018**

The rationale for the variance from 20 percent in each service category in 2018 matches the rationale provided for percentage variances in 2015; changes to this arrangement are not anticipated at this time.

Michigan plans to continue allocating Title IV-B(2) funds to county offices for spending in areas of need identified by those counties. Allocation of Title IV-B(2) funds to county offices allows service expenditures in the four categories to match the needs of each county, which maximizes available resources for the areas of greatest need. Since county offices do not provide direct adoption promotion and support services, needs for funds in this area are reduced in 2018, and for the foreseeable future.

## **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. There are no changes planned to Michigan's Title IV-B(2) program design for 2018.

## **SERVICES FOR CHILDREN ADOPTED FROM OTHER COUNTRIES**

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. In 2016, following a review of the 13 MiSACWIS case records of disrupted or dissolved adoptions in the state, MDHHS did not identify any internationally adoptive families.

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.

### **Activities to Support 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**

Since April 2012, MDHHS has provided 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.

## 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:

- 2014 requirement: 90 percent - Michigan achieved 96.3 percent.
- 2015 requirement: 95 percent - Michigan achieved 96.7 percent.
- 2016 requirement: 95 percent – Michigan achieved 97.1 percent.

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:

- 2014: 83.8 percent.
- 2015: 73.4 percent.
- 2016: 97.9 percent.

### **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.

### **Monthly Caseworker Visit Formula Grant**

#### **MiTEAM Enhancement and Ensuring Model Fidelity**

MDHHS is continuing to contract with the Center for the Support of Families in 2016 and has 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 utilizing the MiTEAM fidelity tool to reinforce caseworker skills and report MiTEAM fidelity trends for local planning. Enhanced MiTEAM implementation began with four regional orientations. Implementation will continue through November 2017.

#### **Foster Care Workload Study**

Caseworker visit funds were also used in 2016 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:

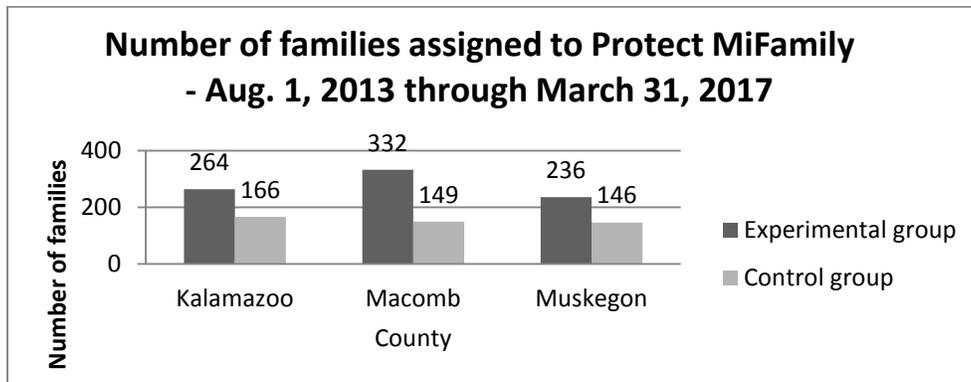
- MiSACWIS enhancements and fixes.
- MiSACWIS training.
- Parenting time plan.
- Streamlining policies.
- Secondary trauma pilot project.

### **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 seeks 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. The chart below outlines the number of families assigned to the project from the time of implementation through March 31, 2017.



Protect MiFamily uses an experimental research design in which families are referred to treatment and control groups. The experimental group is provided with 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 are provided to families selected for the control group. Title IV-B funds are used to maximize the use of flexible Title IV-E dollars in the following ways:

- Participating counties use Title IV-E flexibility to expand secondary and tertiary prevention services to improve outcomes for children and families.
- Protect MiFamily services rely on the availability of community services funded through Title IV-B. It is anticipated that the project may stimulate innovation in services and preservation activities eligible for Title IV-B reimbursement.
- To maximize the amount of funds available, Michigan will consider using reinvestment monies accumulated because of cost savings to support child welfare activities eligible for both Title IV-E and IV-B reimbursement. A priority will be placed on investing savings to prevent child abuse and neglect, preserve and reunite families and promote safety.

The Protect MiFamily project integrates 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. Interim and final evaluation reports will include process, outcome and cost/benefit analyses. The number of cases enrolled in the evaluation as of March 31, 2017 is 1,293; of these, 832 cases are in the experimental group and 461 in the control group.

Distribution of families across the three counties is approximately equal. Findings include:

- In Category II cases, families that completed the 15-month program were significantly less likely to have a child removed from the home, compared with families in the control group (7.7 percent versus 12.5 percent).
- Preliminary outcomes reported in 2016 showed that families who completed the Protect MiFamily program showed statistically significant improvement on three of the four Protective Factors Survey subscales and on three of the five Knowledge of Parenting/Child Development items.
- Satisfaction survey results across all three phases demonstrated that over 94 percent of respondents either agreed or strongly agreed that their family was getting the services they need, the same rate as the previous reporting period.

## **DCQI Review**

The DCQI reviewed the Protect MiFamily program on Oct. 24–27, 2016 at all three sites. A random sample of nine open cases were selected, three from each county. Case files from 10 closed cases were also reviewed. The review examined how the Protect MiFamily program has implemented the core competencies of the MiTEAM practice model: teaming, engagement, assessment and mentoring. The review included interviews with Protect MiFamily staff, the families being served, CPS specialists and service providers.

## **Strengths**

- Protect MiFamily program is assisting families to improve life skills through in-home parent education, budgeting, home organization and concrete assistance.
- The caregivers feel respected by the Protect MiFamily caseworkers and are generally satisfied with the program.
- Families are engaged in case planning, including the development of safety plans.
- Protect MiFamily caseworkers have made improvements engaging secondary caregivers, including those living outside the home.

## **Areas for Improvement**

- The principles of the MiTEAM practice model were not evident in case management.

- Case practice would be improved by a greater emphasis on teaming. All informal and formal supports should be participants in the teaming process.
- Protect MiFamily caseworkers could benefit from having supervisors participating in team meetings and shadowing them in the field to provide support and guidance.
- The Protect MiFamily program could benefit from regular meetings with the CPS staff to introduce new staff and address concerns.

### **Recommendations**

- Protect MiFamily should improve collaborative efforts with the local CPS staff to improve service provision, including conducting case conferences with referring workers.
- Team meetings should occur in cases when the intervention plan proves unsuccessful, or when there is a change in a family's circumstances.
- When a CPS investigation of an open Protect MiFamily case results in substantiation, an executive level review should occur to improve case practice and identify training needs.
- Protect MiFamily caseworkers should participate in a child abuse and neglect mandated reporter training to assist them to learn when a report of abuse or neglect is needed.

**CFS-101, Part I: Annual Budget Request for Title IV-B, Subpart 1 & 2 Funds, CAPTA, CFCIP, and ETV**

**For Fiscal Year 2018: October 1, 2017 through September 30, 2018**

<b>1. State or Indian Tribal Organization (ITO):</b>	Michigan	<b>2. EIN:</b> 38-6000134-C4
<b>3. Address:</b> 235 S Grand Avenue, Lansing, MI 48909		<b>4. Submission Type:</b> <input checked="" type="checkbox"/> NEW <input type="checkbox"/> REVISION
<b>5. Total estimated title IV-B Subpart 1, Child Welfare Services (CWS) funds</b>		\$8,720,800
a) Total administrative costs (not to exceed 10% of title IV-B Subpart 1 estimated allotment)		\$48,704
<b>6. Total estimated title IV-B Subpart 2, Promoting Safe and Stable Families (PSSF) funds</b> This line contains a formula to display the sum of lines 6a - 6f.		\$9,776,927
a) Total Family Preservation Services		\$2,637,824
b) Total Family Support Services		\$3,809,663
c) Total Time-Limited Family Reunification Services		\$2,221,654
d) Total Adoption Promotion and Support Services		\$937,258
e) Total Other Service Related Activities (e.g. planning)		\$0
f) Total administrative costs (FOR STATES ONLY: not to exceed 10% of title IV-B subpart 2 estimated allotment)		\$170,528
<b>7. Total estimated Monthly Caseworker Visit (MCV) funds (FOR STATES ONLY)</b>		\$563,536
a) Total administrative costs (FOR STATES ONLY: not to exceed 10% of estimated MCV allotment)		\$56,354
<b>8. Re-allotment of title IV-B subparts 1 &amp; 2 funds for States and Indian Tribal Organizations:</b>		
a) Indicate the amount of the State's/Tribe's allotment that will not be required to carry out the following programs: CWS \$ _____ PSSF \$ _____ MCV (States only) _____		
b) If additional funds become available to States and ITOs, specify the amount of additional funds the States or Tribes requesting: CWS \$ _____ PSSF \$ _____ MCV (States only) \$ _____		
<b>9. Child Abuse Prevention and Treatment Act (CAPTA) State Grant (FOR STATES ONLY)</b> Estimated amount plus additional allocation, as available.		\$720,250
<b>10. Estimated Chafee Foster Care Independence Program (CFCIP) funds</b>		\$4,254,800
a) Indicate the amount of State's or Tribe's allotment to be spent on room and board for eligible youth (not to exceed 30% of CFCIP allotment).		\$179,807
<b>11. Estimated Education and Training Voucher (ETV) funds</b>		\$1,548,387
<b>12. Re-allotment of CFCIP and ETV Program funds:</b>		
a) Indicate the amount of the State's or Tribe's allotment that will not be required to carry out the CFCIP Program.		\$
b) Indicate the amount of the State's or Tribe's allotment that will not be required to carry out the ETV Program.		\$
c) If additional funds become available to States or Tribes, specify the amount of additional funds the State or Tribe is requesting for the CFCIP Program.		\$
d) If additional funds become available to States or Tribes, specify the amount of additional funds the State or Tribe is requesting for the ETV Program.		\$
<b>13. Certification by State Agency and/or Indian Tribal Organization:</b> 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 Central Office Official</i>	
		
<i>Title</i> Dr. Herman McCall, Exec Director	<i>Title</i>	
<i>Date</i> Childrens Services Agency	<i>Date</i>	

6/26/17

CFS-101 Part II: Annual Estimated Expenditure Summary of Child and Family Services  
State or Indian Tribal Organization (TTO): Michigan

For FY 2018: OCTOBER 1, 2017 TO SEPTEMBER 30, 2018

	(A) IV-B Subpart I- CWS	(B) IV-B Subpart II- PSSF	(C) IV-B Subpart II- MCV *	(D) CAPTA*	(E) CFCIP	(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	\$ 616,948			\$ 709,750			\$ -	\$ -	N/A	160,065	709,750 Respect	Statewide
2) CRISIS INTERVENTION (FAMILY PRESERVATION)	\$ 816,699	\$ 2,637,824		-			\$ -	\$ -	N/A	5,340	Eligible Families	Statewide
3) PREVENTION & SUPPORT SERVICES (FAMILY SUPPORT)	\$ 4,486,781	\$ 3,809,663		-			\$ 159,508	\$ 2,987,587	14,282	N/A	Eligible Children	N/A
4) TIME-LIMITED FAMILY REUNIFICATION SERVICES	\$ 582,483	\$ 2,221,654		-			\$ -	\$ -	N/A	12,464	Eligible Families	Statewide
5) ADOPTION PROMOTION AND SUPPORT SERVICES	\$ -	\$ 937,258		-			\$ -	\$ -	1,818	N/A	N/A	N/A
6) OTHER SERVICE RELATED ACTIVITIES (e.g. planning)	\$ -	\$ -		-			\$ -	\$ -	N/A	N/A	N/A	N/A
7) FOSTER CARE MAINTENANCE:												
(a) FOSTER FAMILY & RELATIVE FOSTER CARE	\$ 2,169,185			-			\$ 33,466,300	\$ 60,824,900	8,746	N/A	Eligible Children	Statewide
(b) GROUP/INST CARE	\$ -			-			\$ 23,762,900	\$ 228,388,100	1,114	N/A	Eligible Children	Statewide
8) ADOPTION SUBSIDY PYMTS.	\$ -			-			\$ 92,152,790	\$ 63,390,800	23,406	N/A	N/A	N/A
9) GUARDIANSHIP ASSISTANCE PAYMENTS	\$ -			-			\$ 3,436,000	\$ 8,069,400	1,061	N/A	Eligible Children	N/A
10) INDEPENDENT LIVING SERVICES	\$ -			-			\$ -	\$ 1,063,700	2,784	N/A	Eligible Youth	Statewide
11) EDUCATION AND TRAINING VOUCHERS	\$ -			-			\$ -	\$ 387,100	435	N/A	Eligible Youth	Statewide
12) ADMINISTRATIVE COSTS	\$ 48,704	\$ 170,528	\$ 56,354				\$ 84,735,200	\$ 89,435,200				
13) FOSTER PARENT RECRUITMENT & TRAINING	\$ -			-			\$ 1,563,400	\$ 3,625,700				
14) ADOPTIVE PARENT RECRUITMENT & TRAINING	\$ -			-			\$ 1,075,300	\$ 1,925,400				
15) CHILD CARE RELATED TO EMPLOYMENT/TRAINING	\$ -			-			\$ -	\$ -	N/A	N/A	N/A	N/A
16) STAFF & EXTERNAL PARTNERS TRAINING	\$ -			-			\$ 3,014,700	\$ 5,562,400				
17) CASEWORKER RETENTION, RECRUITMENT & TRAINING	\$ -		\$ 507,182				\$ -	\$ -				
18) TOTAL	\$ 8,720,800	\$ 9,776,927	\$ 563,536	\$ 720,250	\$ 4,254,800	\$ 1,548,387	\$ 243,366,008	\$ 465,660,287	30240	177869	0	
19.) TOTALS FROM PART I	\$8,720,800	\$9,776,927	\$563,536	\$720,250	\$4,254,800	\$1,548,387						
20.) Difference (Part I - Part II)	\$0	\$0	\$0	\$0	\$0	\$0						
21.) Population data are included in the APSR/CFSFP narrative, not above in columns I - L.												

\* These columns are for States only; Indian Tribes are not required to include information on these programs.  
\*\* Only states or tribes operating an approved title IV-E waiver demonstration may enter information for rows 1-6 in column (g).

**CF-101, PART III: Annual Expenditures for Title IV-B, Subparts 1 and 2, Chafee Foster Care Independence (CFCIP) and Education And Training Voucher (ETV):  
 Reporting For Fiscal Year 2015 Grants: October 1, 2014 through September 30, 2016**

1. State or Indian Tribal Organization (TIO): Michigan		2. EIN: 38-6000134-C4		3. Address: 235 S Grand Ave, Lansing, MI 48909			
4. Submission Type: <input checked="" type="checkbox"/> NEW <input type="checkbox"/> REVISION							
Description of Funds	Estimated Expenditures for FY 15 Grants	Actual Expenditures for FY 15 Grants	Number Individuals served	Number Families served	Population served	Geographic area served	
5. Total title IV-B, subpart 1 funds	\$ 8,794,317	\$ 8,794,317	12,464	N A	Eligible Children	Statewide	
a) Administrative Costs (not to exceed 10% of title IV-B, subpart 1 total allotment)	\$ 59,050	\$ 38,157					
6. Total title IV-B, subpart 2 funds (This line contains a formula that will display the sum of lines a-f.)	\$ 9,391,187	\$ 9,776,927	N A	33,904	Eligible Families	Statewide	
a) Family Preservation Services	\$ 1,878,237	\$ 2,637,824					
b) Family Support Services	\$ 2,817,357	\$ 3,809,663					
c) Time-Limited Family Reunification Services	\$ 1,878,237	\$ 2,221,654					
d) Adoption Promotion and Support Services	\$ 1,878,237	\$ 937,258					
e) Other Service Related Activities (e.g. planning)	\$ -	\$ -					
f) Administrative Costs (FOR STATES: not to exceed 10% of total title IV-B, subpart 2 allotment)	\$ 939,119	\$ 170,528					
7. Total Monthly Caseworker Visit funds (STATES ONLY)	\$ 591,553	\$ 563,371					
a) Administrative Costs (not to exceed 10% of MCV allotment)	\$ 59,155	\$ -					
8. Total Chafee Foster Care Independence Program (CFCIP) funds	\$ 4,254,794	\$ 3,471,138					
a) Indicate the amount of allotment spent on room and board for eligible youth (not to exceed 30% of CFCIP allotment)	\$ 1,276,438	\$ 179,807	2,784	N A	Eligible Youth	Statewide	
9. Total Education and Training Voucher (ETV) funds	\$ 1,380,691	\$ 1,548,387	435	N A	Eligible Youth	Statewide	
10. 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 <i>Dr. Cecelia Henneman McCall</i>		Date 6/26/17		Signature of Central Office Official		Date	
Title Children's Services Agency, Exec Director		Title					

**Payment Limitations - Title IVB, Subpart 2**

**Date: 06/07/17**

The State of Michigan provides the following chart as verification of compliance with the non-supplantation requirements in section 432(a)(7)(A) of the Act. FY2015 expenditures reflect amounts expended for the purposes of Title IV-B, subpart 2 (family preservation & family support services) funded by State, Local and Federal sources other than Title IV-B, Subpart 2.

	1992 Base Year Expenditures	FY2015 Expenditures <sup>(1)</sup>
Federal	\$ 19,096,000	\$ 43,153,200
State / Local	\$ 25,089,700	\$ 95,534,070
Total	\$ 44,185,700	\$ 138,687,270

(1) FY2015 Title IVB, subpart 2 federal grant (\$9,776,927) and required State matching funds (\$3,258,650) are not included in reported expenditure amounts.

State of Michigan									
Comparison of FFY 2018 and FFY 2005 Title IV-B, Subpart 1 Expenditures									
Date: 06/07/17									

Summary of Michigan Financial Status Report, forms 289 and 289-101, for Title IV-B Child Welfare Program, period ended September 30, 2005 (FFY 2005):

	2005 Federal Funds (1)	2005 Non-Federal Funds	2005 Total Federal & Non-Federal	2005 Non-Federal Funds Used as 25% Match (2)	2005 Amount State Exceeded Match Requirement
(3) Administration & Other Services	\$7,567,068	\$10,993,304	\$18,560,372	\$0	\$10,993,304
Foster Care Board & Care (Maintenance)	\$2,169,185	\$62,810,809	\$64,979,994	\$3,245,418	\$59,565,391
Child Care	\$0	\$0	\$0	\$0	\$0
Adoption Assistance Payments	\$0	\$0	\$0	\$0	\$0
Totals	\$9,736,253	\$73,804,113	\$83,540,366	\$3,245,418	\$70,558,695
Michigan estimated expenditures for Title IV-B Child Welfare Program, period ended September 30, 2018 (FFY 2018):					
					0

	2018 Estimated Federal Funds (1)	2018 Estimated Non-Federal Funds	2018 Estimated Total Federal & Non-Federal	2017 Estimated Non-Federal Funds Used as 25% Match (2)	2017 Est. Amount State Exceeded Match Requirement
(3) Administration	\$48,704	\$89,435,200	\$89,483,904	\$0	\$89,435,200
Foster Care Board & Care (Maintenance)	\$2,169,185	\$60,824,900	\$62,994,085	\$2,906,933	\$57,917,967
Prevention & Family Support Services	\$4,486,781	\$2,987,587	\$7,474,368	\$0	\$2,987,587
Protective Services	\$616,948	\$0	\$616,948	\$0	\$0
Family Preservation-Crisis Intervention	\$816,699	\$0	\$816,699	\$0	\$0
Time-limited Family Reunification	\$582,483	\$0	\$582,483	\$0	\$0
Child Care	\$0	\$0	\$0	\$0	\$0
Adoption Assistance Payments	\$0	\$0	\$0	\$0	\$0
Totals	\$8,720,800	\$153,247,687	\$161,968,487	\$2,906,933	\$150,340,754
(1) Total Title IV-B, Subpart 1 funds spent for foster care maintenance = \$2,169,185, child care = \$0, adoption assistance payments = \$0.					
(2) Estimated FFY 2016 match amount from State spending on foster care maintenance payments (\$2,931,439) does not exceed the FFY 2005 match amount (\$3,245,418).					
(3) Prior to FFY 2008, ACF required distinctive tracking and reporting of foster care maintenance expenditures only. All other expenditures, services and administrative, were reported in a second category. Beginning FFY 2008, expenditures are broken-down between administration and service areas. Estimated FFY 2016 administrative costs do not exceed 10% of grant.					

**Child Abuse Prevention and Treatment Act (CAPTA)  
Grant to States for Child Abuse or Neglect Prevention and Treatment Programs  
State Plan Assurances amended by Public Law 114-198, the Comprehensive  
Addiction and Recovery Act of 2016**

**(These amendments to CAPTA were effective July 22, 2016)**

**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, or has in effect and is operating a Statewide program, relating to child abuse and neglect which includes:

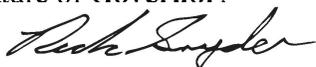
(ii) policies and procedures (including appropriate referrals to child protection service systems and for other appropriate services) to address the needs of infants born with and identified as being affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder, including a requirement that health care providers involved in the delivery or care of such infants notify the child protective services system of the occurrence of such condition of such infants, except that such notification shall not be construed to –

- (I) establish a definition under Federal law of what constitutes child abuse or neglect; or
- (II) require prosecution for any illegal action;

(iii) the development of a plan of safe care for the infant born and identified as being affected by substance abuse or withdrawal symptoms, or a Fetal Alcohol Spectrum Disorder to ensure the safety and well-being of such infant following release from the care of healthcare providers, including through –

- (I) addressing the health and substance use disorder treatment needs of the infant and affected family or caregiver; and
- (II) the development and implementation by the State of monitoring systems regarding the implementation of such plans to determine whether and in what manner local entities are providing, in accordance with State requirements, referrals to and delivery of appropriate services for the infant and affected family or caregiver.

Signature of **Governor**:



Date: 6-15-2017

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

(CB Regional Child Welfare Program Manager)

FY2017 CPS ALLOCATION

Run Date: 09/07/16	Ongoing DMU Report 9 mo Ave - low 3 mths Ongoing @ 17 Casedload	Assigned Investigations DMU Report 9 mo Average minus 3 low months @ 12	FY2017 Initial CPS Calculated Workers	Additional Positions for M/LQAV Voc/Train 24.40%	Total Rounded CPS Worker County Allocation	Additional Positions for BSC Flex 5%	Total Rounded CPS Wkr BSC Flex Allocation	Total Calculated CPS Worker	Total Rounded CPS Wks for Slupe Calculation	FY17 Final CPS Rounded Workers at 100%	FY16 Final CPS Rounded Workers	Change from FY16
BSC1	4281.5	251.88	11101.7	287.19	1507.00	58.88	61.00	1523.03	1567.00	1568.00	1562.00	6.00
ALCONNA/	4.2	0.25	11.2	0.29	2.00	0.06	6.00	1.52	2.00	2.00	2.00	0.00
IOSCO	25.7	1.51	49.2	1.37	7.00	0.28	7.00	7.26	8.00	7.00	6.00	0.00
ALPENAU/	17.5	1.03	44.3	1.15	6.00	0.24	6.00	6.11	7.00	6.00	6.00	0.00
MONTMORENCY	4.0	0.24	9.3	0.25	2.00	0.05	2.00	1.31	2.00	2.00	2.00	0.00
ALGER/	11.2	0.66	11.5	0.39	3.00	0.08	3.00	2.09	3.00	3.00	2.00	1.00
MARQUETTE/	37.7	2.22	80.2	2.17	12.00	0.44	12.00	11.51	12.00	12.00	10.00	2.00
SCHOOLCRAFT	5.3	0.31	11.0	0.30	2.00	0.06	2.00	1.59	2.00	2.00	2.00	0.00
ANTRIM/	24.2	1.42	44.7	1.26	7.00	0.26	7.00	6.66	7.00	7.00	6.00	1.00
CHARLEVOIX/	32.3	1.90	74.8	1.99	11.00	0.41	11.00	10.53	11.00	11.00	9.00	2.00
EMMET	4.3	0.25	8.2	0.23	2.00	0.05	2.00	1.21	2.00	2.00	2.00	0.00
BARAGAN/	9.0	0.53	29.3	0.73	4.00	0.15	4.00	3.85	4.00	4.00	4.00	0.00
HOUGHTON/	10.5	0.62	24.0	0.64	4.00	0.13	4.00	3.39	4.00	4.00	4.00	0.00
KEWENAUA/	12.8	0.75	35.7	0.91	5.00	0.19	5.00	4.82	5.00	5.00	5.00	0.00
MANISTEE	19.5	1.15	37.7	1.05	6.00	0.21	6.00	5.55	6.00	6.00	6.00	0.00
CHEBOYGAN/	7.3	0.43	11.0	0.33	2.00	0.07	2.00	1.74	2.00	2.00	2.00	0.00
PRESQUE ISLE	34.2	2.01	42.7	1.36	7.00	0.28	7.00	7.20	8.00	7.00	8.00	-1.00
CHIPPEWA/	4.2	0.25	9.0	0.28	2.00	0.06	2.00	1.29	2.00	2.00	2.00	0.00
LUCE/	8.2	0.48	7.8	0.28	2.00	0.06	2.00	1.47	2.00	2.00	2.00	0.00
MACKINAC/	9.5	0.56	15.2	0.44	3.00	0.09	3.00	2.36	3.00	3.00	4.00	-1.00
CRAWFORD/	6.3	0.37	12.3	0.34	2.00	0.07	2.00	1.81	2.00	2.00	2.00	0.00
OSCODA/	14.3	0.84	31.5	0.85	5.00	0.17	5.00	4.49	5.00	5.00	5.00	0.00
OTSEGO	12.7	0.75	41.3	1.02	6.00	0.21	6.00	5.42	6.00	6.00	6.00	0.00
DELTA/	5.5	0.32	25.5	0.60	4.00	0.12	4.00	3.17	4.00	4.00	4.00	0.00
DICKINSON/	11.0	0.65	24.5	0.66	4.00	0.13	4.00	3.48	4.00	4.00	4.00	0.00
MEMPHIS/	14.8	0.87	15.2	0.52	3.00	0.11	3.00	2.76	3.00	3.00	3.00	0.00
GOGEBIC/	10.3	0.61	12.3	0.40	3.00	0.08	3.00	2.12	3.00	3.00	3.00	0.00
IRON/	6.5	0.38	5.0	0.42	1.00	0.04	1.00	1.03	2.00	1.00	1.00	0.00
ONTONAGON	55.5	3.26	89.0	2.61	14.00	0.53	14.00	13.82	14.00	14.00	17.00	-3.00
GRAND TRAVERSE/	15.7	0.92	24.8	0.73	4.00	0.15	4.00	3.87	4.00	4.00	5.00	-1.00
KALASKAU/	11.0	0.65	27.3	0.71	4.00	0.15	4.00	3.78	4.00	4.00	6.00	-2.00
LEELANAU/	10.2	0.60	31.2	0.78	4.00	0.16	4.00	4.13	4.00	4.00	5.00	-1.00
OGEMAW/	59.0	3.47	94.0	2.76	15.00	0.57	15.00	14.63	15.00	15.00	13.00	2.00
ROSCOMMON												
MISSAUKEE/												
WEXFORD												
TOTAL	514.3	30.25	990.7	27.53	158.00	5.64	6.00	145.98	163.00	164.00	166.00	-2.00
BSC2							10.00			10.00	11.00	-1.00
GENESEE	127.2	7.48	362.0	9.19	47.00	1.88	6.00	48.72	49.00	47.00	49.00	-2.00
INGHAM	72.2	4.25	243.2	5.98	31.00	1.23	6.00	31.71	32.00	31.00	33.00	-2.00
SAGINAW	8.0	0.47	16.3	0.45	3.00	0.09	3.00	2.37	3.00	3.00	3.00	0.00
ARENA/C/	45.3	2.67	155.8	3.82	20.00	0.78	20.00	20.25	21.00	20.00	21.00	-1.00
BAY	20.8	1.23	53.0	1.38	8.00	0.28	8.00	7.30	8.00	8.00	8.00	0.00
CLARE/	21.8	1.28	99.3	2.33	12.00	0.48	12.00	12.37	13.00	12.00	11.00	1.00
ISABELLA	17.3	1.02	39.8	1.06	6.00	0.22	6.00	5.61	6.00	6.00	6.00	0.00
CLINTON	52.2	3.07	169.0	4.19	22.00	0.86	22.00	22.19	23.00	22.00	18.00	4.00
EATON	28.8	1.70	37.8	1.18	7.00	0.24	7.00	6.27	7.00	7.00	6.00	1.00
GLADWIN/	29.0	1.71	92.7	2.30	12.00	0.47	12.00	12.20	13.00	12.00	12.00	0.00
MIDLAND/	11.2	0.66	53.7	1.25	7.00	0.26	7.00	6.64	7.00	7.00	7.00	0.00
GRATIOT/	32.7	1.92	90.7	2.31	12.00	0.47	12.00	12.26	13.00	12.00	13.00	-1.00
SHAWANASSEE	16.8	0.99	37.8	1.01	6.00	0.21	6.00	5.36	6.00	6.00	5.00	1.00
HURON/	40.0	2.35	65.5	1.91	10.00	0.39	10.00	10.11	11.00	10.00	12.00	-2.00
LAPEER/	26.3	1.55	73.8	1.88	10.00	0.39	10.00	9.97	10.00	10.00	9.00	1.00
TUSCOLA	69.7	4.10	167.3	4.40	23.00	0.90	23.00	23.35	24.00	23.00	27.00	-4.00
ST. CLAIR/	23.5	1.38	50.3	1.36	7.00	0.28	7.00	7.22	8.00	7.00	8.00	-1.00
SANILAC												
TOTAL	642.8	37.81	1808.2	45.99	243.00	9.42	10.00	243.91	254.00	253.00	259.00	-6.00

**FY2017 CPS ALLOCATION**

Run Date: 09/07/16	Ongoing DMU Report 9 mo Ave - low 3 mths Ongoing Caseload @ 17	Assigned Investigation DMU Report 9 mo Average minus three low months @ 12	FY2017 Initial CPS Calculated Workers	Additional Positions for MLOA/ Vac/Train 24.40%	Total Rounded CPS Worker County Allocation	Additional Positions for BSC Flex 5%	Total Rounded CPS Wkr BSC Flex Allocation 14.00	Total Calculated CPS Worker	Total Rounded CPS Wks for Supp Calculation	FY17 Final CPS Rounded Workers #100%	FY16 Final CPS Rounded Workers	Change from FY16
BSC 3	74.3 4.37 231.0 13.59	238.5 0.0 435.7 0.0	24.25 49.89	5.92 12.17	31.00 63.00	1.21 2.49	14.00	31.38 64.56	32.00 65.00	31.00 63.00	25.00 64.00	-1.00 -1.00
BERRIEN	74.3 4.37	238.5 0.0	24.25	5.92	31.00	1.21	14.00	31.38	32.00	31.00	25.00	-1.00
KALAMAZOO	231.0 13.59	435.7 0.0	49.89	12.17	63.00	2.49		64.56	65.00	63.00	64.00	-1.00
KENT		0.00										
MUSKEGON	232.7 13.69	293.3 0.0	38.13	9.30	48.00	1.91		49.34	50.00	48.00	44.00	4.00
OTTAWA	74.7 4.39	167.3 0.0	18.34	4.47	23.00	0.92		23.73	24.00	23.00	26.00	-3.00
VAN BUREN	56.0 3.29	105.2 0.0	12.06	2.94	16.00	0.60		15.60	16.00	16.00	15.00	1.00
ALLEGAN/	127.2 7.48	162.2 0.0	20.99	5.12	27.00	1.05		27.17	28.00	27.00	23.00	4.00
BARRY	39.5 2.32	82.8 0.0	6.90	2.25	12.00	0.46		11.94	12.00	12.00	11.00	1.00
BRANCH/	46.2 2.72	57.0 0.0	4.75	1.82	10.00	0.37		9.66	10.00	10.00	11.00	-1.00
CALHOUN	83.0 4.88	172.5 0.0	7.47	4.70	24.00	0.96		24.92	25.00	24.00	30.00	-6.00
CASS/	22.5 1.32	69.5 0.0	5.79	1.74	9.00	0.36		9.21	10.00	9.00	9.00	0.00
ST. JOSEPH	45.0 2.65	80.8 0.0	6.74	2.29	12.00	0.47		12.14	13.00	12.00	15.00	-3.00
IONIA/	26.5 1.56	84.8 0.0	7.07	2.11	11.00	0.43		11.16	12.00	11.00	13.00	-2.00
MONTCALM	46.8 2.75	156.5 0.0	15.80	3.85	20.00	0.79		20.44	21.00	20.00	16.00	4.00
LAKE/	16.2 0.95	27.5 0.0	3.24	0.79	5.00	0.16		4.20	5.00	5.00	4.00	1.00
NEWAYGO	68.7 4.04	103.5 0.0	12.66	3.09	16.00	0.63		16.39	17.00	16.00	12.00	4.00
MASON/	39.5 2.32	59.7 0.0	7.30	1.78	10.00	0.36		9.44	10.00	10.00	7.00	3.00
OCEANA	35.0 2.06	40.5 0.0	3.38	1.33	7.00	0.27		7.03	8.00	7.00	7.00	0.00
MECOSTA/	54.5 3.21	75.3 0.0	9.48	2.31	12.00	0.47		12.27	13.00	12.00	15.00	-3.00
OSCEOLA												
<b>TOTAL</b>	<b>1319.2 77.60</b>	<b>2412.7 0.0</b>	<b>278.65</b>	<b>67.99</b>	<b>356.00</b>	<b>13.93</b>	<b>14.00</b>	<b>360.58</b>	<b>371.00</b>	<b>370.00</b>	<b>362.00</b>	<b>8.00</b>
<b>BSC 4</b>							<b>5.00</b>			<b>5.00</b>	<b>6.00</b>	<b>-1.00</b>
LIVINGSTON	49.2 2.89	72.7 0.0	6.06	2.18	12.00	0.45		11.58	12.00	12.00	16.00	-4.00
MACOMB			0.00									
OAKLAND			0.00									
WASHTENAW	65.0 3.82	207.5 0.0	21.12	5.15	27.00	1.06		27.32	28.00	27.00	29.00	-2.00
WAYNE			0.00									
HILLSDALE/	25.7 1.51	69.3 0.0	7.29	1.78	10.00	0.36		9.43	10.00	10.00	10.00	0.00
JACKSON	94.0 5.53	324.3 0.0	32.56	7.94	41.00	1.63		42.13	43.00	41.00	35.00	6.00
LENAWEE/	37.3 2.20	122.7 0.0	12.42	3.03	16.00	0.62		16.07	17.00	16.00	14.00	2.00
MONROE	45.2 2.66	141.5 0.0	14.45	3.53	18.00	0.72		18.70	19.00	18.00	20.00	-2.00
<b>TOTAL</b>	<b>316.3 18.61</b>	<b>938.0 0.0</b>	<b>96.77</b>	<b>23.61</b>	<b>124.00</b>	<b>4.84</b>	<b>5.00</b>	<b>125.23</b>	<b>129.00</b>	<b>129.00</b>	<b>130.00</b>	<b>-1.00</b>
<b>BSC 5</b>							<b>26.00</b>			<b>26.00</b>	<b>27.00</b>	<b>-1.00</b>
GENESEE CSA	185.5 10.91	641.8 0.0	53.49	15.71	81.00	3.22		83.33	84.00	81.00	82.00	-1.00
KENT CSA	274.2 16.13	715.3 0.0	59.61	18.48	95.00	3.79		98.01	99.00	95.00	107.00	-12.00
MACOMB CSA	195.0 11.47	518.7 0.0	43.22	13.35	69.00	2.73		70.77	71.00	69.00	78.00	-9.00
OAKLAND CSA	288.5 16.97	636.2 0.0	53.01	17.08	88.00	3.50		90.56	91.00	88.00	99.00	-11.00
WAYNE CSA	545.7 32.10	2440.2 0.0	203.35	57.45	293.00	11.77		304.67	305.00	293.00	252.00	41.00
<b>TOTAL</b>	<b>1488.8 87.58</b>	<b>4952.2 0.0</b>	<b>500.26</b>	<b>122.06</b>	<b>626.00</b>	<b>25.01</b>	<b>26.00</b>	<b>647.34</b>	<b>650.00</b>	<b>647.34</b>	<b>645.00</b>	<b>7.00</b>
<b>CSA</b>												
<b>STATE TOTAL</b>	<b>4281.5 251.85</b>	<b>11101.7 0.0</b>	<b>1176.99</b>	<b>287.19</b>	<b>1507.00</b>	<b>58.85</b>	<b>61.00</b>	<b>1523.03</b>	<b>1567.00</b>	<b>1565.00</b>	<b>1562.00</b>	<b>6.00</b>

**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 Department of Health and Human Services 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 assignments for this level are MiTEAM Specialist and 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)

### MiTEAM Specialist:

Model, coach, train, observe and provide feedback to Child Welfare Workers to develop and increase their knowledge, skills and abilities related to MiTEAM competencies.

Collaborate with local offices to gather, assess, and analyze available data regarding county trends in case practice.

Participate in creating local improvement plans aimed at addressing identified trends and factors contributing to those trends.

Support local and statewide efforts to improve and implement policy and programs that will strengthen case practice.

Participate in MDHHS Strengthening Our Focus on Children and Families Implementation Efforts.

Coordinates team meetings by determining who the participants will be.

Serves as team leader during the team meetings by facilitating case planning and problem resolution and encouraging participation of all team members.

Provides expertise to the team members regarding child welfare legal requirements, policies, and procedures.

### 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 set priorities and assign work to other professionals.

Ability to organize and coordinate the work of others.

Ability to organize and facilitate meetings.

Ability to maintain confidentiality in accordance with laws, regulations, policies, and procedures.

Knowledge of federal and state mandated confidentiality laws; ability to accurately apply these laws and redact documents accordingly.

Ability to utilize the competencies of teaming, engagement, assessment, and mentoring in all aspects of job responsibilities.

#### **Services Specialist 12 (Senior Worker)**

Ability to organize and facilitate meetings.

Knowledge of child welfare statutes, policies, and procedures.

Knowledge of group dynamics and processes.

Knowledge of risk assessment.

Ability to maintain confidentiality in accordance with laws, regulations, policies, and procedures.

Knowledge of federal and state mandated confidentiality laws; ability to accurately apply these laws and redact documents accordingly.

Knowledge of how to prepare legal documents, forms and petitions.

Knowledge of how to utilize state tools and systems to record case assessments and actions.

Ability to be proficient at teaming, engaging, assessing and mentoring.

Ability to impact change by using leadership skills.

Ability to use conflict resolution, respectful communication, facilitation, negotiation and organizational skills.

Ability to work autonomously.

Ability to enhance and develop the knowledge and skills needed to act as a technical expert.

Ability to collect and use critical thinking to analyze data.

Ability to work with several different software systems.

Ability to professionally communicate both in writing and orally.

Ability to utilize the competencies of teaming, engagement, assessment, and mentoring in all aspects of job responsibilities.

### **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, guidance/school counseling, counseling psychology, criminal justice, or human services.

### **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**

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

KM

09/13/2015

## **Michigan Citizen Review Panels 2016 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 2016 activities, findings, and complete recommendations for each of the panels.

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

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

**Recommendation #1: The Prevention Panel recommends that MDHHS work closely with its Regional Business Centers and County Offices to explore ways to promote the 211 system as a resource.**

**The Prevention Panel recommends that strategies could include: distributing information to families with whom workers and staff come in contact; promoting 211 on state and local websites with links to the 211 system; and assure contract agencies engage in promotional activities.**

### **MDHHS Response:**

MDHHS agrees with the importance of providing relevant community resources to families with whom contact is made. Children's Protective Services (CPS) policy requires that the assigned worker must inform families of available community resources commensurate with the risk to the child. However, promotion of one specific statewide service, such as 211, would not be appropriate and may not be beneficial to each family for access to community specific resources. Caseworkers are able to provide the 211 resource when appropriate, but based on policy requirements and varying needs of each family, MDHHS does not agree that promotion of the 211 resource on a large scale is necessary or appropriate at this time.

**Recommendation #2: The Prevention Panel recommends that MDHHS find funding to provide the statewide Pathways to Potential initiative with funding to address the unmet need of funding for tangible support for families when it is warranted.**

### **MDHHS Response:**

MDHHS agrees with the importance of addressing the needs of families involved with the Pathways to Potential Program. If the family has an active child welfare case, local office funds can be accessed to assist families in need of specific items to maintain children in their parental home. CPS Program Office will meet with the Prevention Panel in the summer of 2017 to discuss opportunities to reach out to local county leadership in an effort to ensure staff are aware of and appropriately utilizing these funds.

**Recommendation #3: In 2015 the Prevention Panel recommended that the Protect MiFamily efforts to use the Strengthening Families/Protective Factors framework for case planning be expanded for use in all case services planning in child welfare. As part of this process, the panel recommends that the Illinois approach to case service planning in child protection cases be reviewed.**

**MDHHS Response:**

MDHHS agrees that specific Strengthening Families/Protective Factors (SF/PF) resources are beneficial for staff to increase understanding and connection. The MDHHS MiTEAM Unit has worked diligently to increase staff understanding of the clear connection between the MiTEAM practice and the Protective Factors Framework. Specifically:

- The MiTEAM Virtual Learning Site resource page now has a link to The National Alliance of Children's Trust and Prevention Funds (Alliance) website that offers online training regarding the SF/PF Framework.
- In January 2017, MiTEAM specialists and liaisons across the state led a training with frontline workers that focuses on how to use the SF/PF Framework to engage families in the assessment process. The MiTEAM specialists and liaisons were provided handouts from the Center for the Study of Social Policy on each protective factor.
- In February of 2017, MiTEAM Specialist conducted the trainings that introduced the SF/PF Framework to frontline child welfare staff and provided them different experiential learning opportunities to reinforce the lesson.

In addition, Protect MiFamily staff have successfully utilized the SF/PF Framework within their practice, and MDHHS agrees that focus on building protective factors is a crucial part of effective case planning and practice. While the MiTEAM training and orientation does not specifically incorporate the Protective Factors language, it includes several examples of how the SF/PF Framework aligns with this work, including:

- How focus on trauma ties to resilience (for families served and for staff experiencing secondary trauma).
- Promoting efforts to make formal and informal connections.
- Encouragement of parenting classes and parenting support to increase parents' skills and knowledge when identified as a need.
- Promoting efforts to mitigate immediate needs (housing, transportation, etc.) as examples of concrete support in times of need.
- Placing value on partnering with families to plan for long term goals and set the family up for success.

**Recommendation #4: The Prevention Panel recommends that MDHHS continue to use the inter-departmental Michigan Infant Safe Sleep Advisory Committee to further explore ways in which the efforts of community health professionals can be better integrated into MDHHS child welfare work. This includes the development of a web-based safe sleep professional resource site.**

**The Prevention Panel recommends that MDHHS continue its efforts that have been discussed such as comprehensive education efforts in high risk**

**communities involving a home visitation component as well as other approaches.**

**MDHHS Response:**

MDHHS agrees that continual integration of safe sleep education into child welfare work is critical. The MDHHS safe sleep website ([www.michigan.gov/safesleep](http://www.michigan.gov/safesleep)) has a link dedicated to professionals who work with caregivers of infants (one year and under) regarding safe sleep practices. MDHHS also contracts with the Michigan Public Health Institute to provide a comprehensive statewide training to professionals centered on infant safe sleep, which will continue to be available throughout 2018. Further MDHHS has recently completed an updated mandated reporter train-the-trainer session with more focus on Michigan's birthing hospitals. Throughout the remainder of 2017 and 2018, MDHHS mandated reporter trainers will be making contacts with these hospitals to provide updated information on mandated reporting and recent changes to MDHHS policy as a result of the Comprehensive Addiction and Recovery Act (CARA) legislation that impacts public health professionals. MDHHS would welcome input from the Prevention CRP as to how to more effectively engage public health partners in child welfare work outside of current activities. CPS Program Office will discuss these opportunities with the Prevention Panel in the summer of 2017.

**Recommendation #5: With the prevention definition established in MDHHS policy, the Prevention Panel recommends that the definition be used as a basis to assess the status of prevention programming that is supported through various funding streams and initiatives within MDHHS. The focus of the assessment should be on secondary and tertiary prevention as articulated in the MDHHS prevention definition.**

**MDHHS Response:**

MDHHS agrees with this recommendation, and would invite a member of the prevention CRP to attend a Quality Improvement Council (QIC) safety subcommittee meeting to further discuss this recommendation and provide MDHHS with input on how this could be achieved.

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

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

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

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

**Recommendation #1: In 2015, the panel recommended that training be delivered in a purposeful manner for foster parents so that key topics are consistently addressed (such as trauma); training opportunities be accessible and increased (particularly for caregivers with children/youth who have experienced trauma, are at high risk for behavioral challenges, or present other complications); and that an organization such as a statewide foster parent association be considered so that foster parents have positive and ongoing opportunities for mentorships and other support, resources and training, and a voice in the child welfare system.**

**MDHHS Response:**

To address foster parent training needs and as part of the Adoptive and Foster Parent Recruitment and Retention (AFPRR) planning, each county creates an annual training plan based on the needs of their relative caregivers and foster parents and uses AFPRR funds to pay for training and presenters. Common training topics include: Trauma, Attention Deficit Hyperactivity Disorder, Special Investigations, Working with the Courts, and Being a Member of a Team. To determine training needs, each county uses information gathered at AFPRR planning meetings that include representation from private agencies, foster families, and licensing staff. In addition to county specific training plans, an annual Statewide Foster, Adoptive, and Kinship Parent Conference is planned by the Foster, Adoptive and Kinship Parent Collaborative Council, a united collaboration of MDHHS, tribes, and parent-led organizations that encourage mutual support by informing, advocating, and educating on behalf of children and families utilizing Michigan's child welfare programs. This two-day training offers an opportunity for all foster parents throughout the state to attend quality,

relevant trainings, free of charge. Training topics are planned based on suggestions and survey results from previous conferences and suggestions from the Foster, Adoptive and Kinship Parent Collaborative Council. The Foster Care Navigator Program reaches out to communities to assess the need for foster parent support groups and if needed, will develop community foster parent support groups.

As part of MDHHS's current Children's Trauma Initiative, staff from Community Mental Health Service Programs (CMHSPs) have been training to provide a psycho-education curriculum for birth, foster, and adoptive parents. This curriculum provides education, support, and resources for caregivers who are raising children who have experienced trauma. There are a number of CMHSPs that work with local MDHHS offices to provide this training to foster and adoptive parents.

MDHHS has also offered Resource Parent Trauma Informed Care Training to relative caregivers and foster parents in many communities throughout the state. In addition, MDHHS has a current contract with major universities to offer training sessions to relative caregivers and foster parents, including training pertaining to trauma. These are free of charge and available in communities across the state.

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

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

**MDHHS Response:**

MDHHS agrees with this recommendation. Efforts continue within the department to promote caseworker retention through the MDHHS Quality Improvement

Council (QIC). Within QIC, a sub-team has been established and meets regularly to address caseworker recruitment and retention concerns. The Office of Workforce Development and Training (OWDT) and the QIC training subcommittee continue to work together to revamp the new worker and supervisor training to ensure that the necessary skills for success are being adequately provided.

MDHHS recognizes the importance of training and mentorship for new hires. MDHHS mandates that new hires complete a nine week training through OWDT that encompasses topic areas such as the Child Protection Law, MDHHS program specific policy, court testimony, substance use disorders, the MiTEAM case practice model, poverty, mental health, safety, and documentation.

Training is presented in a wide array of formats in an effort to be conducive to all learning types. During the first several months, new hires are assigned an experienced mentor that has strong policy knowledge, superior coaching skills, solid decision making skills, efficiency in caseload management and a positive perception of the MDHHS mission. The mentor will assist the new worker in acclimating to local county processes, resources, and court system, and provide shadowing opportunities for all caseload responsibilities.

Additionally, MDHHS has a contract with the National Council on Crime and Delinquency to perform both a foster care and Children's Protective Services workload study to assess if caseload ratios for staff are appropriate. The foster care caseload study has been completed and results have been received by the department. The Children's Protective Services workload study is in progress. MDHHS is currently taking the results and analysis of the foster care caseload study under advisement in determining the best course of action moving forward regarding child welfare caseloads. Labor research findings typically show a workload reduction supports worker retention and higher worker retention rates subsequently stabilize and leads to a more competent work force.

MDHHS continues to prioritize the importance of trauma-informed practice, as well as secondary trauma for staff. The current trauma initiatives are:

- *Secondary Traumatic Stress Training* – Contract awarded to Western Michigan University's Children's Trauma Assessment Center (CTAC). This training is for individuals in leadership positions and trains them on the implementation of secondary traumatic stress teams for local offices.
- *Trauma Screening* – Contract awarded to CTAC for the implementation of a statewide trauma screening within child welfare. Over half of MDHHS county offices have already implemented trauma screenings in their local offices.
- *Local Office Culture and Climate Assessment and Development* – Contract awarded to CTAC for a climate and culture assessment survey for local office along with the development of a plan for culture/climate improvement for each county.

- *Comprehensive Trauma Assessment Contracts* – These contracts began June 1, 2017 and were awarded to 8 service providers in 12 regions across the state. These contacts will ensure that children who are part of the child welfare system are screened by providers that hold a contracts with MDHHS and are adhering to standards/outcomes identified by MDHHS.
- *Trauma and Toxic Stress Website* – Provides information and tools for various providers on the screening, assessment and treatment of trauma, and promoting and building a trauma-informed agency/community. Website address:[http://www.michigan.gov/mdhhs/0,5885,7-339-73971\\_4911\\_69588---,00.html](http://www.michigan.gov/mdhhs/0,5885,7-339-73971_4911_69588---,00.html)

There are currently several trauma initiatives operating in nearly every Michigan county at this time. See attachment.

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

**MDHHS Response:**

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

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

**MDHHS Response:**

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

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

The combination of case reviews and stakeholder interviews/focus groups allows for an overall assessment of case practice within the community. Preliminary results of the QSR are presented to county leadership and their private agency partners. The results include case stories regarding each case reviewed, trends of the strengths and opportunities for improvement within the community's child welfare system including any gaps in service provision. A more in-depth report regarding the reviews is written and provided to the MDHHS county director, Business Service Center (BSC) director and directors of the local private agency foster care agencies (PAFC). Review findings are used by the BSC, county leadership and their community partners to support efforts to improve practice and reduce systemic barriers.

State-level systemic barriers identified are presented to the Quality Improvement Council (QIC) or one of its sub-teams, which include:

- Permanency
- Safety
- Well-being
- Placement
- Data
- Service Array
- Communications
- Training

QIC and its sub-teams work to address current issues/barriers in a coordinated manner.

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

**MDHHS Response:**

MDHHS is not involved in establishing pay rates for child placing agency workers; child placing agencies set their employee pay rate without any guidance from MDHHS. The administrative rate paid to contract child placing agencies is to cover the administrative costs relative to case management of foster care cases, including costs for case managers and supervisors. The administrative rate for

foster care case management is specified by the legislature in the MDHHS appropriations act each year.

MDHHS has oversight of public-private issues at the local and state levels. Each case that is purchased for case management services through the child welfare system is assigned an MDHHS monitor through MiSACWIS. Within MiSACWIS, payments are approved to ensure timeliness and accuracy. On a state level, the Division of Child Welfare Licensing conducts annual site visits with all child placing agencies to assess compliance with licensing rules, contracts, and MDHHS policy.

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

**MDHHS Response:**

MDHHS is committed to statewide implementation of the MiTEAM Case Practice Model, which includes crucial components of trauma informed practice, as well as secondary trauma. Staff in each MDHHS local office will be trained to recognize both primary and secondary trauma. This training incorporates real examples and typical situations that child welfare staff encounter, which may include such topics as substance abuse. The training is intended to be provided in such a way that will ensure consistency in training curriculum and facilitation statewide. Full statewide roll-out of the MiTEAM model, including the Secondary Traumatic Stress Training is anticipated to be completed by 2017. MDHHS in collaboration with most major universities and colleges within Michigan, the Office of Worker Development and Learning, and the department's online programs are able to offer training on special topics such as substance abuse, mental health, trauma, child development, domestic violence, education, and poverty.

**Recommendation #6: Permanency considerations for children and youth are crucial for positive outcomes. Permanency efforts are compromised by worker turnover and placement instability. Addressing these factors must be a priority. Youth aging out of care continue to face multiple challenges and service needs. The programs to assist youth to get to college have had some success; there needs to be other initiatives to address the many youth who feel left behind and have ongoing complications due to the trauma experiences in their lives.**

**MDHHS Response:**

MDHHS agrees that permanency considerations as well as worker and placement stability are key. Through employee engagement efforts, as well as an increased focus on secondary trauma, MDHHS continues to strive to retain front line staff to ensure consistency for the children and families served. MDHHS continues to elicit

feedback from staff on how to better engage employees and remains open to suggestions from the Citizen Review Panel.

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

MDHHS agrees that there are multiple challenges and service needs for youth aging out of the foster care system. Youth engagement is key in identifying supportive adults who will provide a lifelong connection after discharge from foster care. Throughout their time in foster care, older youth are consistently engaged in the development of their goals and services, both through the semi-annual transition planning meetings and through Family Team Meetings scheduled as part of the MiTEAM practice model.

MDHHS holds multiple contracts and provides a broad array of services to older youth in an effort to improve outcomes for these youth upon discharge from foster care. These include:

- Five contracts to provide mentoring services to youth 14 and older in several counties.
- Contracts with 20 private agencies to provide the “Independent Living Plus” program to older youth. This service provides an array of supports to youth to assist in development of identified areas of daily living skills.
- Sixteen education planners who cover 50 counties to assist youth with resolving education barriers.
- The Michigan Youth Opportunities Initiative (MYOI) is provided in 64 counties and supports enrolled youth to develop their capacity to be self-sufficient in areas of financial capability, employability, interpersonal relationships, and community resources.
- Supports and assistance to youth enrolled in higher education through contracts with 11 institutions of higher education and staff support at another three institutions.
- MDHHS collaborates with Department of Treasury to administer the Fostering Futures Scholarship to youth who were in foster care after their 13<sup>th</sup> birthday. This scholarship provides funds for education needs when youth are enrolled in a Michigan institution of higher education.
- The Education Training Voucher provides financial assistance to eligible youth who were in foster care on or after their 14<sup>th</sup> birthday to age 23.
- Twenty-two contracts to provide Homeless Youth Runaway services for youth who are at risk of being homeless or who are homeless after their foster care case has closed.
- The Young Adult Voluntary Foster Care program allows youth to voluntarily extend support case management until their 21<sup>st</sup> birthday either by extending their supervision at the time their neglect case closes or by returning voluntarily to foster care after case closure.

**Recommendation #7:** It is recommended that a citizen review panel process be conducted every three years following the issuance of a report. These information-gathering initiatives can focus on specific issues identified in previous reports or be general in nature, but they should be conducted in a manner that respects the privacy and viewpoints of all participants.

**MDHHS Response:**

MDHHS will participate in a Citizen Review Panel process and encourage field participation when developed.

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

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

*Recommendations for the Michigan Department of Health and Human Services:*

***Recommendation #1: Consider revising the Risk Assessment Tool to improve the identification of those risks that should elevate response and require more intensive services.***

This recommendation addresses the first finding. The panel reviewed a number of cases where recurring themes with respect to types of risk emerged. The review noted that these patterns were not effectively assessed, and therefore inadequately addressed, using the current tool. The panel urges the department to utilize a predictive analytic approach to elevate response in cases with excessive referrals, in cases where younger children are victims, and cases in which the nature of the allegations themselves requires intensified service provision and case oversight.

### **MDHHS Response:**

MDHHS agrees with this recommendation. The department is currently in the process of securing a contract provider to re-validate the risk assessment structured decision making tool. Once the contractor has been identified, the re-validation process and final report are expected to conclude at the end of calendar year 2018. Once the results of the re-validation process are received, MDHHS will revise the risk assessment as needed, and ensure training and technical support are provided to field staff as necessary to ensure that risk, intensity of services, and level of oversight are accurately assessed and receive appropriate response.

***Recommendation #2: CPS should ensure that families with whom they have contact have adequate information regarding trauma assessment and related service provision available in their area.***

The panel reviewed cases where appropriate connections were not always made. The panel felt that during an open investigation, if/when a child is a witness to a death, suicide attempt or other traumatic event, Children's Protective Services should ensure that the family has adequate information about trauma assessments and treatment services available in their area.

**MDHHS Response:**

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

In addition, MDHHS is involved with several trauma initiatives statewide:

- Secondary Traumatic Stress Training – Contract awarded to Western Michigan University's Children's Trauma Assessment Center (CTAC). This training is for individuals in leadership positions and trains them on the implementation of secondary traumatic stress teams for local offices.
- Trauma Screening – Contract awarded to CTAC for the implementation of a statewide trauma screening within child welfare. Over half of MDHHS county offices have already implemented trauma screenings in their local offices.
- Local Office Culture and Climate Assessment and Development – Contract awarded to CTAC for a climate and culture assessment survey for local office along with the development of a plan for culture/climate improvement for each county.
- Comprehensive Trauma Assessment Contracts – These contracts began June 1, 2017 and were awarded to 8 service providers in 12 regions across the state. These contracts will ensure that children who are part of the child welfare system are screened by providers that hold a contracts with MDHHS and are adhering to standards/outcomes identified by MDHHS.
- Trauma and Toxic Stress Website – Provides information and tools for various providers on the screening, assessment and treatment of trauma, and promoting and building a trauma-informed agency/community.  
Website address: [http://www.michigan.gov/mdhhs/0,5885,7-339-73971\\_4911\\_69588---,00.html](http://www.michigan.gov/mdhhs/0,5885,7-339-73971_4911_69588---,00.html)

***Recommendation #3: Revise the state model child abuse protocol to include a medical neglect section that provides workers with enhanced guidance beyond word-for-word policy, including options for different ways to engage medical experts in case consultation.***

This recommendation speaks to finding #3. As with the third recommendation above, the panel noted multiple cases where complex medical issues on the part of the child hindered good case investigation and response. Therefore, the panel suggests that the department utilize the Medical Advisory Committee to assist in establishing more explicit guidance for medical neglect on the revised Safety and

Risk Assessment tool. The questions to engage with experts should be specific to the child's medical needs. For example, some questions to ask a doctor of a child who has Diabetes could be "What is the targeted A1C level for this child?" "Has this child maintained their targeted A1C level?" "If not, why and what are your concerns?" The lack of this level of specificity can add to the risk for the child victim.

**MDHHS Response:**

MDHHS agrees with this recommendation. The Governor's Task Force on Child Abuse and Neglect (GTFCAN) is responsible for the updating of this publication, and therefore MDHHS will recommend these revisions be considered at the next quarterly meeting. MDHHS will also be a part of the revision committee and report back to this CRP regarding the revisions and any additional feedback received from the GTFCAN.

**Recommendation #4: *MDHHS should reach out to the American Academy of Pediatrics (AAP) to partner in better disseminating the use of mandated reporter trainings.***

While there was only one finding this year in which a mandated reporter failed to make a necessary referral to Child Protective Services, the panel felt that this is still an important recommendation that would coincide with the efforts that the department has recently initiated with respect to enhanced mandated reporter trainings. In one case reviewed by the panel this year, there was a school-aged child who died due to severe neglect. The child's sibling exhibited similar signs and symptoms, which were disturbing to the panel. To a trained mandated reporter, these signs should be clearly indicative of child neglect. A mandated reporter missed these very obvious signs in this case. The department should approach the AAP to discuss how to enhance and increase mandated reporter trainings.

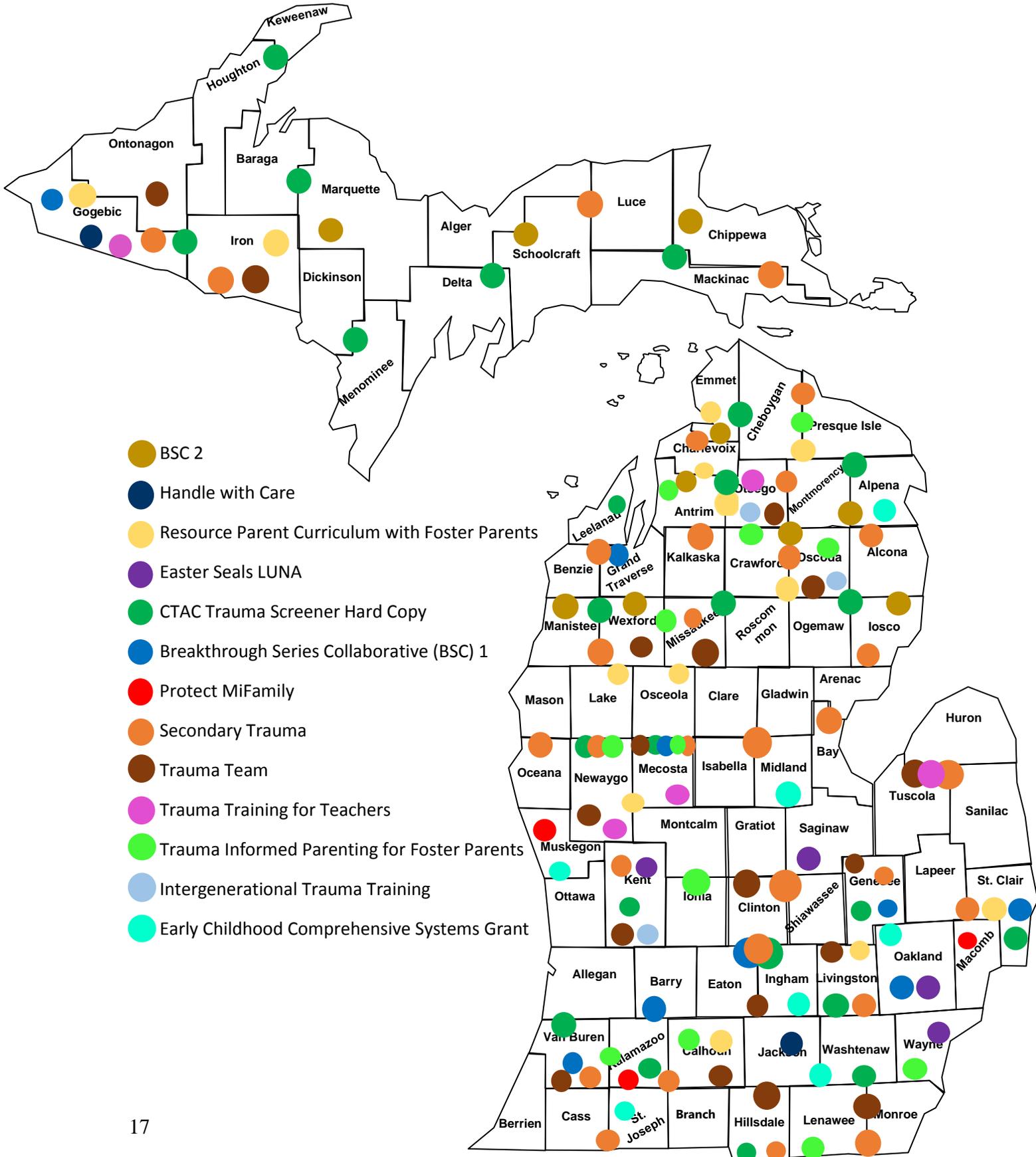
**MDHHS Response:**

MDHHS agrees with this recommendation and the importance of having well-informed, highly trained mandated reporters statewide. For this reason, MDHHS has created a comprehensive statewide mandated reporter training developed by a committee of both internal and external experts in the area of child abuse and the Michigan Child Protection Law. MDHHS has also created a website that is maintained by the CPS Program Office. This website can be located at: [www.michigan.gov/mandatedreporter](http://www.michigan.gov/mandatedreporter). This website houses training material, resource guides, and a list of mandated reporters for each county who are able to provide training to community partners, including medical professionals.

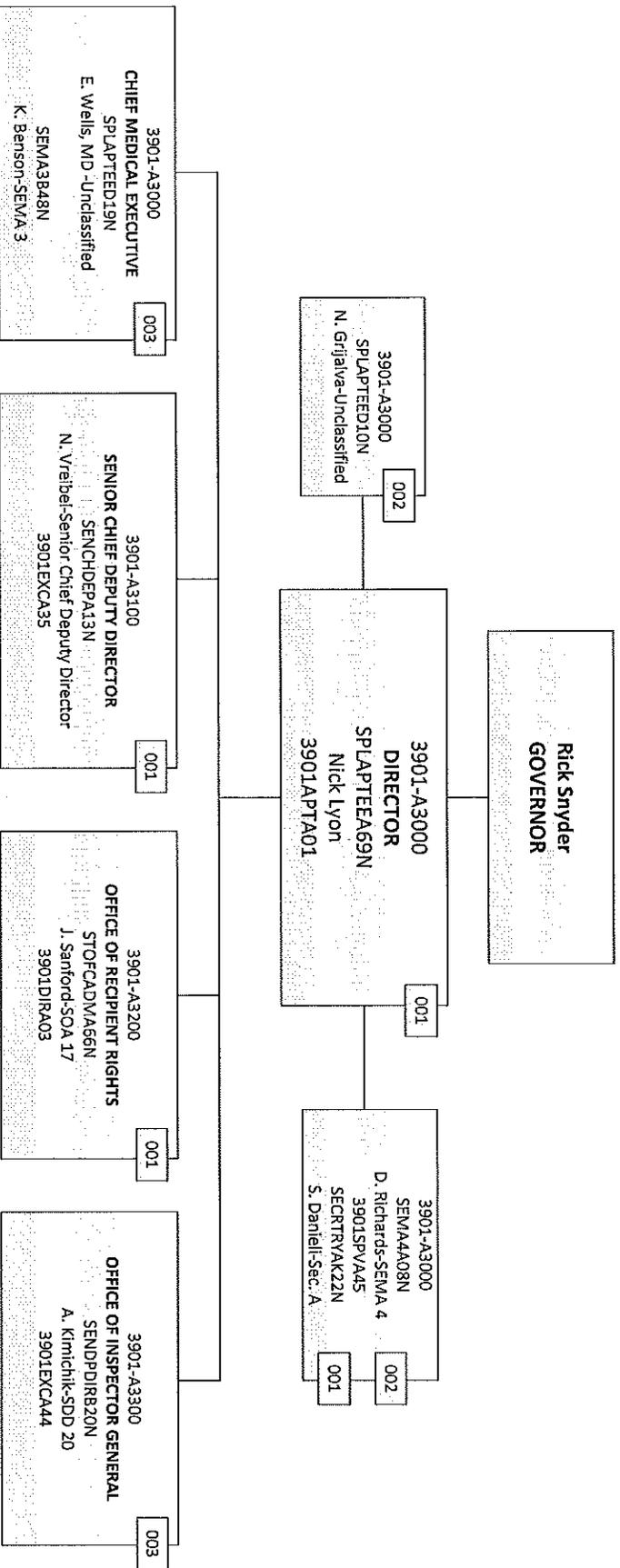
The CPS Program Office will elicit the assistance of the Medical Advisory Committee in order to contact the American Academy of Pediatrics in an effort to ensure Michigan-specific mandated reporter information is distributed broadly and available to all practitioners in Michigan that work with children. MDHHS will

also reach out to the Michigan Chapter of the American Academy of Pediatrics with the same request.

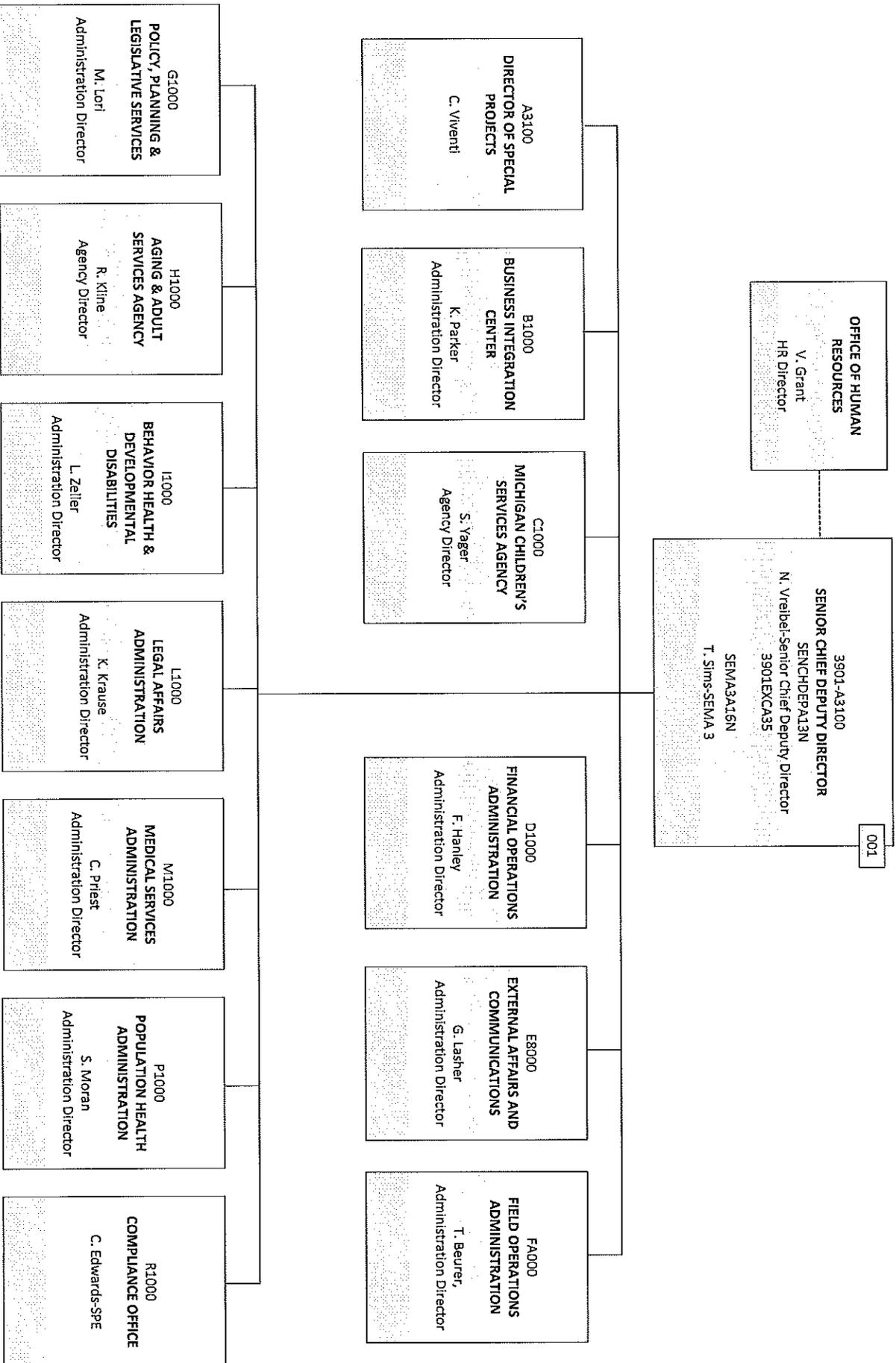
# MDHHS COUNTY TRAUMA INITIATIVES

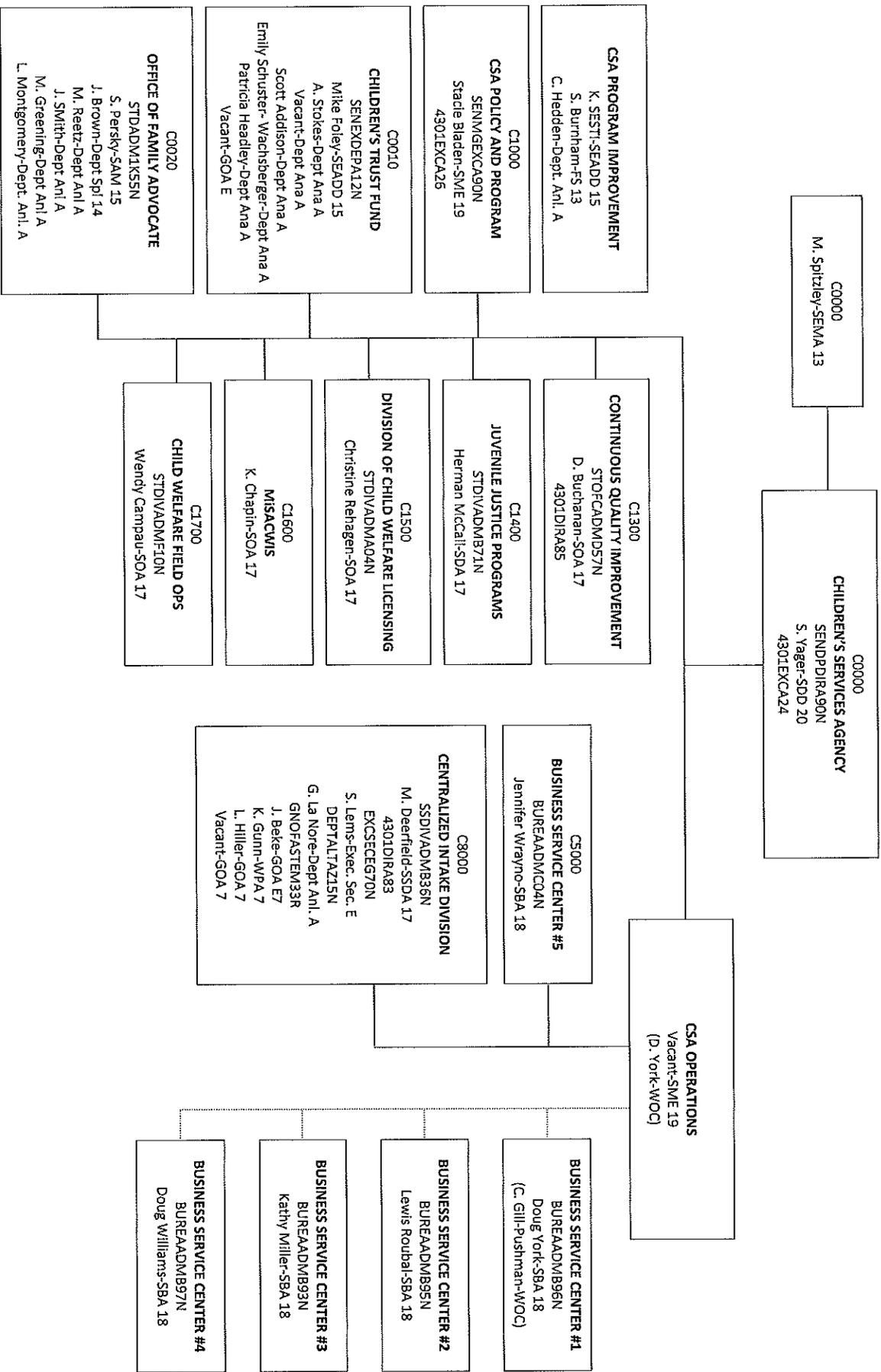


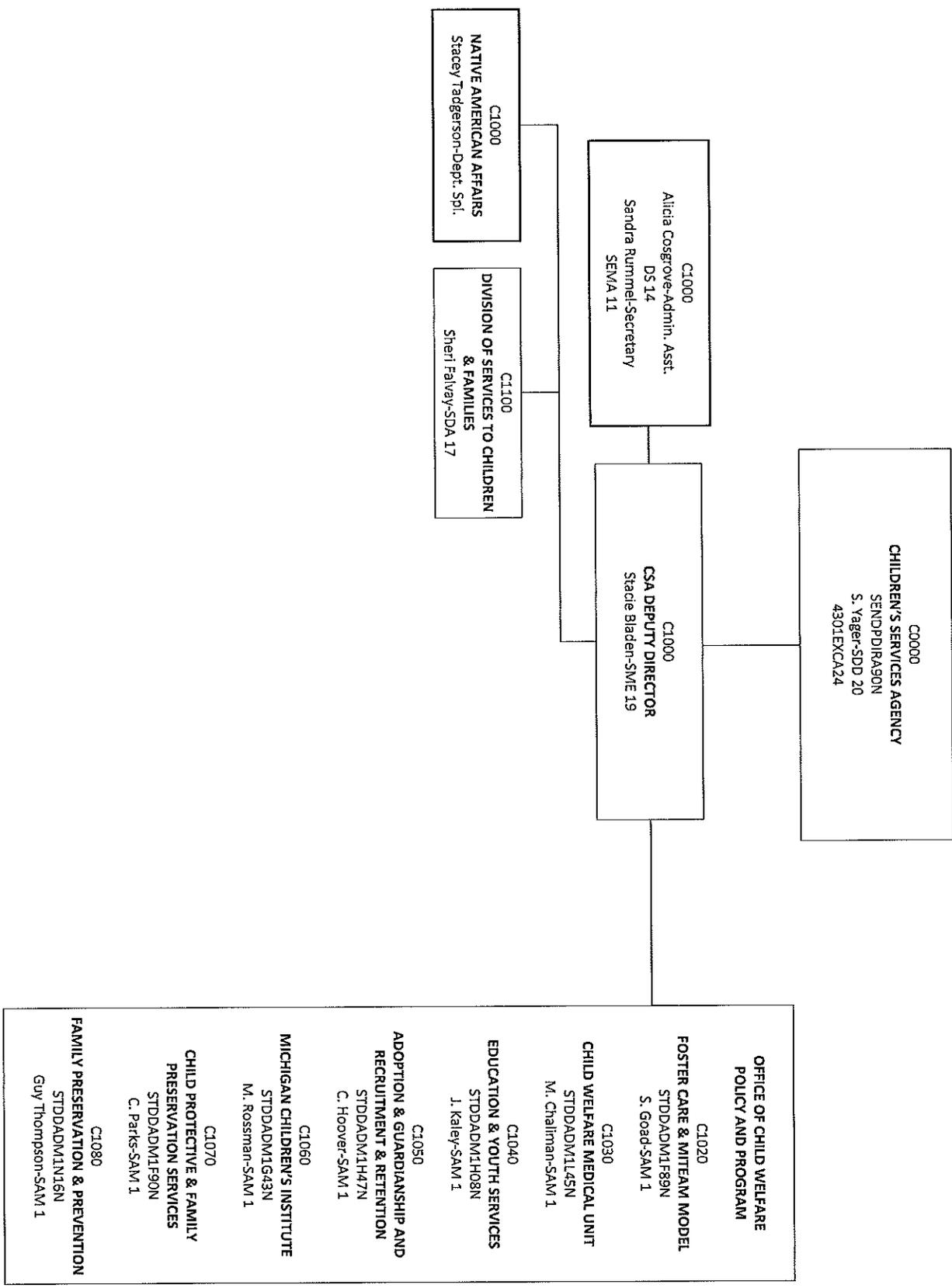
# Michigan Department of Health and Human Services

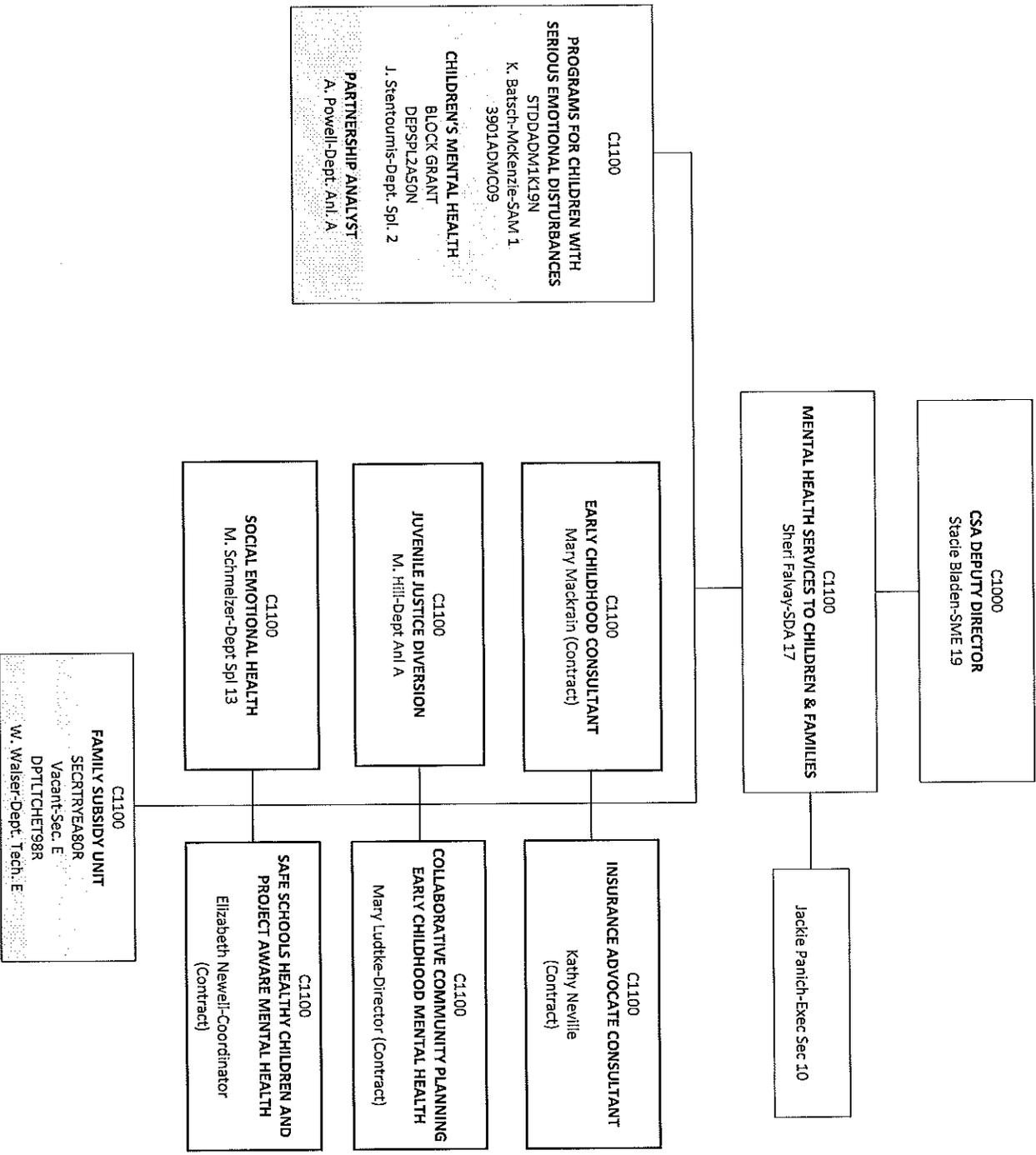


# Michigan Department of Health and Human Services Deputy Director's Office









**4301-C1000  
CHILDREN'S SERVICES AGENCY  
OFFICE OF CHILD WELFARE POLICY AND PROGRAM  
Stacie Bladen-SME 19  
4301EXCA26**

**4301-C1020  
FOSTER CARE & MI TEAM  
MODEL**  
STDADM1E89N  
S. Goad-SAM 1  
4301ADMA68

**4301-C1030  
PROTECT MIFAMILY & CHILD  
WELFARE MEDICAL**  
STDADM1L45N  
M. Chailman-SAM 1

**4301-C1040  
EDUCATION & YOUTH  
SERVICES**  
STDADM1H08N  
J. Kaley-SAM 1  
4301ADMA81

**4301-C1050  
ADOPTION &  
GUARDIANSHIP**  
STDADM1H47N  
C. Hoover-SAM 1  
4301ADMA90

**4301-C1060  
MICHIGAN CHILDREN'S  
INSTITUTE**  
STDADM1G43N  
Mary Rosman-SAM 1  
4301ADMA73

**4301-C1070  
CHILDREN'S PROTECTIVE  
SERVICES**  
STDADM1F90N  
C. Parks-SAM 1  
4301ADMA69

**4301-C1080  
FAMILY PRESERVATION &  
PREVENTION**  
STDADM1M16N  
Guy Thompson-SAM 1  
4301ADMB76

**DEPTALTAX10N**  
A. Willis-Dept. Anl. A  
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**SECRTRYAL22R**  
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S. Cavanaugh-Soc. Work Spl. A  
SOCWKRAA04R  
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D. Palaszek-Soc. Work Spl. A

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Megan Belonga-Dept. Anl. A  
Vacant-Student Asst.  
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Amanda Doane-Dept. Anl. E  
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C. Isanhar-Dept. Anl. A  
**MITEAM MODEL**  
DEPTMGRR3084N  
T. Kress-Dept. Mgr. 3  
4301MGR648  
**BSCI**  
DEPTALTAV04N  
P. Dickinson-Dept. Anl. A  
DEPTALTAV03N  
S. Ereg-Dept. Anl. A  
**BSC 2**  
DEPTALTAW37N  
R. Westbrook-Dept. Anl. A  
**BSC 3**  
DEPTALTAP39N  
E. Carpenter-Dept. Anl. A  
**BSC 4**  
DEPTALTAV05N  
H. Scalet-Dept. Anl. A  
**BSC 5**  
DEPTALTAU15N  
A. Jones-Dept. Anl. A  
DEPTALTAV38N  
M. Farrigan-Dept. Anl. A

C0000  
**CHILDREN'S SERVICES AGENCY**  
 SENDPDIRAGON  
 S. Yager-SDD 20  
 4301EXCA24

4301-C1300  
**CONTINUOUS QUALITY IMPROVEMENT**  
 STOFCADMD57N  
 D. Buchanan-SOA 17  
 4301DIRA85

EXCSECEG81N  
 M. Readus-Exec. Sec. E

4301-C1310  
**QUALITY ASSURANCE UNIT #1**  
 STDADMD1H49N  
 T. Keyess-SAM 1  
 4301ADMA92  
 H. Carley-Dept. Anl. A  
 K. Cooper-Dept. Anl. A  
 J. Blmer-Dept. Anl. A  
 N. Riddle-Dept. Anl. A  
 E. Watts-Dept. Anl. A  
 L. Barrett-Dept. Anl. A (DEPTALTAR09N)  
 H. Zeigler-Dept. Anl. A  
 B. Blanchard-Dept. Anl. A  
 C. Carrington-Dept. Anl. A (DEPTALT643N)  
 L. Phelps-Dept. Anl. A  
 N. Rygwelski-Dept. Anl. A  
 R. Poe-Dept. Anl. A (DEPTALTAS69N)

4301-C1320  
**QUALITY ASSURANCE UNIT #2**  
 C. Kennedy-SAM 1  
 4301ADM814  
 J. Johnson-Dept. Anl. A  
 T. VanHouten-Dept. Anl. A  
 I. O'Grady-Ward-Dept. Anl. A  
 E. Thomas-Dept. Anl. A  
 M. Falter-Dept. Anl. A  
 K. Shovin-Dept. Anl. A  
 L. Mack-Dept. Anl. A  
 G. Chavis-Dept. Anl. A  
 T. Sell-Dept. Anl. A  
 A. Lewis-Dept. Anl. A  
 H. McBride-Dept. Anl. A  
 Vacant-Dept. Anl. A

4301-C1330  
**CHILD WELFARE DATA UNIT**  
 M. Rosenberg-SAM 1  
 4301DIRA85  
 Y. Forehand-Dept. Anl. A  
 T. Munchbach Jr-Dept. Anl. A  
 D. Oseburg-Dept. Anl. A  
 J. Kipfmiller-Dept. Anl. A  
 N. Leitch-Dept. Anl. A  
 S. VanAlisburg-Dept. Anl. A  
 S. Ward-Dept. Anl. A  
 S. Kellen-Dept. Anl. A  
 Vacant-Dept. Anl. A

4301-C1340  
**COJ CHILD WELFARE COMPLIANCE UNIT**  
 STDADMD1N31N  
 M. MCSurely-SAM 1  
 4301ADM877  
 DEPTALTAX67N  
 J. Vorce-Dept. Anl. A  
 DEPTALTAW20N  
 Vacant-Dept. Anl. A



C1400  
**JUVENILE JUSTICE PROGRAMS**  
 Herman McCall-SOA 17  
 Division Director

C6732  
 Sue Williams-Cook E6  
 Timothy Cook-Cook E6  
 Andrew Barber-Maint. Mechanic 10

C6732  
**SHAWANO CENTER**  
 SSDIVADM26N  
 Todd Serby-Director (WOC)

C6732  
 EXCSECEH12N  
 G. Kline-Exec Sect10  
 Steven Johnson-YS Supv. 11  
 (Sp. Asst. Office Manager)

C6732  
 Patrick Sussex  
**PROGRAM MANAGER 13**  
 State PREA Juvenile  
 Coordinator

C6701  
**JJ SHAWANO CENTER TEACHERS**  
 Robert Garlepy-Program Manager 14  
 PREA Compliance Manager

C6701  
**JJ SHAWANO CENTER TEACHERS**  
 Kevin White-Sp. Ed. Teacher 11C  
 Michael Bolen-Teacher 11B  
 Kristin Lubbs-Sp. Ed. Teacher 11B  
 Vacant-Teacher 11A  
 Shannon Jones-Teacher Aide E8

C6701  
**JJ SHAWANO CENTER TEACHERS**  
 John Junttila-YS Supv. 11

David Porterfield-Youth Specialist E9  
 Marc Leask-Youth Specialist E9  
 Vacant-Youth Specialist

C6701  
**JJ SHAWANO CENTER TEACHERS**  
 Mark Golinick-YS Supv. 11

Dave Baker-Youth Specialist E9  
 Mark Ochoa-Youth Specialist E9  
 Brad Byrnes-Youth Specialist E9  
 Sarah Conklin-Youth Specialist E9  
 Nicholas Bricker-Youth Specialist E9  
 Dekayla Davis-Youth Specialist E9

C6701  
**JJ SHAWANO CENTER TEACHERS**  
 James Hicks-YS Supv. 11

Daniel Bell-Youth Spl. 8  
 Aaron Spalding-Youth Spl. E9  
 Romella Beltran-Youth Spl. 7  
 Kyle Scott-Youth Spl. 8  
 John Velasquez-Youth Spl. E9  
 Ryan Johnson-Youth Spl. 8

C6701  
**JJ SHAWANO CENTER TEACHERS**  
 Valerie Wheeler-YS Supv. 11

Greg Carroll-Youth Spl. E9  
 John Dannenberg-Youth Spl. 7  
 Adam Jablonski-Youth Spl. 7  
 Josh Morley-Youth Spl. 7  
 Tammy Heeres-Youth Spl. 7

C6732  
**SHAWANO CENTER**  
 Casey Bearss-Youth Group Leader 10M  
 Carrie Rasmusson-Youth Group Leader 11M  
 John Elasser-Youth Group Leader 11M  
 Noella Heller-Youth Group Leader 11B  
 Andrea Flowers-Social Worker E9

**C1400**  
**JUVENILE JUSTICE PROGRAMS**  
 Herman McCalli- SOA 17  
 Division Director

4307-C6731  
 SECRTRYAA666N  
 P. Miostek-Sec A  
 GNOFASTEB89R  
 A. Adams-GOA E  
 Vacant-Maint. Mech. E

4307-C6731  
**BAY PINES**  
 SSDIVADMMA29N  
 N. Patterson-SSDA 17  
 4307DIRA29

4307-C6801  
**JJ BAY PINES TEACHERS**  
 SPETCHREADOR  
 J. Strahl-Spec. Ed Teacher E  
 V. Hiney-Spec. Ed Teacher E  
 J. Porath-Spec. Ed Teacher E  
 TRADINSEBA1R  
 M. Willes-Trades. Instruct. E

4307-C6811  
**JJ BAY PINES GROUP LEADERS**  
 YOUNGLDREA01R  
 Vacant-YGL E (Boys)  
 C. Kuttha-YGL E (Girls)  
 K. Voilberg-YGL E (Girls)  
 YOUNGLDREA4SR  
 M. DeBacker-YGL E (Girls)

4307-C6810  
**JJ BAY PINES YRD**  
 YOUNDRIR3A27N  
 E. Diskel-Youth Res. Dir. 3  
 4307DIRA47

4307-C6812  
**JJ BAY PINES UNIT 1**  
 YOUSSPV1A25N  
 D. McGaffigan-YSS 1  
 4307SPVA31

YOUTSPLEA04R  
**YOUTSPLEA04R**  
 R. Barnhart-YS E (Female)  
 Vacant-YS E  
 J. Smith-YS E (Female)  
 T. Hanson-YS E  
 YOUTSPLEB50R  
 S. Jorgensen-YS E (Female)

4307-C6813  
**BAY PINES UNIT 2**  
 YOUSSPV1A26N  
 J. Sarville-YSS 1  
 4307SPVA32

YOUTSPLEB66R  
**YOUTSPLEA06R**  
 S. Lafleur-YS E  
 YOUTSPLEA06R  
 K. Curran-YS E (Male)  
 M. Polishak-YS E  
 YOUTADEEA23R  
 J. Braun -YA E  
 T. Wethuhn-YA E

4307-C6814  
**JJ BAY PINES UNIT 3**  
 YOUSSPV1A36N  
 G. Weaver-YSS 1  
 4307SPVA46

YOUTSPLEA05R  
**YOUTSPLEA05R**  
 A. Kobasic-YS E  
 L. Noel-YS E  
 A. Simon-YS E  
 K. Swille-YS E

4307-C6815  
**JJ BAY PINES UNIT 4**  
 YOUSSPV1B02N  
 P. McKeage-YSS 1  
 4307SPVA59

YOUTSPLEB80R  
**YOUTSPLEB80R**  
 D. Kane-YS E (Male)  
 S. Zimmerman-YS E (Female)  
 B. Fox-YS E (Male)  
 N. Getzlöff-YS E

4307-C6816  
**JJ BAY PINES UNIT 5**  
 YOUSSPV1A23N  
 Vacant-YS 1  
 4307SPVA29

Vacant-YS 7

C0000  
**CHILDREN'S SERVICES AGENCY**  
 SENDPDIRA90N  
 S. Yager-SDD 20  
 4301EXCA24

**CHILD WELFARE OPERATIONS**  
 Vacant-SME 19

C1500  
**DIVISION OF CHILD WELFARE LICENSING**  
 STDIVADMA04N  
 Christine Rehagen-SOA 17

**BUSINESS SERVICE CENTER #1**  
 BUREAADM896N  
 Doug York-SBA 18

C1600  
**MISACWIS**  
 K. Chapin-SOA 17

**BUSINESS SERVICE CENTER #2**  
 BUREAADM895N  
 Lewis Roubal-SBA 18

C1700  
**CHILD WELFARE FIELD OPS**  
 STDIVADMFI0N  
 Wendy Campau-SOA 17

**BUSINESS SERVICE CENTER #3**  
 BUREAADM893N  
 Kathy Miller-SBA 18

C5000  
**BUSINESS SERVICE CENTER #5**  
 BUREAADMCO4N  
 Jennifer Wrayno-SBA 18

**BUSINESS SERVICE CENTER #4**  
 BUREAADM897N  
 Doug Williams-SBA 18

C8000  
**CENTRALIZED INTAKE DIVISION**  
 SSDIVADM36N  
 M. Deerfield-SSDA 17  
 4301DIRA83  
 EXCSECEG70N  
 S. Lems-Exec. Sec. E  
 DEPTALTAZ15N  
 G. La Nore-Dept Anl/A  
 GNOPASTEM33R  
 J. Beke, GOA E7

**4301-C1500**  
**DIVISION OF CHILD WELFARE LICENSING**  
 STDI/VADM/A04N  
 Christine Rehagen-SDA 17  
 4301DIRA53

**4301-C1500**  
 EXCSECE37N  
 K. Manton-Exec. Sec. E

**4301-C1500**  
 CHIWCSTEA14R  
 C. Slotke-CW Cons. E

**4301-C1500**  
 DEPTALTE19N  
 J. Wager-Dept. Anl. E

**4301-C1510**  
 CWL UNIT 1  
 SOCLMGR2A22N  
 C. Triestram-SSLIM 2  
 4301MGRD45  
 SECRTRVEG72R  
 K. West-Sec. E  
 CHIWCSTEA08R  
 D. Collier-CW Cons. E  
 R. Dodge-Garnaat-CW Cons. E  
 K. Fiorletta-CW Cons. E  
 H. Jones-CW Cons. E  
 P. Fatato-CW Cons. E  
 K. Muntean-CW Cons. E  
 H. Reilly-CW Cons. E  
 J. Vandenberg-Heuvel-CW Cons. E  
 D. Turtill-CW Cons. E  
 W. White-CW Cons. E  
 DEPTALTEX61N  
 B. Cote-Dept. Anl. E  
 J. Joubert-Dept. Anl. E  
 A. Middlestadt-Dept. Anl. E  
 DEPTALTEX61N  
 B. Placentini-Dept. Anl. E

**4301-C1520**  
 CWL UNIT 2  
 SOCLMGR2A258N  
 L. Tansil-SSLIM 2  
 4301MGRD48  
 CHIWCSTEA11R  
 C. Barr-CW Cons. E  
 P. Brown-CW Cons. E  
 J. Gale-CW Cons. E  
 R. M. Hunter-CW Cons. E  
 V. Malleck-CW Cons. E  
 Vacant-CW Cons. E  
 L. Perry-CW Cons. E  
 A. Wiggins-CW Cons. E  
 DEPTALTEX60N  
 K. Hatch-Dept. Anl. E  
 J. Oates-Dept. Anl. E  
 C. Stott-Dept. Anl. E  
 C. Williams-Dept. Anl. E

**4301-C1530**  
 CWL UNIT 3  
 DEPTMGR2C99N  
 (K. Matby WOC)  
 Vacant-Dept. Mgr. 2  
 4301MGRF10  
 DEPTALTA484N  
 K. Matby-Dept. Anl. A  
 GNOFASTEO53R  
 A. Fedewa-GOA E  
 K. Stovall-GOA E  
 P. Frazer-GOA E  
 P. Hershiser-GOA E  
 J. Joseph-GOA E  
 R. Akers-GOA E  
 DEPTALTA445N  
 D. Avila-Dept. Anl. A  
 DEPTALTA438N  
 S. Nelson-Dept. Anl. A  
 DEPTALTA493N  
 S. Gorby-Dept. Anl. A  
 DPTLTCHET67R  
 A. Davis-Dept. Tech. E

**4301-C1540**  
 CWL UNIT 4  
 STDADADM1G90N  
 Vacant-SAM 1  
 (P. Neitman WOC)  
 4301ADMA78  
 SECRTRVEG68R  
 M. Mills-Sec. E  
 CHIWCSTEA10R  
 V. Decker-CW Cons. E  
 M. Thomas-CW Cons. E  
 A. Hull-CW Cons. E  
 DEPTALTA183N  
 A. Ryan-Dept. Anl. A  
 DEPTALTEY89N  
 D. Holland-Dept. Anl. E

Michigan Tribal Leaders - Chairs, Presidents, Chief, Ogema  
February, 2017

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Pokagon Band of Potawatomi Indians

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Saginaw Chippewa Indian Tribe of Michigan

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Sault Ste. Marie Tribe of Chippewa

**Aaron Payment, Tribal Chairman**

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Sault Ste. Marie, MI 49783

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Fax (906) 635-4969

[aaronpayment@saulttribe.net](mailto:aaronpayment@saulttribe.net)



Native American Affairs  
Tribal Service Area Matrix  
(Legend Reference)



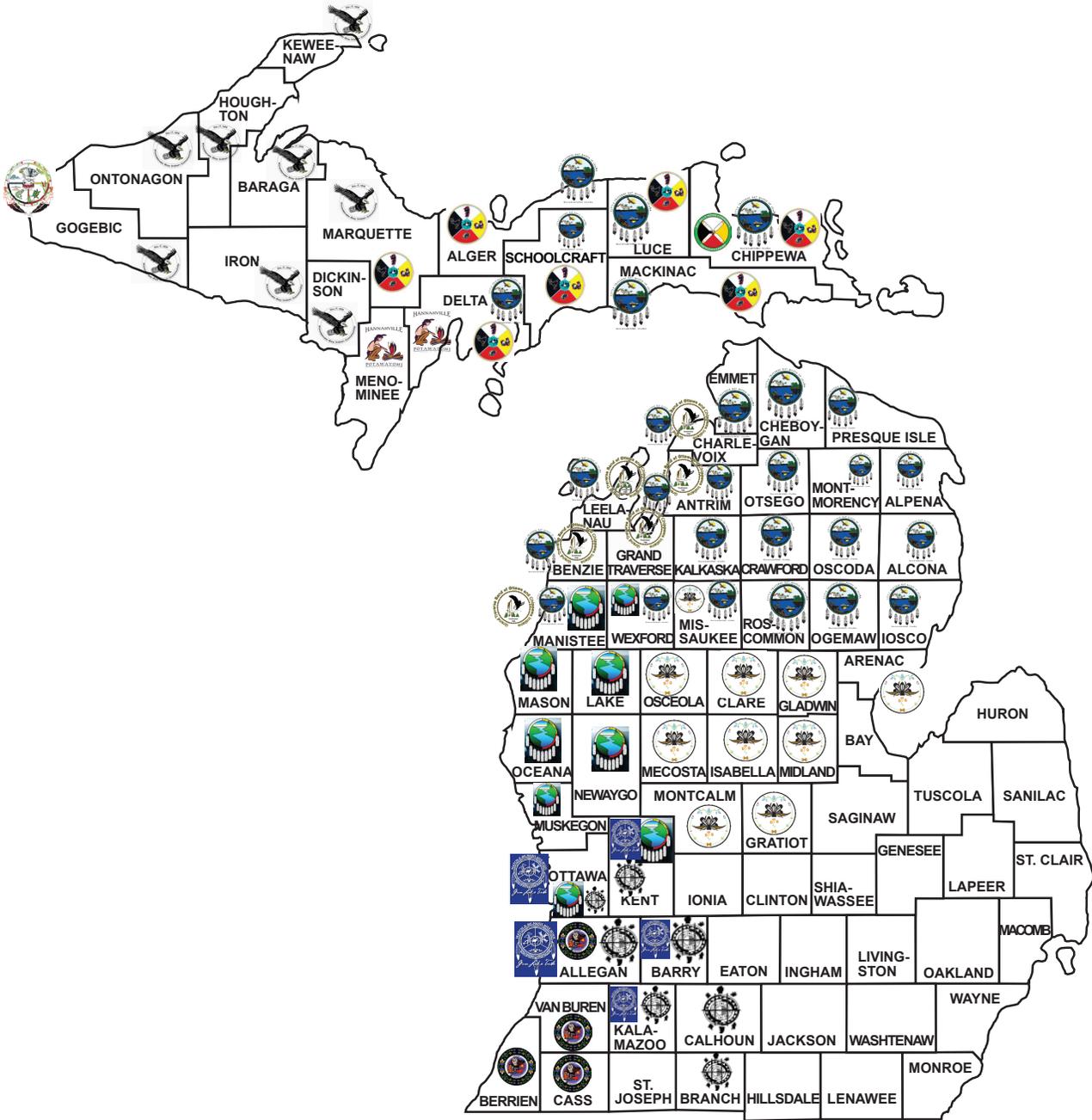
Counties Included in Tribes' Service Delivery Area

-  = Bay Mills Indian Community (Chippewa) -  
906-248-3204  
Chippewa
-  = Grand Traverse Band of Ottawa & Chippewas Indians (Leelanau) -  
231-534-7681  
Antrim, Benzie, Charlevoix, Grand Traverse, Leelanau, Manistee
-  = Gun Lake Band/Match-E-Be-Nash-She-Wish Band of Pottawatomi (Allegan) -  
616-681-0360  
Allegan, Barry, Kalamazoo, Kent, Ottawa
-  = Hannahville Indian Community (Menominee) -  
906-466-9223  
Delta, Menominee
-  = Huron Potawatomi/Nottawaseppi Huron Band of Potawatomi (Calhoun) -  
269-729-4422 ext. 1  
Allegan, Barry, Branch, Calhoun, Kalamazoo, Kent, Ottawa
-  = Keweenaw Bay Indian Community (Baraga) -  
906-353-4201 or 353-4212  
Baraga, Gogebic, Ontonagon
-  = Lac Vieux Desert Band of Lake Superior Chippewa Indians (Gogebic) -  
906-358-4940  
Gogebic
-  = Little River Band of Ottawa Indians (Manistee) -  
231-398-2242  
Kent, Lake, Manistee, Mason, Muskegon, Newaygo, Oceana, Ottawa, Wexford
-  = Little Traverse Bay Bands of Odawa Indians (Emmet) -  
231-242-1400  
Alcona, Alger, Alpena, Antrim, Benzie, Charlevoix, Cheboygan, Chippewa, Crawford, Delta, Grand Traverse, Iosco, Kalkaska, Leelanau, Luce, Mackinac, Manistee, Missaukee, Montmorency, Ogemaw, Otsego, Presque Isle, Roscommon, Schoolcraft, Wexford
-  = Pokagon Band of Potawatomi Indians (Cass) -  
269-782-8998  
In Michigan, Allegan, Berrien, Cass, Van Buren and in Indiana; Elkhart, Kosciusko, LaPorte, Marshall, St. Joseph, Starke
-  = Saginaw Chippewa Indian Tribe (Isabella) -  
989-775-4901  
Arenac, Isabella, Missaukee, Clare, Midland, Mecosta, Osceola, Gladwin, Montcalm, Gratiot
-  = Sault Ste. Marie Tribe of Chippewa Indians (Chippewa) -  
800-726-0093  
Alger, Chippewa, Delta, Luce, Mackinac, Marquette, Schoolcraft

County listed as "Location of Tribe" is in parenthesis.



**Native American Affairs  
Tribal Service Area Matrix  
(Map Reference)  
Counties Included in Tribes' Service Delivery Area**



The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, political beliefs or disability.

## Tribal Social Services Directors

April 2017

### **Bay Mills Indian Community**

Amy Perron, Director  
12124 W. Lakeshore Drive  
Brimley, MI 49715  
906-248-3204  
908-248-3283  
aperron@baymills.org

### **Hannahville Indian Community**

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Hannahville Social Services  
N10519 Hannahville B-1 Rd.  
Wilson MI 49896-9728  
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906-466-7397  
Sheila.nantelle@hichealth.org

### **Keweenaw Bay Indian Community**

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16429 Beartown Road  
Baraga, MI 49908  
906-353-4201 or 908-353-4212  
906-353-8171  
tlarson@kbic-nsn.gov

### **Grand Traverse Band of Ottawa and Chippewa Indians**

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2605 N. W. Bayshore Drive  
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231-534-7681  
231-534-7706  
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### **Nottawaseppi Huron Band of Potawatomi**

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Fulton, MI 49052  
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269-729-5920  
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jfoster@nhbp.org

### **Lac Vieux Desert Band of Lake Superior Chippewa Indians**

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P.O. Box 249  
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906-358-4940  
906-358-4785  
Dee.mcgeshick@lvdtribal.com

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375 River Street  
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**

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Leslie Pigeon, ICWA Coordinator  
1743 142<sup>nd</sup> Ave., P.O. Box 306  
Dorr, MI 49323  
616-681-0360 x 316  
616-681-0380  
kwesaw@hhs.glt-nsn.gov  
lapigeon@mbpi.org

### **Little Traverse Bay Bands of Odawa Indians**

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Human Services Department  
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Harbor Springs, MI 49740  
231-242-1620  
231-242-1635  
DMSmith@LBBODAWA-NSN.gov

### **Pokagon Band of Potawatomi Indians**

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269-782-4295  
Mark.Pompey@pokagonband-nsn.gov

### **Saginaw Chippewa Indian Tribe of Michigan**

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Jason Luna, AFS Director  
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989-775-4912

### **Sault Ste. Marie Tribe of Chippewa Indians of Michigan**

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Sault Ste. Marie, MI 49783  
800-726-0093  
906-635-4969  
jbye@saulttribe.net  
mvanluven@saulttribe.net

Urban Indian, Non-Profits, & Native Placement Agency List

North American Indian Association  
of Detroit  
Brian Moore,  
Executive Director  
22720 Plymouth Road  
Detroit, MI 48239-1327  
Tel. (313) 535-2966  
Fax (313) 535-8060  
[bmoore@naiadetroit.org](mailto:bmoore@naiadetroit.org)  
[www.naiadetroit.org](http://www.naiadetroit.org)

South Eastern Michigan Indians, Inc.  
Sue Franklin, Executive Director  
26641 Lawrence St.  
Centerline, MI 48015  
Tel. (586) 756-1350  
Fax (586) 756-1352  
[semii1975@yahoo.com](mailto:semii1975@yahoo.com)  
[www.semii.itgo.com](http://www.semii.itgo.com)

American Indian Health and  
Family Services of Southeastern  
MI, Inc.  
Ashley Tuomi, Executive Director  
4880 Lawndale  
Detroit, MI 48210  
Tel. (313) 846-3718  
Fax (313) 846-0150  
[atuomi@aihfs.org](mailto:atuomi@aihfs.org)  
[www.aihfs.org](http://www.aihfs.org)

Nokomis Learning Center  
5153 Marsh Road  
Okemos, MI 48864-1198  
Tel. (517) 349-5777  
Fax (517) 349-8560  
[info@nokomis.org](mailto:info@nokomis.org)  
[www.nokomis.org](http://www.nokomis.org)

American Indian Services, Inc.  
Fay Givens, Executive Director  
1110 Southfield Road  
Lincoln Park, MI 48146  
Tel. (313) 388-4100  
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Native American Family Services  
671 Davis Street NW Suite 103,  
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Inter-Tribal Council of Michigan,  
Inc. (ITC)

L. John Lufkins, Director  
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Sault Ste. Marie, MI 49783  
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Phone: 1.800.562.4957  
[jlufkins@itcmi.org](mailto:jlufkins@itcmi.org)  
<http://www.itcmi.org>

United Tribes of Michigan (UTM)  
Frank Ettawageshik, Executive  
Director  
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Harbor Springs, MI 49740  
Phone: 517.802.8650  
<http://www.unitedtribesofmichigan.com>

Michigan Indian Education Council  
P.O. Box 378  
Haslett, MI 48840  
Conrad Church, President  
[churchc@gmail.gvsu.edu](mailto:churchc@gmail.gvsu.edu)  
[www.miec.org](http://www.miec.org)

Michigan Indian Employment &  
Training  
Lansing: 517-393-0712  
Grand Rapids: 616-538-9644  
Muskegon: 231-722-7769  
Portage: 269-323-3339  
[www.michigan.gov/americanindians](http://www.michigan.gov/americanindians)

Michigan Indian Legal Services  
James Keedy  
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Traverse City, MI 49686  
Phone: 1.800.968.6877  
[jkeedy@mils3.org](mailto:jkeedy@mils3.org)  
[www.mils3.org](http://www.mils3.org)

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East Lansing, MI 48824  
517.353.6632  
[nai@msu.edu](mailto:nai@msu.edu)  
[www.nai.msu.edu](http://www.nai.msu.edu)

Indigenous Law Program (MSU)  
ICWA Project  
Kate Fort, Professor  
[fort@law.msu.edu](mailto:fort@law.msu.edu)

Ingham County Health Department  
Native American Outreach Program  
Jaclynn Lloyd, Coordinator  
Phone: 517.272.4127  
[JLloyd@ingham.org](mailto:JLloyd@ingham.org)

Uniting Three Fires Against Violence  
Lori Jump, Executive Director  
Sault Ste. Marie, MI  
Phone: 906-253-9775  
[www.unitingthreefiresagainstviolence.org](http://www.unitingthreefiresagainstviolence.org)

Native Placement Agencies:

Binogii Placement Agency

Juanita Bye, Interim Director

2218 Shunk Rd.

Sault Ste. Marie, MI 49783

Phone: 906.632.5250

[jbye@saulttribe.net](mailto:jbye@saulttribe.net)

<http://www.saulttribe.org>

Grand Traverse Band of Ottawa

and Chippewa Indians

231-534-7906

New Path Boy's Treatment

Home:

2605 Putnam Road

Peshawbetown, MI 49682

Shkiniikwe Girl's Treatment

Home:

7282 Hoadley Road

Benzonia, MI 49616

Sault Tribe Youth Detention

Center

1130 North Street

St. Ignace, MI 49781

Phone: 906-643-0941

Fax: 906-643-6340

## **Indian Child Welfare Act Compliance Webinar and Survey Feedback**

In 2017, Michigan utilized two methods of collecting feedback on the state's compliance with the Indian Child Welfare Act (ICWA) and the Michigan Indian Family Preservation Act (MIFPA) in 2016, and to gather information on best practices that can be used to improve services to Indian children and families statewide.

### **Tribal Consultation Webinar**

A webinar was conducted in April 2017 with representatives from Michigan's federally recognized tribes on the states' progress in implementing ICWA and MIFPA in 2016. Participants were asked what was working well in their communities in collaborating to provide services and which areas are in need of improvement. Representatives from four tribes participated in the webinar.

### **County and Business Service Center Director Survey**

A survey was developed in 2017 to gain information on MDHHS 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. Twenty county directors, two Business Service Center directors and one MDHHS district manager responded. Highlights from the survey are provided, as well as a data collector with complete results.

## **Tribal Consultation Webinar on ICWA Compliance April 5, 2017**

**Participating:** Little Traverse Bay Band of Odawa Indians, Saginaw Chippewa, Nottawaseppi Huron Band of Potawatomi Indians Indian Tribe

### **1. What are examples of best practices or what is working well in the field that MDHHS might want to reproduce statewide?**

**Responses:**

- “Our tribe has a good presence on local community boards and committees and they are being invited to participate more and more.”
- “Sometimes there is a struggle to work with MDHHS outside of their local community, but the tribe ‘extends the olive branch’ to improve relations.”
- “The community wants training on services available to Indian children and families.”
- “The community also asks for training on Indian cultural practices.”
- The tribes agree that efforts at ongoing relationship building are needed and appreciated.
- “Tribes try to be invited to attend staff meetings with MDHHS. They have a standing invitation and are invited to meetings with the local CMH. They are trying to bridge the gap between tribal services and home-based services.”
- “The job aid for caseworkers on active efforts is helpful but it appears that it is not used very often.”
- “The Toronto Indigenous Health Center has universal Indian cultural brochures available and the brochures help MDHHS understand how to incorporate everyday cultural practices into service plans and everyday traditions when children are in foster care.”

### **2. Please describe your working relationships with the MDHHS and private agency staff.**

**Responses:**

- One tribe described their working relationship with MDHHS as very smooth, good communication and they have an ongoing partnership in serving children and families.
- Another tribe stated that caseworkers sometimes seem to see active efforts as a burden, or as something extra they have to do when serving Indian families.
- “The caseworkers often don’t understand how to document active efforts.”

### **3. What are you doing to improve engagement or your working relationship with the MDHHS and private agency staff?**

**Responses:**

- “The Indian Outreach worker regularly comes to the tribal office and sets up shop, making themselves available for staff and clients. The worker has worked for the tribe in the past and is familiar with what they do and how they do things.”
- “The Tribal State Partnership meetings offer an opportunity to meet with those involved and allow relationships to flourish.”
- “All counties do not attend the TSP meetings so it may not be the best venue for providing information that all would benefit from.”

**4. What is your quality improvement plan for state Indian Child Welfare Act or Michigan Indian Family Preservation Act compliance in your county?**

**Response:**

- One representative sees continuous quality improvement plans coming in the near future. They are curious to see what BSC and county directors would include regarding serving Indian children and families.

**5. Please give us some suggestions for new programming geared toward serving tribal children and families.**

**Responses:**

- “Local staff could use training on active efforts and the need for timely notification of Indian tribes and parents.”
- “Training to make sure non-native homes are culturally sensitive and culturally informed. For example, smudging requests [purifying a room or person with the smoke of sacred herbs to help clear negative energy] for a home or a child is not always well received.”
- “Indian children in residential institutions often report their cultural identity is not recognized. Training for these staff would be helpful.”
- “Training on opioids effects and treatment would be helpful.”
- “Training on safe sleep was offered by Inter-Tribal Council and it was helpful.”

## **County and Business Service Center Director Survey**

A survey was developed in 2017 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. Twenty county directors, two Business Service Center directors and one MDHHS district managers responded. Highlights from the survey results are below.

### **Regarding ICWA and MIFPA, what are best practices in the field that MDHHS may want to replicate statewide?**

- “South Central MDHHS created a binder for staff to obtain pre-printed labels of many of the frequently identified tribes to reduce the time spent typing and labeling letterhead.”
- “MDHHS should accept help and support from formal and informal supports. We tend to overlook valuable input and resources from within the tribal network because someone doesn’t have a title or role you would associate with child welfare. Be open and receptive; actively reach out within the tribal network for input to make culturally informed decisions.”
- “Making sure workers are aware of the steps they need to take once an ICWA case is opened. Completion of the DHS-120 during the investigation process even if there is no court involvement. Inquire about native American heritage and possible tribes during face-to-face [contacts] with parents/caretakers.”
- “Staff [members] attend Tribal Child Protection Team/Child Welfare meetings and request written recommendations from the tribe regarding tribal cases. The tribe is engaged during state court proceedings involving tribal children and participates by providing expert witness testimony and recommendations to the court.”

### **How are your working relationships with the tribes concerning ICWA and MIFPA in your community?**

- Excellent: Five (21.7 percent of respondents).
- Good: 17 (73.9 percent of respondents).
- Fair: One (4.4 percent of respondents).
- Poor: Zero

### **Comments:**

- “We actively communicate with each other on issues even if we don’t have a case. We will reach out to one another MDHHS and tribes on cases before they go to court. We may not always agree but we uphold respect for one another and communicate. We are focused on our children, not our egos.”
- “Steadily improving. We have assigned one foster care worker to handle all tribal cases, which seems to help. Worker attends the above meetings and seeks tribal input and recommendations. Good relationship.”
- “We communicate routinely at all levels of children’s services (including court) with the tribe located within our county confines.”

**How are your working relationships with MDHHS local offices concerning ICWA and MIFPA in your community?**

- Excellent: Three (17.6 percent of respondents).
- Good: 14 (82.4 percent of respondents).
- Fair: Zero
- Poor: Zero

**How are your working relationships with private agencies in your community concerning ICWA and MIFPA?**

- Excellent: Three (15 percent of respondents).
- Good: 14 (70 percent of respondents).
- Fair: Three (15 percent of respondents).
- Poor: Zero

**Comments:**

- “We have a good collaboration and attempt to resolve issues jointly.”
- “We don’t generally go to our private agency foster care partners with Native American cases. We don’t have a volume of cases that requires us to seek outside support. This is one area we need to work on improving.”
- “As an MDHHS office, as part of our monitoring activity, we try and ensure private agencies handling our cases are educated and apply ICWA and MIFPA appropriately.”

**What are you doing to improve engagement or working relationships concerning ICWA and MIFPA requirements?**

- “We are working on our communications. There really needs to be a strong communication network in order to be successful with ICWA and MIFPA. There are too many variables to put everything in a rule book. We view ICWA and MIFPA as much as a practice as we do a policy. It requires communication and cooperation.”
- “Making sure workers continue to receive training on ICWA definitions, active efforts and placement priorities. Review new updates and policies regarding ICWA with [child welfare] staff.”
- “Scheduling specific presentations for the child welfare division with our Native American partners.”
- “Child welfare staff from DHHS and Tribal Social Services meet regularly to staff cases. Trainings from both entities are shared so that staff from both agencies attend trainings together to develop a closer working relationship. MiTEAM Specialist provides training to tribal partners. Jointly develop foster care recruitment plans.”

**What is your quality improvement plan for state ICWA/MIFPA compliance in your community?**

- “We are currently under development for a new quality improvement process and we will be incorporating some of our current practices and looking to improve in areas of need.”

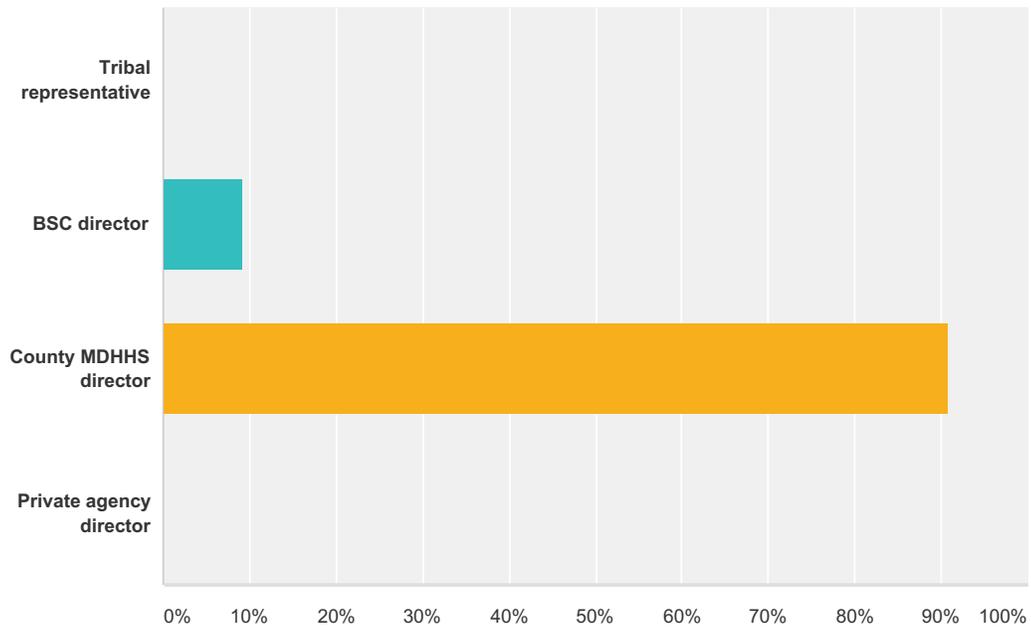
- “There is no formal quality improvement plan, but in general we continue to work toward excellent relationships with the courts, private agencies and tribes, and are prepared to provide appropriate services for any out-of-home placement for an Indian child(ren).”
- “Meet regularly with the tribes to be sure they are able to provide the active efforts necessary for ICWA and MIFPA cases. Provide local office MiSACWIS expert to assist tribal child placement agency with current assistance with MiSACWIS issues. Be sure tribal representatives are invited to all child welfare meetings involving ICWA/MIFPA cases or issues.”

**Please provide suggestions for new programming geared toward tribal children and families.**

- “For many sites, tribal cases are a rare or less than common occurrence. I think having MDHHS and tribal providers sit down and work through case scenarios in a facilitated/supportive workshop would help develop the skill and rapport to meet challenges when they do occur.”
- “Continue to have ongoing workshops/training with tribes and provide the training to foster care workers and supervisors. Include placement options, court proceedings and the ICWA process from the beginning of the case to case closure.”
- “I think having the ICWA staff present at the tribal meeting was very helpful, as I think it will help those counties that don’t have a worker reach out for assistance.”

### Q1 What is your professional role in child welfare?

Answered: 22 Skipped: 1



Answer Choices	Responses
Tribal representative	0.00% 0
BSC director	9.09% 2
County MDHHS director	90.91% 20
Private agency director	0.00% 0
<b>Total</b>	<b>22</b>

#	Other (please specify)	Date
1	District Manager	5/22/2017 7:54 AM

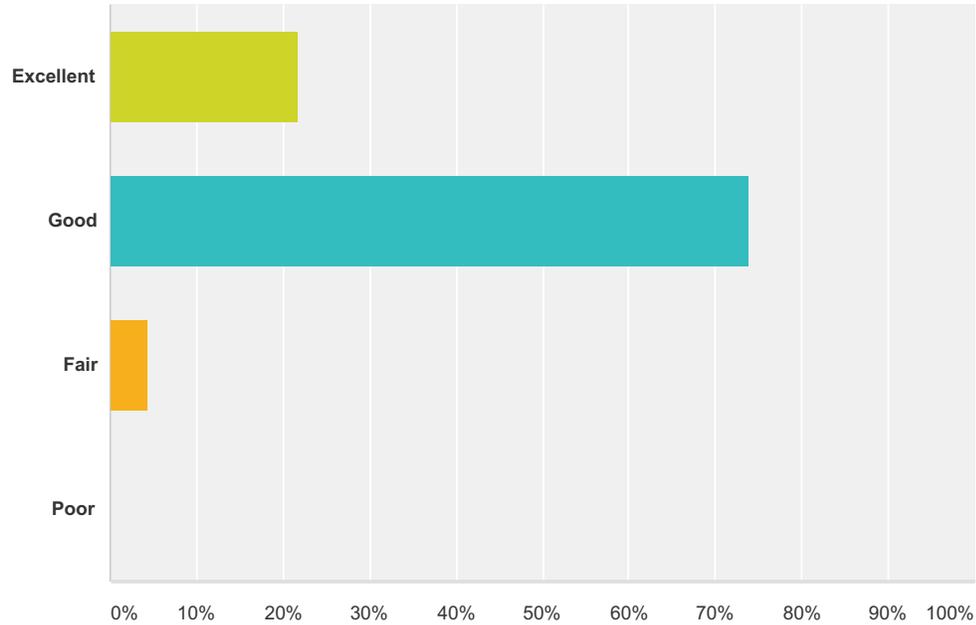
## Q2 What are best practices in the field in regard to ICWA that MDHHS may want to replicate statewide?

Answered: 21 Skipped: 2

#	Responses	Date
1	Continue local office training on a frequent basis given staff turnover and infrequency of these case types.	5/30/2017 3:37 PM
2	South Central DHHS has created a binder for staff to obtain pre-printed labels of many of the frequently used tribes to reduce the time spent typing and labeling letterhead.	5/26/2017 2:54 PM
3	Accept help and support from formal and informal supports. We tend to overlook valuable input and resources from within the tribal network because someone doesn't have a title or a role you would associate with Child Welfare. Be open and receptive, actively reach out within the tribal network for input to make culturally informed decisions.	5/25/2017 11:58 AM
4	Have close working relationship with community partners for the best interest of the child	5/25/2017 10:18 AM
5	Every County could utilize an Indian Outreach worker.	5/24/2017 5:28 PM
6	Making sure workers are aware of the steps they need to take once an ICWA case is opened. Completion of the DHS 120 during the investigation process even if there is no court involvement. Inquire about NAH and possible Tribes during face to face with parents/caretakers.	5/24/2017 12:52 PM
7	Cross-disciplinary coordination among service providers	5/24/2017 11:00 AM
8	Training and collaboration with our Tribal partners, Utilization of our IOW to assist with engaging our Native American partners and parents in efforts to provide services.	5/24/2017 8:58 AM
9	Staff attend Tribal Child Protection Team/Child Welfare meetings and request written recommendation from the Tribe regarding Tribal cases. The Tribe is engaged during State court proceedings involving Tribal children and participates by providing expert witness testimony and recommendations to the court.	5/22/2017 3:08 PM
10	Monthly meetings with DHHS and Tribal Social Services Child Welfare Supervisors. Deal with specific ICWA cases and related issues, discuss new developments with tribal delivery of services as it relates to Active Efforts. Periodic meetings with Tribal ICWA attorneys regarding issues as they develop.	5/22/2017 9:51 AM
11	NA	5/22/2017 8:58 AM
12	Checklist that mirrors the tasks and responsibilities that CPS has. Preferably in MiSACWIS	5/22/2017 7:54 AM
13	N/a	5/21/2017 12:45 PM
14	Joint C.S. worker staff meetings in counties that have trust land (reservation). Directors included.	5/18/2017 11:09 AM
15	regular training, reminders.	5/18/2017 11:09 AM
16	Regular training on ICWA/MIFPA and active efforts.	5/18/2017 10:51 AM
17	Insure that on every case, information regarding potential tribal affiliation is gathered and that tribes are informed at the earliest possible point.	5/18/2017 10:45 AM
18	Ensuring required questions regarding native American heritage are asked by CPS and FC staff.	5/18/2017 10:43 AM
19	Collaboration with local offices as well as assistance with the proper process with counties who don't have involvement with ICWA cases regularly	5/18/2017 8:33 AM
20	Attending quarterly tribal state partnership meetings and disseminating information to the staff; setting up ICWA refresher trainings periodically for staff	5/18/2017 8:30 AM
21	When a county that does not have many ICWA cases receives a case they contact and works with a county that has an ICWA worker.	5/17/2017 9:36 PM

### Q3 How are your working relationships with the tribes concerning ICWA and MIFPA in your community?

Answered: 23 Skipped: 0

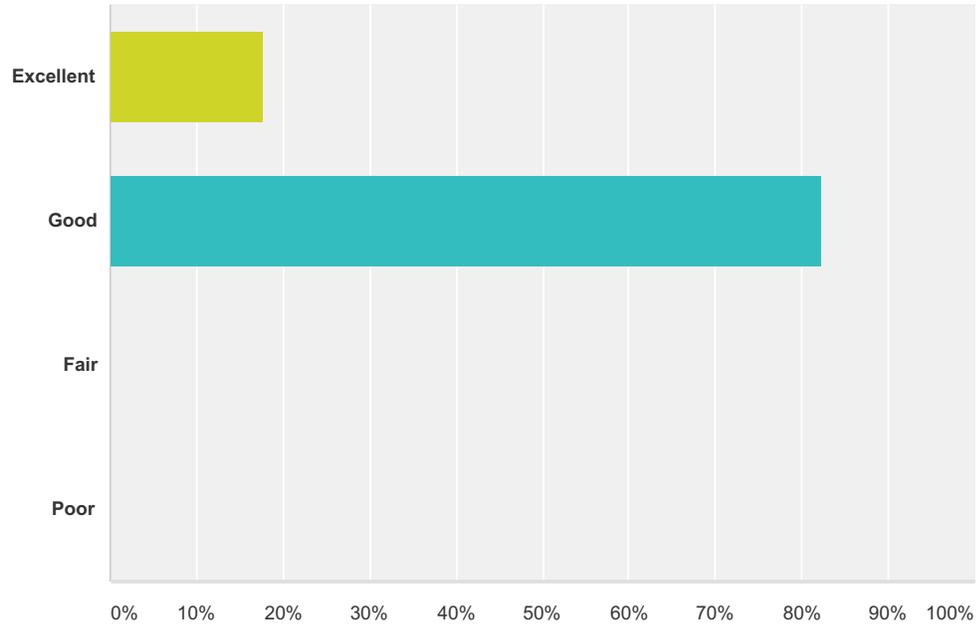


Answer Choices	Responses
Excellent	21.74% 5
Good	73.91% 17
Fair	4.35% 1
Poor	0.00% 0
<b>Total</b>	<b>23</b>

#	Comment	Date
1	Rated good, but the only interaction I have had with a tribe this year was fairly negative in terms of how the tribe attempted to resolve a problem case, better communication was in order than what was displayed.	5/30/2017 3:37 PM
2	We actively communicate on issues even if we don't have a case. We will reach out to one another MDHHS and Tribe on cases before they go to court. We may not always agree but we uphold respect for one another and communicate. We are focused on the children not our egos.	5/25/2017 11:58 AM
3	Steadily improving. We have assigned one foster care worker to handle all Tribal cases which seems to help. Worker attends the above meetings and seeks Tribal input and recommendations. Good relationship.	5/22/2017 3:08 PM
4	We rarely have contact but when we do it is always positive.	5/22/2017 8:58 AM
5	We communicate routinely at all levels of children's services (including court) with the tribe located within our county confines.	5/18/2017 11:09 AM
6	Very rare for us to interact. No concerns have been expressed by anyone.	5/18/2017 10:51 AM
7	No tribes are located in the county, but there are cases that involve tribal members.	5/18/2017 8:30 AM
8	This is overall for the BSC1	5/17/2017 9:36 PM

### Q4 How are your working relationships with MDHHS local offices concerning ICWA and MIFPA in your community?

Answered: 17 Skipped: 6

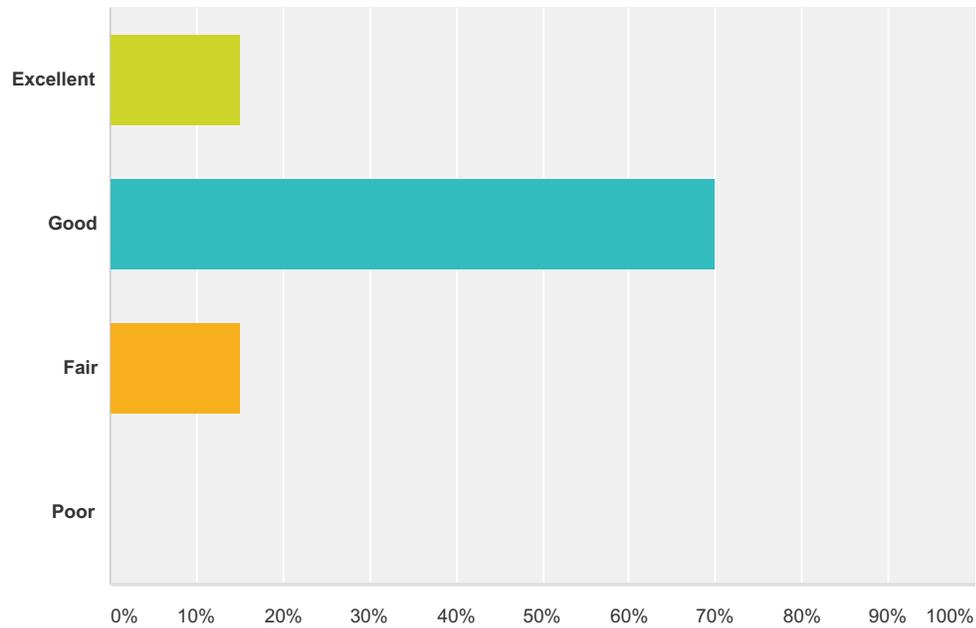


Answer Choices	Responses
Excellent	17.65% 3
Good	82.35% 14
Fair	0.00% 0
Poor	0.00% 0
<b>Total</b>	<b>17</b>

#	Comment	Date
1	N/A	5/22/2017 3:08 PM
2	N/A	5/18/2017 11:09 AM
3	No experience with other offices on this.	5/18/2017 10:51 AM
4	N/A	5/17/2017 9:36 PM

### Q5 How are your working relationships with private agencies in your community concerning ICWA and MIFPA?

Answered: 20 Skipped: 3



Answer Choices	Responses
Excellent	15.00% 3
Good	70.00% 14
Fair	15.00% 3
Poor	0.00% 0
<b>Total</b>	<b>20</b>

#	Comment	Date
1	We have a good collaboration and attempt to resolve issues jointly.	5/30/2017 3:37 PM
2	We don't generally go to our PAFC partners with Native American cases. We don't have a volume of cases that requires us to seek outside support. This is one area we need to work on improving.	5/25/2017 11:58 AM
3	N/A	5/22/2017 3:08 PM
4	As a MDHHS office, as part of our monitoring activity, we try and insure PAFC's handling our cases are educated and apply ICWA and MIFPA appropriately.	5/18/2017 11:09 AM
5	No experience with this.	5/18/2017 10:51 AM

## Q6 What are you doing to improve engagement or working relationships concerning ICWA and MIFPA requirements?

Answered: 21 Skipped: 2

#	Responses	Date
1	Given the infrequency of these case types here, we need to continue to focus on regular training intervals.	5/30/2017 3:37 PM
2	We host them twice per year for training for all staff.	5/26/2017 2:54 PM
3	We are working on our communications. There really needs to be a strong communication network in order to be successful with ICWA and MIFPA. There are too many variables to put everything in a rule book. We view ICWA and MIFPA as much as a practice as we do a policy. It requires communication and cooperation.	5/25/2017 11:58 AM
4	Keeping everyone informed	5/25/2017 10:18 AM
5	We are working with our courts by forming stronger collaborations, meeting quarterly, and attending joint trainings offered by both DHHS and by the court.	5/24/2017 5:28 PM
6	Making sure workers continue to receive training on ICWA definitions, active efforts and placement priorities. Review new updates and policies regarding ICWA with CW staff	5/24/2017 12:52 PM
7	Stakeholder's meetings, sharing of information	5/24/2017 11:00 AM
8	Scheduling specific presentations for the child welfare division with our Native American Partners	5/24/2017 8:58 AM
9	See #2 and #3	5/22/2017 3:08 PM
10	Child welfare staff from DHHS and Tribal Social Services meet regularly to staff cases. Trainings from both entities are shared so that staff from both agencies attend trainings together to develop a closer working relationship. MiTeam Specialist provides training to Tribal partners. Jointly develop Foster Care recruitment plans.	5/22/2017 9:51 AM
11	NA	5/22/2017 8:58 AM
12	To be frank, there are not a lot of tribes that our county comes into contact with.	5/22/2017 7:54 AM
13	Open communication	5/21/2017 12:45 PM
14	Joint staff meetings MDHHS/Tribe	5/18/2017 11:09 AM
15	Regular meetings with tribe including inviting the tribe to PAFC meetings that are held bi-monthly. Active training opportunities between the tribe and MDHHS.	5/18/2017 11:09 AM
16	Nothing as nothing has been brought up.	5/18/2017 10:51 AM
17	Attempt to attend the statewide Tribal partnership meeting at least a few times per year.	5/18/2017 10:43 AM
18	Case stuffings with director and staff when we have these cases	5/18/2017 8:33 AM
19	Continuing communication and education	5/18/2017 8:30 AM
20	Extending conversations with tribal and local office entities.	5/18/2017 8:23 AM
21	Attending tribal partner meetings and learning as much as I can regarding ICWA and MiFPA	5/17/2017 9:36 PM

## Q7 What is your quality improvement plan for state ICWA/MIFPA compliance in your community?

Answered: 17 Skipped: 6

#	Responses	Date
1	Continued education and partnership to improve timeliness and outcomes for ICWA families.	5/26/2017 2:54 PM
2	We are currently under development for a new QI process and we will be incorporating some of our current practices and looking to improve in areas of need.	5/25/2017 11:58 AM
3	communication	5/25/2017 10:18 AM
4	There is no formal QI plan, but in general we continue to work towards excellent relationships with the courts, private agencies and tribes, and are prepared to provide appropriate services for any out of home placement for an Indian child(ren).	5/24/2017 12:52 PM
5	Continued engagement with the tribes via our IOW	5/24/2017 11:00 AM
6	We don't have one and don't believe we have a need for one, but if anyone has suggestions we would be glad to implement.	5/22/2017 3:08 PM
7	Meet regularly with the tribes to be sure they are able to provide the active efforts necessary for ICWA/MIFPA cases. Provide local office MiSACWIS expert to assist tribal child placement agency with current assistance with MiSACWIS issues. Be sure Tribal representatives are invited to all child welfare meetings involving ICWA/MIFPA cases or issuesw.	5/22/2017 9:51 AM
8	NA	5/22/2017 8:58 AM
9	Thorough review of reports at the time of disposition, review of ICWA policy at staff meetings on quarterly basis, refer staff to ICWA forms and policy folder on county shared drive.	5/22/2017 7:54 AM
10	Communicate	5/21/2017 12:45 PM
11	We maintain an updated annual plan.	5/18/2017 11:09 AM
12	Business plan established with Saginaw Chippewa Indian Tribe and Tribal/State Agreement. Regular meetings to assure it is being followed.	5/18/2017 11:09 AM
13	N/A	5/18/2017 10:51 AM
14	No plan currently.	5/18/2017 10:43 AM
15	Nothing formal at this time	5/18/2017 8:33 AM
16	N/A	5/18/2017 8:30 AM
17	N/A	5/17/2017 9:36 PM

### Q8 Please provide suggestions for new programming geared toward tribal children and families.

Answered: 11 Skipped: 12

#	Responses	Date
1	For many sites tribal cases are a rare or less than common occurrence. I think having MDHHS and Tribal providers sit down and work through case scenarios in a facilitated/supportive workshop would help develop the skill and rapport to meet challenges when they do occur.	5/25/2017 11:58 AM
2	understanding ICWA	5/25/2017 10:18 AM
3	Continue to have on-going workshops/training with tribes and provide the training to foster care workers and supervisors. Include placement options, court proceeding and ICWA process from the beginning of the case to case closure.	5/24/2017 12:52 PM
4	Better coordination and participation is critical	5/24/2017 11:00 AM
5	I would not want to presume to make any suggestions here.	5/22/2017 3:08 PM
6	Should have an DHHS ICWA/MIFPA expert visiting all tribal Social Services agencies on a regular basis to engage tribes in discussions about ICWA/MIFPA issues they are experiencing so tribes know that they will have regular opportunities to discuss any issues that may be developing.	5/22/2017 9:51 AM
7	NA	5/22/2017 8:58 AM
8	Licensing tribe as CPA, increased IOW activities to preserve native families.	5/18/2017 11:09 AM
9	Regular training opportunities for first-line workers and supervisors on the laws and particularly active efforts.	5/18/2017 10:51 AM
10	Easy access to contacts for Tribes for countries who have few of these cases.	5/18/2017 8:33 AM
11	I think having the ICWA staff present at the tribal meeting was very helpful as I think it will help those counties that don't have a worker reach out for assistance.	5/17/2017 9:36 PM

	B	C	D	E	F	G	H	I	J	K
1	<b>Initial Caseworker Training</b>									
2	<b>Course/Module Title</b>	<b>Course Description</b>	<b>Title IV-E Administrative Function</b>	<b>FFP Rate</b>	<b>Hours</b>	<b>Venue</b>	<b>Trainer</b>	<b>Duration</b>	<b>Target Audience</b>	<b>Allocation Methodology</b>
3	<b>Pre-Service Institute</b>	This nine-week training is mandatory for newly hired or promoted public and private child welfare caseworkers, including those in Child 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.								Costs for these 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 the FFP rate in column E, for the respective programs.
4	<b>General Classroom</b>	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. In 2016 the Classroom hours spent on general topics and program specific topics is changing, but the overall time spent in the Classroom vs. on the job is not changing. The pre-service institute is considered a single class, credit is not provided for completion of each of the modules, therefore, the Classroom hours are approximate. In addition, required structured field activities and completion of web based training during the nine-week training are included in the time they are OJT.								
5	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 documentation requirements for MiTEAM.	Social work practice, cultural competency, communication skills required to work with children and families	75%	3	Classroom	Multiple Trainers	Long-term	Child Welfare	
6	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	
7	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	
8	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	
9	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	
10	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	

	B	C	D	E	F	G	H	I	J	K
11	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. 8.1H TITLE IV-E, Administrative Functions/Costs, Training, Question 10	50%	3	Classroom	Multiple Trainers	Long-term	Child Welfare	
12	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	
13	Critical Thinking	This half 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	
14	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	
15	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 practices.	social work practice, assessment skills necessary to work with children and families. Case management and supervision; development of case plan; referral to services	75%	3	Classroom	Multiple Trainers	Long-term	Child Welfare	
16	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 a service)	75%	3	Classroom	Multiple Trainers	Long-term	Child Welfare	
17	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	
18	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	

	B	C	D	E	F	G	H	I	J	K
19	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	
20	Engaging with Our Customer: Youth Panel and MAFAK	Delivered by adoptive, foster and kinship caregivers on caring for children in the child welfare system. 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, placement of the child, family centered practice, issues confronting adolescents preparing for independent living, job performance	75%	3	Classroom	Multiple presenters include foster and adoptive youth and foster, adoptive and kinship caregivers	Long-term	Child Welfare	
21	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	
22	<b>General Web-based</b>						N/A			
23	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	
24	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 Together Building Solutions.	Social work practice, cultural competency, communication skills required to work with children and families, referral, family centered	75%	1	Web-based		Long-term	Child Welfare	
25	Law Enforcement Information Network	The procedures and confidentiality requirements for using LEIN, appropriate use of LEIN and the proper use, dissemination and disposal of such information. LEIN provides information on criminal history critical for safety of children and workers, as well as for treatment planning.	Policy and procedures, worker safety	50%	1	Web-based		Long-term	Child Welfare, public agencies	
26	Working with LGBTQ 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.	75%	1	Web-based		Long term	Child Welfare	
27	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	

	B	C	D	E	F	G	H	I	J	K
28	Confidentiality	Introduces caseworkers 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. 8.1H.8	75%	1	Classroom		Long-term	Child Welfare	
29	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	
30	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	
31	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	
32	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 children and families, child abuse and neglect issues, impact of child abuse and neglect, family centered practice, activities designed to preserve, strengthen, and reunify the family, referral	75%	1	Web-based		Long term	Child Welfare	
33	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	
34	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 poverty issues	Social work practice, cultural competency, communication skills required to work with children and families, child abuse and neglect issues, impact of child abuse and neglect on a child	75%	1	Web-based		Long term	Child Welfare	
35	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	

	B	C	D	E	F	G	H	I	J	K
36	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	
37	Time Management	Tips and techniques for managing workload.	Job performance enhancement skills	50%	1	Web-based		Long term	Child Welfare	
38	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	
39	<b>Adoption Program Specific</b>	The program specific portions of the PSI training are offered stand alone to experienced workers who have already completed PSI and are transferring to the adoption program.								
40	Adoption Legal	An interactive training providing caseworks 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	
41	MISACWIS Adoption	Documenting adoption cases on MISACWIS	Permanency planning, preparation for and participation in judicial determinations, and case management, SACWIS training	75%	12	Classroom	Multiple Trainers	Long-term	Adoption	
42	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 SACWIS. Timeframes, primary/secondary worker, case review meetings	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	
43	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	75%	1.5	Classroom	Multiple Trainers	Long-term	Adoption	
44	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	
45	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	
46	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-605 Recommendation to Deny Request.	Placement of the child, development of a case plan, Family centered practice, case management,	75%	1.5	Classroom	Multiple Trainers	Long-term	Adoption	

	B	C	D	E	F	G	H	I	J	K
47	ICWA and Interstate Compact on the Placement of Children	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	
48	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	Family centered practice, placement of the child, development of a case plan, permanency	75%	1.5	Classroom	Multiple Trainers	Long-term	Adoption	
49	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	
50	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	
51	Michigan Children's Institute	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	
52	Adoptive placements, finalization/Post Adoption and Closed File Retention	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 retention	Preparation for and participation in judicial determinations, permanency	75%	2	Classroom	Multiple Trainers	Long-term	Adoption	
53	Structured On The Job Field Activities	Adoption Field Activities include (expand cell for list): <ul style="list-style-type: none"> <li>•Observe a worker talking to a child about adoption</li> <li>•Identify Community Resources</li> <li>•Read an Adoption Case File</li> <li>•Read a Child Assessment</li> </ul>	Case reviews, case management and supervision, home studies	75%	200	Web-based, work environment components	Field supervisor and mentor	long term	Adoption	
54	<b>Foster Care Program Specific</b>	The program specific portions of the PSI training are offered stand alone to experienced workers who have already completed PSI and are transferring into foster care.								
55	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 General's Office	Long-term	Foster Care	
56	MISACWIS foster care	Documenting foster care casework on MISACWIS	MISACWIS training other than development and operational costs	75%	12	Classroom	Multiple Trainers	Long-term	Foster Care	
57	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	Long-term	Foster Care	

	B	C	D	E	F	G	H	I	J	K
58	Updated Service Plans, 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	Long-term	Foster Care	
59	AWOLP, Termination of Parental Rights and Referral to Aoption	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 to adoption following DHHS policies	Case management and supervision, social work practices, placement of child.	75%	6	Classroom	Multiple Trainers	Long-term	Foster Care	
60	Structured On The Job Field Activities	Foster Care Activities include (expand cell for list):: <ul style="list-style-type: none"> <li>•FTM Shadowing guide</li> <li>•Parenting Time Shadowing Guide</li> <li>•Visitation Shadowing Guide</li> <li>•Interview the Permanency Resource Monitor</li> <li>•Policy Manuals activity and review</li> </ul>	Title IVE policy and procedures, effective communication skills	75%	200	Web-based, work environment components	Field supervisor and mentor	long term	Foster Care	
61	<b>CPS Program Specific</b>	The program specific portions of the PSI training are offered stand alone to experienced workers who have already completed PSI and are transferring to CPS.								
62	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	
63	Case Decision Making	Using a case scenario, trainees will be trained on how to identify the elements needed to establish preponderance of evidence and Identify when a petition is mandatory.	Preparation for and participation in court hearings	75%	2	Classroom	Multiple Trainers	Long-term	CPS	
64	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	
65	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	
66	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	
67	MISACWIS CPS	Documenting CPS casework on MISACWIS	Training in MISACWIS	75%	12	Classroom	Multiple Trainers	Long-term	CPS	



	B	C	D	E	F	G	H	I	J
1	<b>Ongoing Web-Based Courses</b>								
2	<b>Course/Module Title</b>	<b>Course Description</b>	<b>Title IV-E Administrative Function</b>	<b>FFP Rate</b>	<b>Hours</b>	<b>Venue</b>	<b>Duration</b>	<b>Target Audience</b>	<b>Allocation Methodology for all classes</b>
3	Absent Parent Protocol	This one hour training will provide DHHS and private agency child welfare staff with an overview of the Michigan Absent Parent Protocol (APP) of identifying, locating and notifying Non- custodial parents in child protective proceedings. It emphasizes the importance of addressing the absent parent issue as early as possible in child protection proceedings. Failure to address the absent parent has been a barrier to timely permanent placement for children. Child Welfare staff should expect the court to question the specific efforts made to identify and locate absent parents.	Social work practice - family centered practice; development of case plan; Participation in judicial findings.	75%	1	Web based	long term	Child Welfare	Costs for these 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 the FFP rate in column E, for the respective programs.
4	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	Web based	long term	Child Welfare	
5	Completing the DHS1927 Child Adoption Assessment	A job aid that shows how to complete the DHS-1927.	Adoptive home studies	75%	0.5	Web based	long term	Child Welfare	
6	Complying with the Multiethnic Placement Act MEPA of 1994 and Interethnic Adoption	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	Web based	long term	Child Welfare	
7	CPS Caseworker Visits with Children	CPS Caseworker Visits with Children presents background information about caseworker visits, including the elements that comprise quality visits.	Social work practice - family centered practice; development of case plan; Participation in judicial findings.	75%	1	Web based	long term	Child Welfare	
8	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 DV/IPV relationships	General issues related to children and families in child welfare systems	75%	1	Web based	long term	Child Welfare	
9	Education Requirements for Youth in Foster Care II	Attendees will learn about the new federal legislation, Every Student Succeeds Act, which is the first education legislation to include provisions to better serve youth who are in foster care. Attendees will also learn of the multiple college resources available for youth who have experienced foster care, including the Education and Training Voucher, the Tuition Incentive Program, the Fostering Futures Scholarship, and the work of campus based support programs, including the University of Michigan Blavin Program.	Case management and supervision; development of case plan; referral to services	75%	3	webinar	long term	Child Welfare, Education Planners	
10	Foster Care - Adoption - JJ Caseworker Visits with Children	Foster Care - Adoption - JJ Caseworker Visits with Children presents background information about caseworker visits, including the elements that comprise quality visits.	Social work practice - family centered practice; development of case plan; Participation in judicial findings.	75%	1	Web based	long term	Child Welfare	
11	Helping Adoptive Parents Apply for Adoption Assistance	This 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	Web based	long term	Child Welfare	
12	Indian Child Welfare Act	This training 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. Foundation in the ICWA, ICWA Mandates, DHS Office of Native American Affairs (NAA) and DHS Native American Affairs (NAA) policies and procedures.	Case planning; preparation for judicial determinations.	75%	1.5	Web based	long term	Child Welfare	
13	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	Web based	long term	Child Welfare	

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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	Web based	long term	Child Welfare	
15	Mentoring PSI New Hires	This Web based 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	Web based	long term	Child Welfare staff who will be mentoring PSI students	
16	MiTeam Peer Coach 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	Web based	long term	MiTEAM Specialist	
17	Petition Writing 101	This course will educate caseworkers on how to draft initial and supplemental petitions in court for a child protective proceeding. The caseworkers will receive instruction on how to fill out the required SCAO form for these petitions and how to draft allegations. The course will also provide information on the appropriate relief to seek depending on the particular facts and circumstances	Job performance enhancement skills	50%	1	Web based	long term	Child Welfare	
18	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 management responsibilities.	Case planning	75%	1	Web based	long term	Child Welfare	

	B	C	D	E	F	G	H	I	J	K
1	<b>Initial Supervisor Training</b>									
2	<b>Course/Module Title</b>	<b>Course Description</b>	<b>Title IV-E Administrative Function</b>	<b>FFP Rate</b>	<b>Hours</b>	<b>Venue</b>	<b>Trainer</b>	<b>Duration</b>	<b>Target Audience</b>	<b>Allocation Methodology for all classes</b>
3	<b>General Supervisor</b>	This is a 5 day, 40 hour training for newly hired child welfare supervisors in CPS, foster care and adoption. 2 days of general skills for all programs and 3 days of program specific skills. Classroom hours are also used for exams and evaluation, etc and may not add up exact.								Costs for these 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 the FFP rate in column E, for the respective programs.
4	Supervisory Skills	Work management skills, conceptual skills, interpersonal skills, and technical knowledge required of newly hired or promoted child welfare supervisors.	Day-to-Day supervisor skills	50%	8	Classroom	Multiple trainers	Long-term	Child Welfare Supervisors	
5	Legal	The role a supervisor plays in supporting their staff on legal issues, including law enforcement issues, mandatory reporter, Absent Parent Protocol, due process, reasonable efforts, putative vs. legal	Preparation for and participation in judicial determinations; case practice, placement of the child, permanency	75%	4	Classroom	Multiple trainers from the	Long-term	Child Welfare Supervisors	
6	Roles & Responsibility	Disseminating information Managing for outcomes Supervising, coaching and mentoring for success Developing leaders Identifying skills to encourage practice with staff Improving job knowledge and	Case management and supervision; job performance enhancement skills, worker retention	50%	4	Classroom	Multiple trainers	Long-term	Child Welfare Supervisors	
7	<b>Adoption Program Specific</b>		Please see the breakdown for each module			Classroom	Multiple trainers	Long-term	Child Welfare Supervisors	
8	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	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	
9	CFSR and Consent Decree	Michigan's ranking Items needing improvement Items as a strength Case reviews Outcomes Impact at a local and statewide level Consent Decree Myth vs. Fact Needed changes to achieve	Case management and supervision	75%	1	Classroom	Multiple trainers	Long-term	Adoption Supervisors	
10	Confidentiality	Working with identifying information Redaction of info Medical, mental health & substance abuse records FOIA	Confidentiality, referral to services,	50%	1	Classroom	Multiple trainers	Long-term	Adoption Supervisors	
11	Child Death Reporting and Mandated Reporters	Child death reporting process Administrative policy and the Child Protection Law	Policy and procedure; Case management and supervision	50%	1	Classroom	Multiple trainers	Long-term	Adoption Supervisors	
12	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 PPC's	Referral to services; permanency; Placement of the child; Development of the case plan	75%	1	Classroom	Multiple trainers	Long-term	Adoption Supervisors	
13	Finding Permanency	Child Assessment Family Recruitment and the use of the child assessment and family assessment in the matching process. Application for Adoption	Permanency; Placement of the child; Case management and supervision	75%	1.5	Classroom	Multiple trainers	Long-term	Adoption Supervisors	
14	Report Writing & Documentation	Reading reports Case reads and audits for compliance Supportive documentation	Development of the case plan; Case reviews; Case management and supervision	50%	1	Classroom	Multiple trainers	Long-term	Adoption Supervisors	
15	Achieving Permanency	Consent to adopt Legal risk adoptions Incarcerated parents 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	
16	DHS & CPA Interface for Adoption	Same job requirements Law, policy, CFSR & consent decree impacting child welfare practice. This will include building a better foundation on which agencies build effective partnerships and	Case management and supervision; job performance enhancement skills	75%	2	Classroom	Multiple trainers	Long-term	Adoption Supervisors	
17	MCI 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	Long-term	Adoption Supervisors	
18	Subsidy	Support Non recurring expenses Medical subsidy Post adoption services	rate setting; referral to services	75%	2	Classroom		Long-term	Adoption Supervisors	
19	<b>CPS Program Specific</b>		Please see the breakdown for each module			Classroom	Multiple trainers	Long-term	CPS Supervisors	

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20	Philosophy of Safety/Policy/Law/CFSR/MSA	Child safety Reunification and strength based services Permanency and well being Values and ethics Best interest of the child Intake Legal requirements (including CPL & policy) Michigan's CFSR & PIP	Case reviews, case management and supervision, policy and procedure, permanency, social work practice	75%	4	Classroom	Multiple trainers	Long-term	CPS Supervisors	
21	Ongoing	Contact standards Case visits – quantity and quality What to look for in an ISP & USP Documentation Relative licensing Placement & re-placement Continuity of relationships Strength based interviews	policy and procedure, SACWIS system training, family centered practice	75%	4	Classroom	Multiple trainers	Long-term	CPS Supervisors	
22	Report Review	Keeping a macro view. Use of data reports, case reads and audits What to look for in and ISP & USP Report writing and documentation	Case reviews, case management and supervision, policy and procedure, permanency, social work practice	50%	4	Classroom	Multiple trainers	Long-term	CPS Supervisors	
23	Transfer to Foster Care	Requirements and timeliness for transfer to FC Five day packet Placement & re-placement	policy and procedure, SACWIS system training, permanency	50%	1	Classroom	Multiple trainers	Long-term	CPS Supervisors	
24	MiSACWIS Reports & Supervisory Functions	Assignment of cases, approval of decisions (ISP, USP, case closure)	policy and procedure, SACWIS system training	50%	1	Classroom	Multiple trainers	Long-term	CPS Supervisors	
25	<b>Foster Care Program Specific</b>		Please see the breakdown for each module			Classroom	Multiple trainers	Long-term	Foster Care Supervisors	
26	Office of Family Advocate	Constituent complaints, fatality reviews and special case reviews	Family centered practice, job enhancement skills, case reviews	50%	1	Classroom	Guest speaker from OFA	Long-term	Foster Care Supervisors	
27	Philosophy of Care	Permanency, reunification and strength based services Child safety and well being Values and ethics Best interest of the child	Case reviews, case management and supervision, policy and procedure, permanency, social work practice, Family	75%	2	Classroom	Multiple trainers	Long-term	Foster Care Supervisors	
28	CFSR and Consent Decree	Michigan's ranking Items needing improvement Items as a strength Case reviews Outcomes Impact at a local and statewide level Consent Decree Myth vs. Fact Changes needed for all children in	Case management and supervision	75%	3	Classroom	Multiple trainers	Long-term	Foster Care Supervisors	
29	Relative Licensing & Permanency	Impact of placement & re-placement Permanency and changing goals PPC's Continuity of relationships Incarcerated parents	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	
30	Transfer to Adoption	Termination of Parental Rights. Permanency goals	Permanency, case management and supervision, policy and procedure, Title IV-E policy and procedures	75%	1	Classroom	Multiple trainers	Long-term	Foster Care Supervisors	
31	DHS & CPA Interface	Same job requirements Law, policy, CFSR & consent decree impacting child welfare practice. This will include building a better foundation on which agencies build effective partnerships and	Case management and supervision; job performance enhancement skills	50%	2	Classroom	Multiple trainers	Long-term	Foster Care Supervisors	
32	Report Writing & Documentation	Reading reports for a purpose Case reads and audits for compliance Supportive documentation SDM tools What to look for in an ISP & USP Funding Legal statutes Case visits-quantity & quality	Development of the case plan; Case reviews; Case management and supervision	50%	4	Classroom	Multiple trainers	Long-term	Foster Care Supervisors	
33	Confidentiality	Working with identifying information Redaction of info Medical, mental health & substance abuse records FOIA	Confidentiality, referral to services,	50%	3	Classroom	Multiple trainers	Long-term	Foster Care Supervisors	
34	<b>Juvenile Justice Supervisor Training</b>	This one day training is designed to instruct new and veteran MDHHS supervisors who are supervising Juvenile Justice cases, including Crossover youth (Dual Wards).	Development of the case plan; Case reviews; Case management and supervision	<b>50%</b>	6	classroom	multiple	long term	Juvenile Justice Supervisors	

	B	C	D	E	F	G	H	I	J	K
1	<b>Ongoing Classroom Training</b>									
2	<b>Course/Module Title</b>	<b>Course Description</b>	<b>Title IV-E Administrative Function</b>	<b>FFP Rate</b>	<b>Hours</b>	<b>Venue</b>	<b>Trainer</b>	<b>Duration</b>	<b>Target Audience</b>	<b>Allocation Methodology for all classes</b>
3	Adult Interviewing and Investigations	New techniques for interviewing clients and identify ways to improve communication skills with clients who may be deceptive. Attendees will also be refreshed on current DHS policy regarding investigative requirements.	adult interviewing skills	50%	6	Classroom	Multiple Trainers	long-term	Child Welfare	Costs for these 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 the FFP rate in column E, for the respective programs.
4	Bringing MiTeam to Psychotropic Medication Consent	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	
5	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	Federal Compliance and Child Welfare Funding	long term	Child Welfare Funding Specialists	
6	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	Federal Compliance and Child Welfare Funding	long term	Child Welfare Funding Specialists	
7	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	Federal Compliance and Child Welfare Funding	long term	Child Welfare Funding Specialists	
8	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 foster care system.	Eligibility determinations and redeterminations	75%	6	Classroom	Federal Compliance and Child Welfare Funding	long term	Child Welfare Funding Specialists	
9	Confidentiality Training for Child Welfare Workers	This class introduces new workers to confidentially 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, 8.1H.8 - Ethics training...such as confidentiality.	75%	3	Classroom	Multiple Trainers	long-term	Child Welfare	
10	CPS Report Writing 101	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 CPS Policy regarding Conclusion/Disposition, FANS/CANS, Services Agreements, Social Work Contacts and write effective narratives in the CPS case record.	communication skills, Preparation for and participation in judicial determinations	50%	6	Classroom	Multiple Trainers	long-term	Child Welfare	
11	Crucial Accountability for Workers	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	

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12	Crucial Conversations	Effective communication in high stakes situations when there is disagreement and unpredictable emotional responses. Focuses on building relationships by consciously building a trusting relationship.	communication skills	75%	16	Classroom	Multiple Trainers	long term	Child Welfare	
13	Cultural Competence	Trainees will learn about the dynamics and importance of cultural competency.	Cultural competency related to children and families.	75%	6	Classroom	Multiple Trainers	long term	Child Welfare	
14	Domestic Violence - Family Preservation	Participants will learn to use the family preservation 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	75%	18	Classroom	Multiple Trainers	long term	Child Welfare	
15	Domestic Violence Laws - Family Preservation	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	Preparation for and participation in judicial determinations, communication skills required to work with	75%	3	Classroom	Multiple Trainers	long term	Child Welfare	
16	Educational Opportunities for Students from Foster Care (also a 2016 version)	This training will provide attendees with information regarding policy and the education needs of youth in the foster care system. It is presented by Education Planners to Child Welfare staff, education staff, court staff, foster parents, and/or youth. The following may be covered in the 2-hour training: 1) State and federal education policy and procedure as it applies to youth in foster care. 2) College financial aid and resources. 3) Role and responsibilities of education planners.	Case management and supervision; development of case plan; referral to services	75%	3	Classroom	Multiple Trainers	long-term	Child Welfare/ educational planners	
17	Employee Engagement	This will be a Classroom training for all of the DHS 1st and 2nd line supervisors. This training derived from the Employee Engagement surveys that suggested our management fell short in the areas of Leadership and Communication. The training teaches leaders at DHS how to gain effective communication and build trust with their team, in addition to managing through change. The class ends with participants creating their own Engagement plans	Team Building; worker retention	50%	3	Classroom	Multiple Trainers	long term	Child Welfare, public agencies	
18	Foster Care Report Writing 101	Skills to promote individualized report writing, behavioral-based narratives and SMART goal development, helping to meet documentation requirements of the MSA and CFSR.	communication skills	50%	6	Classroom	Multiple Trainers	long-term	Child Welfare	
19	Foster Home Certification	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 three-day class on certifying foster homes.	Recruitment and licensing of foster homes	75%	18	Classroom	Division of Child Welfare Licensing staff	long term	Licensing Caseworkers and Supervisors	
20	Foster Home Complaint	Foster Home License Complaint 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 two-day class for conducting special investigations on foster homes.	investigation of child abuse and neglect, child safety and foster parent retention	75%	12	Classroom	Division of Child Welfare Licensing staff	long term	Licensing Caseworkers and Supervisors	
21	Human Trafficking	Introduction to the human trafficking protocol. Signs of human trafficking.	social work practice, Development of case plan;	75%	6	Classroom	Multiple Trainers	long term	Child Welfare	

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22	Indian Child Welfare Act Refresher	This 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	
23	Incest-Affected Families I - Family Preservation	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 centered practice, activities designed to preserve,	75%	6	Classroom	Multiple Trainers	long term	Child Welfare/family preservation	
24	Incest-Affected Families I I- Family Preservation	This workshop is designed to assist the in-home workers in working with Adult survivors of Incest/Sexual molestation. The focus of "dos and donts" 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 centered practice, activities designed to preserve,	75%	6	Classroom	Multiple Trainers	long term	Child Welfare/family preservation	
25	Increasing College Outcomes for Foster Youth - 2015	This course is designed to provide workers with education policy, YIT policy, Post-secondary resources for youth from foster care, including Education and Training Voucher (ETV), the application process and other financial opportunities.	Referral to services, Development of case plan	75%	3	Classroom	Multiple Trainers	long term	Child Welfare	
26	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	
27	Influencer	Developing an effective and comprehensive influence strategy to overcome the long-term problems. Influencer training uses a combination of extensive in-class practice, group participation and personal planning to learn and develop the strategies for resolving tough issues.	communication skillsrequired to work with children and families	75%	8	Classroom	Doug Finton/Bill Patric	long term	Child Welfare	
28	Introduction to Domestic Violence and the Effects on Children	Participants will learn the guiding principles for work with domestic violence in families, assessment skills and ways to support the non-offending parent and the children. Attendees will also experience the strength-based perspective as applied to domestic violence.	Candidates for care	75%	6	Classroom	Multiple Trainers	long term	Child Welfare	
29	Licensing Summit	This is a two-day summit with a focus on recruitment, retention and relevant foster care and licensing topics.	Recruitment and licensing of foster homes	75%	12	Classroom	Multiple Trainers	short term	licensing and Child Welfare	
30	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	
31	MDHHS Early On Referral Process	Training on the MDHHS Early On referral process, Early On policy, CAPTA, Early On Services, and Early On referral documents.	Case management and supervision; development of case plan; referral to services	75%	2	Classroom	Multiple Trainers	long-term	Child Welfare	

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32	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	
33	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	DHS Medical Director	short term	Child Welfare	
34	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	DHS Medical Director	short term	Child Welfare	
35	Mental Health I - Interventions - Family Preservation	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 mental illness and safety planning.	Case management and supervision; development of case plan; referral to services	75%	6	Classroom	Multiple Trainers	long term	Child Welfare/ family preservation	
36	Mental Health II - For Kids - Family Preservation	This 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,	75%	6	Classroom	Multiple Trainers	long term	Child Welfare/ family preservation	
37	MiTEAM Domestic Violence Enhancement Training	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	
38	Money Whisperer - Family Preservation	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.	50%	6	Classroom	Multiple Trainers	long term	Child Welfare/ family preservation	
39	Personal Safety for Workers - Family Preservation	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	Child Welfare/ family preservation	
40	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 inservice training and ongoing professional	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	
41	Safety By Design	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.	Case management and supervision; development of case plan; referral to services	75%	3	Classroom	Multiple Trainers	long term	Child Welfare	
42	Safety By Design - Train the Trainer	Safety By Design Train the Trainer is an opportunity for staff to become knowledgeable in the Safety By Design curriculum and practice effective training delivery techniques. The curriculum is intended to enhance the trainees' understanding of safety assessment and planning, as well as threatened harm policy and practice. Appropriate safety assessment and planning is essential in Child Welfare.	Case management and supervision; development of case plan; referral to services	75%	6	Classroom	Multiple Trainers	long term	Child Welfare	

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43	Secondary Trauma	Secondary Trauma training provides a common knowledge of secondary traumatic stress (STS) and how it relates to Child Welfare professionals. This training encourages growth and development through identifying the signs and symptoms of STS. Secondary Trauma training also provides strategies to prevent the onset of secondary traumatic stress as well as empower Child Welfare workers so that they yield positive outcomes.	worker retention, stress management training	50%	6	Classroom	Multiple Trainers	long term	Child Welfare/ supervisors	
44	Self Care for Workers - Family Preservation	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	Child Welfare/ family preservation	
45	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	Child Welfare	
46	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	
47	Solution Focus - Family Preservation	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	Child Welfare/ family preservation	
48	Substance-Affected Families - Family Preservation	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 neglect issues, family centered practice, referral to services. Development of case plan; case management and	75%	12	Classroom	Multiple Trainers	long term	Child Welfare	
49	Testifying in Court - Family Preservation	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	Child Welfare/ family preservation	
50	The ABC's of Bullying	Identifying bullying behaviors and the impact on those involved.	social work practice	50%	6	Classroom	Multiple Trainers	long term	Child Welfare/ family preservation	
51	Trauma Informed Assessment Coaching Lab	This workshop is designed to raise participants' level of skill and confidence in using trauma informed assessments with children, youth and adults; and use the analysis phase of the assessment process to understand the underlying causes of the problem or behaviors.	Impact of child and abuse on children	75%	3	Classroom	MiTEAM Consultants	short term	Child Welfare	
52	Trauma Informed Assessment Supervisor Group	Workshop to support the supervisor, for them to support each other and to discuss how they could support their staff around learning and implementing the particular behaviors, skills related to assessment. The small group sessions previewed the competency, lessons taught in the coaching lab and related Quality Service Review	General supervisory skills; team building & stress management	50%	2	Classroom	MiTEAM Consultants	short term	Child Welfare	
53	Trauma Informed Case Plan Implementation Lab	This lab was designed so, each participant could practice identifying strategies to strengthen the implementation of one family's plan – strengthen the collaboration with service providers, strengthen tracking and adjusting and celebrate the small steps of change with families.	Impact of child and abuse on children	75%	3	Classroom	MiTEAM Consultants	short term	Child Welfare	
54	Trauma Informed Case Planning Coaching Lab	This coaching lab is designed to raise participants' level of skill – and their confidence – in fostering a family's voice, choice, and resiliency in the case-planning process. Participants will examine strategies for capturing family members' voices, enabling them to make empowered choices, and building their resiliency. Participants also will refine the art of brainstorming, a tool they can use to identify quality actions steps with a family and team	Impact of child and abuse on children	75%	3	Classroom	MiTEAM Consultants	short term	Child Welfare	

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55	Trauma Informed Case Planning Supervisor Group	Workshop to support the supervisor, for them to support each other and to discuss how they could support their staff around learning and implementing the particular behaviors, skills related to case planning. The small group sessions previewed the competency, lessons taught in the coaching lab and related Quality Service Review practice indicator and fidelity measure.	Impact of child and abuse on children	75%	2	Classroom	MiTEAM Consultants	short term	Child Welfare	
56	Trauma Informed Engagement Coaching Lab	This workshop is designed to raise participants' level of skill and confidence in using trauma-informed engagement skills; to practice the core condition of empathy; recognize and acknowledge the power differential that is inherent in our work with families; raise their awareness of personal biases and triggers that impede consistent engagement with families.	Impact of child and abuse on children	75%	3	Classroom	MiTEAM Consultants	short term	Child Welfare	
57	Trauma Informed Mentoring Coaching Lab	This lab was designed for staff to practice mentoring through helping those they serve navigate a system or processes, and provide and/or welcome feedback that leads to growth.	Impact of child and abuse on children	75%	3	Classroom	MiTEAM Consultants	short term	Child Welfare	
58	Trauma Informed Mentoring Supervisor Group	Workshop to support the supervisor, for them to support each other and to discuss how they could support their staff around learning and implementing the particular behaviors, skills related to mentoring The small group sessions previewed the competency, lessons taught in the coaching lab and related Quality Service Review practice indicator and fidelity measure.	Impact of child and abuse on children	75%	2	Classroom	MiTEAM Consultants	short term	Child Welfare	
59	Trauma Informed Placement Coaching Lab	This lab was designed to connect the content of the skills taught to data (QSR, Outcomes, Fidelity Indicators and Key Performance Indicators). Participants will practice how to communicate small steps at each point of contact that build connections. Key steps to trauma-informed decision making process is also a skill taught. Participants list strategies to lessen trauma for a child in transition or being 'placed'. The impact of placement on workers and supervisors is explored.	Impact of child and abuse on children	75%	3	Classroom	MiTEAM Consultants	short term	Child Welfare	
60	Trauma Informed Placement Supervisor Group	Workshop to support the supervisor, for them to support each other and to discuss how they could support their staff around learning and implementing the particular behaviors, skills related to placement. The small group sessions previewed the competency, lessons taught in the coaching lab and related Quality Service Review practice indicator and fidelity measure.	Impact of child and abuse on children	75%	2	Classroom	MiTEAM Consultants	short term	Child Welfare	
61	Trauma Informed Prep Session	Designed to provide users with the basic information needed to practice the MiTEAM model using a trauma-informed lens. This session provided staff with the effects of trauma on the brain, the Adverse Childhood Experience (ACE) study regarding long term effects of trauma, the use of the CTAC trauma screen for children and youth, and secondary trauma.	Impact of child and abuse on children	75%	3	Classroom	MiTEAM Consultants	short term	Child Welfare	
62	Trauma Informed Teaming Coaching Lab	This workshop is designed to raise participants' level of skill and confidence in forming a meaningful team with children, youth, and adults; practice empowering the family to recruit team members who have cultural competence, technical competence, and time to fulfill commitments to focus on child/youth and family safety, permanence, and well-	Impact of child and abuse on children	75%	3	Classroom	MiTEAM Consultants	short term	Child Welfare	
63	Trauma Informed Teaming Supervisor Group	Workshop to support the supervisor, for them to support each other and to discuss how they could support their staff around learning and implementing the particular behaviors, skills related to teaming. The small group sessions previewed the competency, lessons taught in the coaching lab and related Quality Service Review	Impact of child and abuse on children	75%	2	Classroom	MiTEAM Consultants	short term	Child Welfare	
64	Verbal De-esclation	Techniques and strategies for defusing verbal aggression and threats.	Worker safety	50%	3	Classroom	Multiple Trainers	long term	Child Welfare	
65	Women in Leadership	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	

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66	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	Child Welfare/ family preservation	
67	Working With Teens	This ½ day training will educate CPS, Foster Care, and Adoption workers on MDHHS policy regarding working with teens and families. Changes in policy, YAVFC and MYOI will be discussed as well as engagement discussions.	Case management and supervision; development of case plan; referral to services	75%	3	Classroom	Multiple Trainers	long-term	Child Welfare	
68	Family Engagement, Strength Based Solution Focus and Assessment	A training reinforcing engagement and assessment through a solution based focus.	Communication skills required to work with children and families.	75%	6	Classroom	Multiple Trainers	long-term	Child Welfare	
69	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	
70	Leading Change for Program Managers	Participants will be able to identify the ways people will respond to change as well as be able to recognize how to overcome change resistance. Lastly, they will develop a Communication Plan that will assist Program Managers when communicating a change initiative.	job performance enhancement skills	50%	1.5	Classroom	Multiple Trainers	long term	MDHHS staff	

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1	<b>Ongoing University Led Training</b>									
2	<b>Course/Module Title</b>	<b>Learning Objectives</b>	<b>Title IV-E Administrative Function</b>	<b>FFP Rate</b>	<b>Hours</b>	<b>Venue</b>	<b>Trainer</b>	<b>Duration</b>	<b>Target Audience</b>	<b>Allocation Methodology for all classes</b>
3	MDHHS has a contract with Michigan Schools of Social Work to develop and deliver classroom and online training free of charge to our child welfare workforce. The following classes were provided under this contract during fiscal year 2016									Costs for these 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 the FFP rate in column E, for the respective programs.
4	Did You Really Understand What Was Said?	<ul style="list-style-type: none"> <li>• Improve skills in word use.</li> <li>• Understand conflict and how to deal with it better.</li> <li>• Understand how culture and communication are linked.</li> </ul>	Communication skills to work children and families	75%	3.5	classroom	University	short term	child welfare	
5	Adolescent Substance Abuse: The Impact of Trauma & Treatment	<p>Describe the different stages of substance use.</p> <ul style="list-style-type: none"> <li>• Verbalize the role of dopamine in drug and alcohol use.</li> <li>• Describe the cycle of trauma and substance abuse.</li> <li>• Verbalize the developmental treatment steps for individuals with substance abuse and trauma.</li> <li>• Describe what trauma-informed treatment is.</li> <li>• Verbalize the process of addiction.</li> </ul>	General issues related to children and families in the child welfare system	75%	3.5	classroom	University	short term	child welfare	
6	Infant Mental Health: Importance of Bonding/Attachment	<ul style="list-style-type: none"> <li>• Identify and define the core concepts of bonding and attachment.</li> <li>• Deepen understanding of the essential components of healthy attachment and what can negatively impact its development.</li> <li>• Identify the life-long consequences of a disordered attachment.</li> </ul> <p>Understand the basics of infant mental health and services provided.</p>	Impact of abuse and neglect on children	75%	3	classroom	University	short term	child welfare	
7	Trauma-Informed Care: Is It Behavior or the Effect of Trauma?	<ul style="list-style-type: none"> <li>• Understand the significance of the Adverse Childhood Experiences study and the connection to other behaviors, psychiatric diagnoses, health, legal, mental health, and educational issues throughout the life cycle.</li> <li>• Identify factors to consider in treatment decisions by understanding children, adolescents, and adults differently.</li> <li>• Be familiar with three evidence-based therapies currently being used and the rationale behind them.</li> </ul>	Impact of abuse and neglect on children	75%	3	classroom	University	short term	child welfare	
8	Assessing, Preparing & Supporting Adoptive Families & Children to Achieve & Maintain Permanence	<p>Assess and prepare both foster families and recruited families for the challenges involved in adopting children from the child welfare system.</p> <ul style="list-style-type: none"> <li>• Prepare children for adoption based on age and stage of development.</li> <li>• Conduct visits and moves that enhance attachment and minimize trauma for children and families.</li> <li>• Supervise and support adoptive placements so that the family and child are more likely to enjoy a permanent relationship after the adoption is finalized.</li> </ul>	Permanency planning; activities designed to preserve, strengthen families	75%	6.5	classroom	University	short term	child welfare	
9	Perspectives on Trauma in Childhood & Adolescence	<ul style="list-style-type: none"> <li>• Describe the developmental effects of trauma experienced during childhood.</li> <li>• Describe the differential consequences of various types of trauma.</li> <li>• Understand the residual effects on children of removal from the family home and placement.</li> </ul>	Impact of abuse and neglect on children	75%	3	classroom	University	short term	child welfare	

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10	Understanding the Impact of Vicarious Trauma	<ul style="list-style-type: none"> <li>Understand the cultural history which led to ICWA.</li> <li>Understand the legal versus cultural definition of "Indian child".</li> <li>Identify and assess the needs of an "Indian child" and his/her family.</li> <li>Understand three social work ethical principles that support the ICWA.</li> <li>Understand when ICWA cases may not be transferred based on "good cause".</li> <li>Understand the consequences of noncompliance with ICWA within the legal system.</li> </ul>	Impact of abuse and neglect on children; preparation and participation in judicial determinations	75%	3	classroom	University	short term	child welfare	
11	Understanding Cultural Diversity & Our Invisible Knapsack: Consequences for Children & Families	<ul style="list-style-type: none"> <li>Apply a new framework to the understanding of ethnicity, sexual orientation, age, ability/disability, as well as race, class, and gender.</li> <li>Use critical thinking skills when working with vulnerable and underserved populations.</li> <li>Demonstrate ability and a willingness to use what you have experienced in the class about marginalized populations in your role as an advocate in child welfare.</li> <li>Examine the professional use of self in culturally sensitive practice.</li> </ul>	Cultural competencies related to children and families	75%	3	classroom	University	short term	child welfare	
12	Identify & Treat Substance Abuse Issues in the Family	<ul style="list-style-type: none"> <li>Identify signs and symptoms of substance use both in adults and adolescents</li> <li>Understand current trends in substance use among adults and adolescents.</li> <li>Understand how to complete a comprehensive assessment and provide treatment.</li> </ul>	General issues related to children and families in the child welfare system; social work practices	75%	3	classroom	University	short term	child welfare	
13	The Impact of Trauma on Infants & Toddlers	<ul style="list-style-type: none"> <li>Identify the ways in which trauma affects social and emotional development of infants and toddlers.</li> <li>Describe ways in which providers can support the relationships of infants/toddlers and caregivers who have been affected by trauma.</li> <li>Define the meaning of parallel process as it relates to their work with families with infants and toddlers and discuss ways to address the parallel process through supervision.</li> </ul>	Impact of abuse and neglect on children.	75%	3	classroom	University	short term	child welfare	
14	Stop Trying to Manage Your Time: Why It Doesn't Work in Child Welfare	<ul style="list-style-type: none"> <li>Identify three new ways to manage and prioritize their time better in their current jobs.</li> <li>Demonstrate two new strategies for organizing physical working space.</li> <li>Identify two new ways they can use technology to their advantage in the area of attention management.</li> </ul>	Job performance enhancement skills	50%	3	classroom	University	short term	child welfare	
15	Effects of Removal & Placement on Children & Their Parents	<ul style="list-style-type: none"> <li>Identify three consequences of removing a child and methods of responding to minimizing traumatization.</li> <li>Identify three ways that parents often respond to their children's removal from their care and methods of responding to maximize their engagement, including how to respond to their children the first time they visit.</li> <li>Identify five brief interventions to foster a child's accurate understanding of their move into placement.</li> </ul> <p>Prepare children and parents for visitation.</p>	Impact of neglect and abuse on children	75%	6	classroom	University	short term	child welfare	
16	Functional Engagement & Assessment of Families	<ul style="list-style-type: none"> <li>Understand family behaviors from an adaptive perspective.</li> <li>Perform facilitative engagement and exploration skills.</li> <li>Apply resilience concepts to family situations.</li> </ul>	Family Centered social work practice	75%	3	classroom	University	short term	child welfare	
17	Finding & Utilizing Services for Adoptive Families	<ul style="list-style-type: none"> <li>Identify three common post adoption service needs of families.</li> <li>List two state or national adoption specific resources.</li> </ul>	Referral to Services	75%	1.25	webinar	University	short term	child welfare	
18	Substance Abuse & Mental Health: Signs, Symptoms, Treatment Options	<ul style="list-style-type: none"> <li>Identify common signs of substance abuse.</li> <li>Increase awareness of treatment options for substance use and mental health.</li> <li>Identify signs of four common mental health issues: depression, PTSD, anxiety, bipolar.</li> <li>Explore myths regarding substance abuse and mental health.</li> </ul>	General substance abuse issues related to children and families	75%	3	classroom	University	short term	child welfare	

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19	Partnering with Schools to Enrich the Lives of Children in Care	<ul style="list-style-type: none"> <li>Positively collaborate with the educational system to support their clients toward school success.</li> <li>Understand the special education process and other educational supports for children in school.</li> <li>Understand a child's rights through the McKinney-Vento Act.</li> </ul>	Social Service topic not directly related to IVE program	75%	3	classroom	University	short term	child welfare	
20	Effective Goal Setting & Safety Planning	<ul style="list-style-type: none"> <li>Assess the needs and risks o consumers.</li> <li>Set realistic and behaviorally specific goals.</li> <li>Safety plan around specific risks facing families.</li> </ul>	Development of case plan	75%	3	classroom	University	short term	child welfare	
21	Working with LGBTQA Youth	<ul style="list-style-type: none"> <li>Understand the differenced between gender expression and sexual orientation.</li> <li>Have an awareness of issues with which young people struggle due to their gender expression/ sexual orientation.</li> <li>Interaction in a more sensitive manner with young people and their sexuality or gender expression.</li> </ul>	Cultural competencies related to children and families	75%	3	classroom	University	short term	child welfare	
22	Transitioning to Success: Promoting College Access & Support for Youth in Foster Care	<ul style="list-style-type: none"> <li>Describe and discuss the common barriers that hinder a youths access to and successful completion of higher education.</li> <li>Implement new strategies in preparing and equipping older youth in foster care for transitioning to higher education.</li> <li>Apply a strengths-bases framework that examines resiliency, social connections, and adolescent development.</li> <li>Identify key resources and supportive networks for foster youth in higher</li> </ul>	Development of case plan	75%	6	classroom	University	short term	child welfare	
23	Working with Adopted Children Who Have Attachment Issues	<ul style="list-style-type: none"> <li>Describe the nature and necessity of a secure parent-child attachment relationship.</li> <li>Identify the connection between attachment relationships and emotional and behavioral regulation or dysregulation in children.</li> <li>Identify tools and techniques used to foster attachment connection and reparation.</li> <li>Identify tools and techniques for self-care and self-management for adoptive</li> </ul>	Family Centered social work practice	75%	3	classroom	University	short term	child welfare	
24	Grandparents in Distress: Supporting Grandparents Who Are Raising Their Grandchildren	<ul style="list-style-type: none"> <li>Be aware of the numbers and demographic of grandparents raising grandchildren, including those in Michigan.</li> <li>Understand common issues that arise for grandparents who are raising grandchildren who have been multiply abused.</li> <li>Describe evidence-based and other interventions that have been successful in treatment of grandparents and grandchildren.</li> <li>Describe illustrative case examples.</li> </ul>	Permanency planning; activities designed to preserve, strengthen families	75%	3	classroom	University	short term	child welfare	
25	Engaging Fathers in Social Services: Challenges & Strengths	<ul style="list-style-type: none"> <li>Utilize policies to enhance father engagement.</li> <li>Implement strategies for father engagement in a variety of service settings including child welfare and early childhood education.</li> <li>Discuss cultural context as a factor that impacts father engagement.</li> <li>Discuss the challenges that service providers face in engaging difficult-to-reach fathers.</li> <li>Develop an innovative service providers face in engaging difficult-to-reach fathers.</li> <li>Discuss theories such as Community-Based Participatory Research and the Developmental Ecological Model.</li> </ul>	Family Centered social work practice	75%	3	classroom	University	short term	child welfare	

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26	Supporting Children Involved in Multiple Systems Using a Team Approach	<ul style="list-style-type: none"> <li>• Demonstrate a knowledge of how working as a team can enhance their work with children who are at risk as well as how it will assist in meeting program goals.</li> <li>• Identify key players in multisystem teams and how to engage these programs/service providers in a team approach.</li> <li>• Identify ways to create a "holding environment" within a team in order to support individuals remaining focused on and supportive of families and children that they are serving.</li> </ul>	social work practice; activities designed to preserve, strengthen and reunify the family	75%	3	classroom	University	short term	child welfare	
27	McKinney-Vento 101 & Foster Care Youth	<ul style="list-style-type: none"> <li>• Identify homelessness under McKinney-Vento.</li> <li>• Understand supports for foster care children and youth under McKinney-Vento.</li> <li>• Apply competency of foster care management to McKinney-Vento rights and working with the district homeless liaisons.</li> </ul>	Placement of child; development of case plan	75%	3	classroom	University	short term	child welfare	
28	Assessing, Preparing & Supporting Adoptive Families & Children to Achieve & Maintain Permanence	<ul style="list-style-type: none"> <li>• Recognize how to assess and prepare both foster families and recruited families for the challenges involved in adopting children from the child welfare system.</li> <li>• Name two ways to prepare children for adoption based on age and stage of development.</li> <li>• Describe ways to conduct visits and moves that enhance attachment and minimize trauma for children and families.</li> <li>• Demonstrate techniques to supervise and support adoptive placement so that the family and children enjoy a permanent</li> </ul>	Permanency planning; Recruit and retain foster parents and adoptive parents	75%	6	classroom	University	short term	child welfare	
29	Working with African American Families in the Child Welfare System Using an Afrocentric Approach	<ul style="list-style-type: none"> <li>• Describe what is meant by an African approach to interpersonal practice with African American families and hoe it differs from other state-of-the-art methods.</li> <li>• Describe the barriers and supports for implementing and Afrocentric approach to interpersonal practice with African American families.</li> <li>• Summarize contributions of African American people to the world civilization and the phenomena that restrict such knowledge.</li> <li>• Use an Afrocentric perspective to explain the personal and social problems confronting many African American individuals and families in the child welfare system.</li> <li>• List and explain four principles and five methods associated with the Ntu model of interpersonal practice.</li> <li>• Demonstrates application of Ntu principles and methods of practice to a case study of an African American family in the child welfare system.</li> </ul>	Cultural Competencies related to children and families; case planning and management	75%	3	classroom	University	short term	child welfare	
30	Autism Spectrum Disorder: Putting the Puzzle Together One Piece at a Time	<ul style="list-style-type: none"> <li>• Identify criteria and characteristics of Autism spectrum disorder.</li> <li>• Understand the roles of family, school, and community in the life of a person with Autism Spectrum Disorder.</li> <li>• Consider the resources and interventions that exist throughout the lifespan of a person with Autism Spectrum Disorder, early intervention through adulthood.</li> </ul>	Cultural Competencies related to children and families; case planning and management	75%	3	classroom	University	short term	child welfare	
31	All Eyes Open: Commercial Exploitation of Minors in America	<ul style="list-style-type: none"> <li>• Have increased awareness of the root causes for commercial exploitation.</li> <li>• Have an enhanced understanding of barriers to identification and treatment.</li> <li>• Have a basic working knowledge of useful treatments and interventions.</li> </ul>	Cultural Competencies related to children and families; case planning and management	75%	6	classroom	University	short term	child welfare	
32	Working with Muslim/Arab Clients	<ul style="list-style-type: none"> <li>• Understanding history of Arabs/Muslims coming to the USA.</li> <li>• Know the differences between Arab vs. Muslim CLIENTS.</li> <li>• Apply practical tips to build trust with an Arab/Muslim client.</li> <li>• Better understand family dynamics/home visiting. Adoption in Islamic culture.</li> </ul>	Cultural Competencies related to children and families; case planning and management	75%	3	classroom	University	short term	child welfare	

	B	C	D	E	F	G	H	I	J	K
33	Secondary Traumatic Stress and the Social Worker	<ul style="list-style-type: none"> <li>• Develop knowledge of four types of personal struggles related to the social worker role.</li> <li>• Develop a greater knowledge of Secondary Traumatic stress, its prevalence, symptoms, and impacts.</li> <li>• Develop knowledge of assessment measures of Secondary Traumatic Stress and compassion fatigue.</li> <li>• Develop knowledge of micro, mezzo, and macro level strategies</li> </ul>	Team building and stress management; worker retention.	50%	3	classroom	University	short term	child welfare	
34	Secondary Trauma – Healing the Healer	<ul style="list-style-type: none"> <li>• Recognize symptoms and behaviors characteristics of Secondary Traumatic Stress.</li> <li>• Monitor and assess for burnout, secondary trauma, and compassion fatigue.</li> <li>• Learn why organizations should be concerned about secondary trauma and its impact on their staff.</li> </ul>	Team building and stress management; worker retention.	50%	3	classroom	University	short term	child welfare	
35	Infant Mental Health: Supporting Families with Infants, Toddlers & Young Children	<ul style="list-style-type: none"> <li>• Understand attachment theory and its influence as a core theory underlying Infant Mental Health (IMH) interventions.</li> <li>• Identify the basic treatment components of IMH interventions.</li> <li>• Identify the use of the IMH interventions with different clinical populations.</li> </ul>	social work practices, such as family centered practices; child abuse and neglect, impact on child	75%	3	classroom	University	short term	child welfare	
36	Special Education Advocacy	<ul style="list-style-type: none"> <li>• Understand basic special education rights and processes</li> <li>• Gain experience solving basic special education problems</li> <li>• Learn where to go to answer questions about special education rights.</li> </ul>	Training on referral to services; case management and case planning	75%	3	classroom	University	short term	child welfare	
37	Facilitating Successful Supervised Visitations: Working in the Best Interest of Children & Families	<ul style="list-style-type: none"> <li>• Recognize developmental and transition needs of children and parents during visitation.</li> <li>• Provide strategies to aid parents in meeting their child’s needs during visitation.</li> <li>• Assist in positive interactions between parents and children during visitation.</li> </ul>	Case management and case planning; communication skills required to work with children and families; effect separation, grief and loss and visitation	75%	3	classroom	University	short term	child welfare	
38	Working with People with Disabilities	<ul style="list-style-type: none"> <li>• Articulate how cultural perceptions of disability impact organizational and interpersonal interactions when people have a disability, and describe how negative assumptions impact these individuals.</li> <li>• Understand how the expectations of others, including service providers, profoundly influence the options, choices, and supports available to people with disabilities.</li> <li>• Articulate why lived experiences might be important when seeking disability-related resources, and be able to find some of these resources, including articles, organizations, and online forums.</li> </ul>	Cultural competency related to children and families; social work practices; communication skills required to work with children and families	75%	3	classroom	University	short term	child welfare	
39	Ethics & Personal Values in Child Welfare Practice	<ul style="list-style-type: none"> <li>• Describe a range of ethical challenges that impact professional child welfare practice.</li> <li>• Identify and explore personal experiences and values and how this personal worldview impacts ethical and practice decisions in child welfare work.</li> <li>• Explore the intersection of personal worldview with professional ethics and standards.</li> </ul>	Ethics unrelated to IVE state plan; job performance enhancement skills	50%	3	classroom	University	short term	child welfare	
40	Trauma Informed Child Welfare Practice	<ul style="list-style-type: none"> <li>• Identify the impact of traumatic experiences on development.</li> <li>• Explore trauma-informed intervention strategies that promote safety, permanence, and well-being.</li> </ul>	social work practices, such as family centered practices; child abuse and neglect, impact on child; case planning	75%	3	classroom	University	short term	child welfare	
41	Beyond Safety & Permanency: Improving Outcomes for Kinship Placements	<ul style="list-style-type: none"> <li>• Identify three specific issues commonly experienced in kinship placements.</li> <li>• Demonstrate two specific self-advocacy skills that they can train to kinship caregivers.</li> <li>• Identify the three most commonly needed resources for kinship families and the</li> </ul>	Permanency planning including using kinship care as a resource for children	75%	4	classroom	University	short term	child welfare	

	B	C	D	E	F	G	H	I	J	K
42	Essentials of Medication Management for Child Welfare Staff	<ul style="list-style-type: none"> <li>Describe the basic pharmacology of commonly used medications, identify proper administration guidelines, and be able to identify unintended side effects of medication for children in care.</li> <li>Gain an understanding of methods for maximizing caregiver medication compliance.</li> <li>Integrate information learned, as a basis to advocate for children in care to receive appropriate medication.</li> </ul>	Training on referral to services; case management and case planning	75%	3	classroom	University	short term	child welfare	
43	Intervening with Families Whose Adoptions Are in Jeopardy	<ul style="list-style-type: none"> <li>List the issues that most often influence families to consider disrupting or dissolving their adoptions.</li> <li>Describe and discuss the unique challenges to helping families work through issues that put their adoption in jeopardy.</li> <li>Address disruption/dissolution dynamics and ways to best support children and families to lessen trauma and ensure permanency for the child.</li> </ul>	Adoptive family support and training; permanency planning	75%	3	classroom	University	short term	child welfare	
44	Post Adoption Services	<ul style="list-style-type: none"> <li>Enhance services provided by using trauma-informed practices.</li> <li>Gain understanding of post adoption services available in Michigan.</li> <li>Make informed referrals for post adoption services.</li> </ul>	Social work practices; permanency planning and adoptive family training and support	75%	3	classroom	University	short term	child welfare	
45	Role of Leaders in Staff Retention	<ul style="list-style-type: none"> <li>List three challenges facing leaders in retaining staff.</li> <li>Describe a strategy for selecting the right staff.</li> <li>Explain how as a leader you can develop a culture for staff retention.</li> </ul>	Worker retention; team building	50%	3	classroom	University	short term	child welfare	
46	Working Effectively with At-risk Teens	<ul style="list-style-type: none"> <li>Identify specific skills associated with evidence-based treatment of at-risk teens.</li> <li>Display competency in using these skills.</li> <li>Identify challenges and learn to better identify strengths and resources of the client.</li> <li>Improve knowledge and expertise in enlisting parents in the treatment process.</li> </ul>	Social work practices; case management; case planning	75%	6	classroom	University	short term	child welfare	

**Additional Ongoing Training**

Below are MDHHS instructor-led classroom trainings and the number of staff who completed each training in 2016

<b>Title of Training</b>	<b>Number trained</b>
Building and Motivating Teams	9
Confidentiality Training for Child Welfare Workers	89
Critical Thinking	27
Crucial Accountability for Workers	16
Cultural Competence	155
Domestic Violence-Family Preservation	136
Domestic Violence Laws Half Day	36
Education Requirements for Students in Foster Care-2016	13
Educational Opportunities for Students from Foster Care	36
Employee Engagement	41
Every Student Succeeds DHHS Point-of-Contact Training	55
Family Engagement, Strength Based Solution Focus and Assessment	15
Forensic Interviewing	293
Foster Home Certification and Complaint Training	154
Foster Home License Certification Training	35
Foster Home License Complaint Training	64
Incest-Affected Families I	6
Incest-Affected Families II	18
Indian Child Welfare Act Refresher	30
Infant Safe Sleep	507
Juvenile Justice Program Specific Transfer Training	29
Leading Change for Program Managers	9
Licensing and Foster Care Worker Summit-Day 1	233
Licensing and Foster Care Worker Summit-Day 2	216
Mandated Reporter Train the Trainer	52
MDHHS Early On Referral Process	525
Mental Health I-Interventions	41
Mental Health II-Mental Health for Kids	37
MiSACWIS Child Placement Network Process-Train the Trainer	51
MiSACWIS Placement and Payment Training-Supervisor	120
MiSACWIS Placement and Payment Training-Worker	226
MiTEAM Domestic Violence Enhancement Training	673
Money Whisperer	18
Personal Safety for Workers-Family Preservation	20
Report Writing Skills for Child Welfare	1
Safety by Design	568

Secondary Trauma, Burnout and How MiTEAM Can Help	7
Secondary Traumatic Stress: Symptoms, Impact and Intervention	22
Self-care for Workers-Family Preservation	18
Sexual Abuse	26
Solution Focus-Family Preservation	25
Supporting African-American Youth in Schools	29
Testifying in Court-Family Preservation	15
Trauma 101/Screening 101	95
Trauma Informed Child Welfare Practice	26
Verbal De-Escalation	26
Women in Leadership Conference	127
Working with LGBTQ Clients and Their Families	44
Working with Teens	66
Youth Mental Health First Aid	13

**The following computer-based trainings were offered:**

A Guide to Critical Thinking in Child Welfare, DHS-3130a and DHS 588	1641
Abbreviated Licensing Training For Child Welfare Workers	1328
Absent Parent Protocol	691
Access MiSACWIS Using MiLogin	455
Access the Data Warehouse form MiSACWIS	754
Achieving Safety and Self-Sufficiency Battered Women and Their Children	286
Administrative Hearing-Central Registry Expunction	225
Administrative Hearings-Changes You Need To Know	2
Adoption Assistance Negotiation Recorded Webinar	20
Completing the DHS 1927-Child Adoption Assessment	105
Complying with the Multiethnic Placement Act and Interethnic Adoption Provisions	348
Court Appointed Special Advocates	287
Create Employee Training Plan – Child Welfare	36
CPS Caseworker Visits with Children	45
CW-7004 and CW-7006 Data Cleanup Reports Webinar/Tutorial	3
Child Welfare Law Enforcement Information Network	431
Domestic Violence	850
Engaging the Family	622
Enhanced MiTEAM Virtual Learning Site-Engagement Module	2236
Enhanced MiTEAM Virtual Learning Site-Overview Module	2860
Enhanced MiTEAM Virtual Learning Site-Teaming Module	2127
Enhanced MiTEAM Virtual Learning Site-Trauma Module	2434
Every Student Succeeds MDHHS point-of-Contact Training Recorded	7
Family Preservation	619
Foster Care Review Board	273

Foster Care-Adoption-JJ Caseworker Visits with Children	24
Helping Adoptive Parents Apply for Adoption Assistance Programs	115
Indian Child Welfare Act	765
Interstate Compact on the Placement of Children	391
Introduction To Mental Health	828
Introduction to Substance Abuse	837
Maltreatment In Care Investigations	94
Management and Data-Driven Decision-Making Training Supervisor	16
Management and Data-Driven Decision-Making Training Worker	22
Mandated Reporter	114
Mentoring Pre Service Institute New Hires	26
Maltreatment In Care Day Care	17
MiSACWIS Course 3: Assessments	15
MiSACWIS Course 5: Access and View InfoView Reports	14
MiSACWIS Learning Journey: Charting Your Course	10
MiSACWIS Learning Journey: Taking Charge of Your Learning	11
MiSACWIS: Manage Service Authorizations	40
MiSACWIS: Mobile App	41
MiSACWIS: Security Training	505
MiSACWIS: About This Training	619
MiSACWIS: Access Through Single Sign-On	230
MiSACWIS: Add A DOC and Add-On Costs	37
MiSACWIS: Assessments	30
MiSACWIS: Case Profile	49
MiSACWIS: Close a Case	55
MiSACWIS: Court Actions Part 1 Petitions, Motions, and Hearings	30
MiSACWIS: Court Actions Part 2 Orders and Findings	27
MiSACWIS: Create and Maintain Case Services	5
MiSACWIS: Education and Financial	48
MiSACWIS: Financial Management	559
MiSACWIS: General Tasks	505
MiSACWIS: Get Started	596
MiSACWIS: Introduction to the Child Care Fund	4
MiSACWIS: Manage a Person Overview	17
MiSACWIS: Manage Payments	9
MiSACWIS: Manage Staff	16
MiSACWIS: Navigate	582
MiSACWIS: Person Profile	47
MiSACWIS: Provider Inquiry	49
MiSACWIS: Provider Mapper	50
MiSACWIS: Record a Health Profile	15
MiSACWIS: Record a Home Evaluation	41

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MiSACWIS: Record a Provider Special Evaluation	6
MiSACWIS: Record Legal Status and Appeals	2
MiSACWIS: Record Removal and Placement	14
MiSACWIS: Reopen A Case	16
MiSACWIS: Reports, Forms, Notices, and Letters	12
MiSACWIS: Social Work Contacts	53
MiSACWIS: Support	556
MiSACWIS: Updated Intake Process	27
MiSACWIS: Verify and Approve a Roster	10
MiTEAM Specialist and Liaison-Roles and Responsibilities	94
Modified Settlement Agreement	195
Petition Writing 101	92
Poverty	829
Reasonable and Prudent Parenting for Child Welfare and Residential Providers	1189
Record a Health Profile in MiSACWIS	8
Report Writing	370
Safe Sleep: What Every Parent Needs to Know	31
Sexual Abuse	703
Understanding the MiSACWIS App: A Mobile Experience	33
Updates in the January MiSACWIS Release	111
View MiSACWIS InfoView Reports	138
Working Safe Working Smart	1077
Working with LGBTQ Youth	346
Young Adult Voluntary Foster Care	434

## FOSTER AND ADOPTIVE PARENT DILIGENT RECRUITMENT PLAN

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 for 2016. 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 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. 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 2016, 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 2016, 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 1,725 new foster home licenses, a decrease of 38 from 2015.
- Of new licenses, 1,071 accept unrelated placements, an increase of two from 2015.
- On Oct. 1, 2015, there were 6,427 licensed foster homes. One year later, 4,367 of those licensed foster parents remained licensed, which is a 68 percent retention rate and a 1 percent decrease from 2015.
- The number of homes that closed was 2,177 a decrease of eighty-three from 2015.
- 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, with adoption as one of the top reasons for not continuing as foster parents. The top reasons foster parents closed their license were:

- Adopted the child(ren) placed with them.
- Need to focus on family needs.
- Demands/stress of being a foster parent.

The chart below details the trend of licensure and closed homes in urban counties:

County	Original Licenses			Closed Homes		
	FY 2014	FY 2015	FY 2016	FY 2014	FY 2015	FY 2016
Genesee	79	72	70	129	106	120
Kent	140	134	115	180	176	178
Macomb	105	101	71	145	129	135
Oakland	138	122	160	159	161	141
Wayne	226	185	216	301	257	246
<b>Total</b>	<b>748</b>	<b>614</b>	<b>632</b>	<b>970</b>	<b>829</b>	<b>820</b>

The chart below describes the type of homes (relative and non-relative) opened in urban counties in 2016:

County	Relative	Non-relative	Total
Genesee	34	36	70
Kent	40	75	115
Macomb	29	42	71
Oakland	55	105	160
Wayne	93	123	216
<b>Total</b>	<b>251</b>	<b>381</b>	<b>632</b>

### Statewide and Regional Recruitment Progress in 2016

- MDHHS worked with several media venues to execute effective marketing strategies and advertising for recruitment of foster and adoptive parents statewide.
- The 2016 Heart Gallery Opening was held on April 16, 2015, and featured 120 youths who were photographed by 51 photographers from around the state.
- MDHHS held its third annual Foster, Adoptive and Kinship Parent Conference in collaboration with the Foster, Adoptive and Kinship Parent Collaborative Council. The conference was held on Aug. 5 and Aug. 6, 2016, and was attended by foster, adoptive and kinship parents from throughout the state.
- MDHHS hosted the annual Community Faith-Based Summit on April 21, 2016. Over 180 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 10 different regions across the state.
- The 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 10 members with at least seven being members of the clergy. The council meets at least 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 forever family.

- The Michigan Adoption Resource Exchange hosted Heart Gallery events statewide.
- The Recruitment and Retention subteam continues to focus on recruitment and retention of foster homes in Michigan. The group is comprised of staff from local MDHHS offices, private agencies, Business Service Centers, MDHHS central office, Michigan Adoption Resource Exchange, Adoption Navigator Program and the Foster Parent Navigator Program.
- The template for the Adoptive and Foster Parent Recruitment and Retention Plans was revised for 2017 based on feedback from the field. The new template is aligned with data considered in the new Foster Home estimator.

## **Using Foster and Adoptive Parents for Recruitment Progress in 2016**

- The Foster Care Navigator Program assisted families who inquired about becoming a licensed foster parent. The Foster Care Navigators helped families navigate the licensing process, locate resources and understand the licensing rules and needs of children in foster care. From Oct. 1, 2014, when the program was awarded to a new contractor, to March 31, 2017, the Foster Navigator Program has assisted 575 families in completing the licensure process.
- Since October 2014, 8,053 new family inquiries have been received through the Foster Care Navigator Program, of which 174 families are actively engaged in Foster Care Navigator services and working toward foster parent licensure.
- Relative Navigators through the Foster Care Navigator Program are a resource for mentoring and supporting relatives seeking to undergo the licensing process.
- MDHHS collaborated with the Foster Care Navigator Program to celebrate exceptional foster parents by fulfilling 31 wishes of 31 Michigan foster families in May 2016.
- MDHHS continued to co-lead the Foster, Adoptive and Kinship Parent Collaborative Council. This 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 2016**

- Beginning in January 2016, MDHHS began collaboration with the Adoption Resource Consultants and the Michigan Adoption Resource Exchange (MARE) to look at 49 youth who were photo listed with MARE 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, MARE hold history, 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.
- MDHHS continued to provide post-adoption services statewide in 2016 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 MARE 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 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.

### **Recruitment of Foster and Adoptive Parents for Diverse Youth**

At any given time, Michigan has approximately 13,000 children in foster care and relies on private child placing agencies to help find temporary and permanent homes for these children. Michigan has over 90 contracts with child placing agencies for foster care case management and over 60 for adoption services.

### **Progress in 2016**

- MDHHS Office of Child Welfare Policy and Programs held a two-day summit for licensing and foster care staff from agencies throughout the state. The summit included training on engaging relative and non-relative caregivers, developing thorough assessments, common licensing rule issues, marketing for social workers, customer service, licensing, recruitment and retention planning, life books, MiTEAM, vicarious trauma, permanency, Autism, the Indian Child Welfare Act (ICWA) and forensic interviewing.
- Technical assistance is provided by the National Resource Center for Diligent Recruitment at AdoptUSKids to increase Michigan's pool of foster, adoptive and relative families and improve the satisfaction of families. Recently, the focus has been on advanced marketing strategies to identify potential foster and adoptive families throughout Michigan.
- 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, the ICWA, Central Adoption Registry, successful transitions, family development and preparation, cross-sector support for LGBTQ children, making adoptions last and recruitment strategies.
- The Michigan Adoption Resource Exchange (MARE) contract was amended to include the MARE Match Support Program. The Match Support Program is a statewide service for families who have been matched with a child from the MARE website and are moving forward with an adoption. The Match Support Program has specialists who provide up to 90 days of services to families including referral to support groups, training opportunities and other community resources.

## HEALTH CARE OVERSIGHT AND COORDINATION PLAN

Providing well-coordinated, comprehensive, trauma-informed health care to children in foster care requires ongoing commitment to collaboration between state departments, non-governmental advocacy organizations and the medical and mental health community. This collaboration must extend throughout each level from the child and family served to organizational leadership. To achieve positive outcomes, it is critical to develop policy based on the best available evidence about effective care delivery, infrastructure to support all parties involved and oversight mechanisms.

The Health Care Oversight and Coordination Plan was assessed in 2017 and the following substantive changes were made to the plan:

- The Office of Good Government continues to work with MDHHS to address systemic issues in health/mental health care delivery.
- Under Comprehensive (routine) Medical Examination Guidelines: The “lean process improvement project” facilitated by the Office of Good Government continued in the implementation phase.
- Under Health Care Needs of Children in Foster Care, Care Continuity: Through collaboration with the State Court Administrative Office, the initial removal order includes a specific order for parents to sign releases for medical records transfer within seven days from the court hearing.
- Under Health Care Needs of Children in Foster Care: Access to CareConnect360, a software system that allows authorized users to view health-related information from Medicaid Claims, has been expanded to health liaison officers and county-based foster care workers and supervisors. In May 2017, access to CareConnect 360 expands to private agency foster care workers and supervisors.
- Under Oversight of Psychotropic Medications: The Foster Care Psychotropic Medication Oversight Unit completed staffing expansion to allow for more rapid tracking of prescription claims and informed consent documentation and direct outreach to foster care workers when consent documentation is due.
- Under Oversight of Psychotropic Medications: The Foster Care Psychotropic Medication Oversight Unit developed and launched a website that provides information to youth, families, child welfare staff and health professionals on mental health resources and psychotropic medication. The website can be viewed here: [http://www.michigan.gov/mdhhs/0,5885,7-339-73971\\_7117\\_77104--,00.html](http://www.michigan.gov/mdhhs/0,5885,7-339-73971_7117_77104--,00.html)
- Under Oversight of Psychotropic Medication, MDHHS amended foster care policy to include a pathway for witnessed verbal consent for psychotropic medications. This change facilitates direct involvement of consenting parties in the consent process even when consenting parties cannot attend medication evaluation and management appointments in person.
- Under Psychotropic Oversight Policy and Procedures: A review of professional standards of care and child welfare practices in several other states continues to inform revision to MDHHS policies and procedures.

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 developmental needs. The Health Care Oversight and Coordination Plan provides structure and guidance to support the activities of MDHHS and its partners.

Foster care workers are provided information on how to access assessment and treatment for children with behavioral 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, meeting Early and Periodic Screening, Diagnosis and Treatment guidelines within 30 calendar days of the child's entry into foster care, regardless of the date of the last physical examination.
- Annual medical exams are required for children and youth ages 3 through 20 years.
- Children under the age of 3 require more frequent medical exams outlined in the current American Academy of Pediatrics Periodicity Schedule.
- Children re-entering foster care after their case closed must receive a full medical examination within 30 days of the placement episode.
- All children must have a medical home.
- The foster care worker is responsible for any recommended follow-up health care.
- Caseworkers are required to maintain a medical passport for each child and distribute the medical passport to health providers, foster caregivers, parents and older youth.

### **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.
  - Mental Health Services to Children and Families.
  - Behavioral Health and Developmental Disabilities Administration.
  - Business Integration Center Administration.
  - MiSACWIS Division.
  - CPS Central Intake.
  - External Affairs and Communication.
  - Bureau of Community Based Services.
  - Population Health Administration.

- Private Foster Care Agencies:
  - 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.
- Office of Good Government.

### **Medical Data Management**

MDHHS policy requires documentation of all medical, dental and mental health services and maintenance of a medical passport for each child that is updated as services are provided. The medical passport is available to foster caregivers, parents, older youth and health providers throughout the child’s foster care placement. Michigan’s Statewide Automated Child Welfare Information System (MiSACWIS) includes enhancements that improve the capacity to obtain reports from the data entered in the course of case management. MDHHS continues to collaborate with the Michigan Department of Technology, Management and Budget to develop system enhancements to provide access to health information within MiSACWIS that will further improve case practice. In the past year, these enhancements included expanding access of the Medicaid claims management software, CareConnect360, to health liaison officers, foster care workers and supervisors.

### **Health Care Needs of Children in Foster Care**

MDHHS recognizes the importance of providing caregivers, health providers and the court with information necessary to meet the needs of foster children. The shared information includes:

- **Insurance Coverage** - Michigan ensures that all children are enrolled in a Medicaid Health Plan upon entry into foster care to ensure the continuity of health care services. 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 care for the children in their care.
- **Comprehensive (routine) Medical Examination Timelines** - MDHHS ensures that all foster children 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 the assignment of a child to a Medicaid Health Plan at placement.
  - Local health liaison officers establishing working relationships with the primary care community to support cooperation and access to medical services.
  - Providing data to local offices to help gauge their adherence to policy and assist with local planning efforts.

- Amending CPS policy to required notification of a removal to the health liaison officer within one business day of the removal.
- Engaging in a lean process improvement project facilitated by the Office of Good Government to identify and implement recommendations for improving compliance with timelines.
- **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. The department also values continuity into early adult years. To facilitate these goals, the department continued the following initiatives:
  - Extended Foster Care Transitional Medicaid to former foster youth from age 21 to age 26, effective Jan. 1, 2014.
  - Revised information systems to continue Medicaid coverage for current beneficiaries until the age of 26.
  - Distributed Affordable Care Act Medicaid extension information to post-secondary education programs with independent living skills coaches and campus coach programs.
  - Included information on the Affordable Care Act in Fostering Success Michigan's informational webinar and forwarded it to their Google distribution group.
- **Durable Power of Attorney for Health Care** - 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.

## **Mental Health Care Needs**

Circumstances leading to foster care significantly raise the likelihood of mental health needs of children in foster care. 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 be 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 is developing protocols for trauma screening, to expand access to trauma-informed clinical assessments and comprehensive team and trans-disciplinary assessments to ensure that information gathered is integrated into the child and family service plans. MDHHS awarded contracts with seven providers for statewide comprehensive trauma assessment services effective June 2017.

### **Oversight of Psychotropic Medications**

MDHHS continues to refine an infrastructure to conduct psychotropic medication oversight. The goals of this oversight are to ensure:

1. Foster children receive a comprehensive mental health assessment.
2. Interdisciplinary treatment for foster children that includes psychotropic medications when indicated.
3. Informed consent by the legal consenting authority when psychotropic medications are recommended for foster children.
4. Psychotropic medication recommendations that are consistent with current clinical standards based on evidence and/or best practice guidelines.

### **Organizational Structure**

In response to this need, MDHHS established the Foster Care Psychotropic Medication Oversight Unit. This unit:

1. Develops, maintains and updates 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.
2. Tracks informed consent documentation from the field to ensure consent engagement and consent per MDHHS policy.
3. Facilitates case reviews by physicians.
4. Provides technical assistance to the field.

### **Psychotropic Medication Data Management**

The MDHHS Foster Care Psychotropic Medication Oversight Unit receives all informed consent documents from the field. When there is an indication that the recommended medication regimen meets established review criteria, a physician review is completed. Data from MiSACWIS and Medicaid pharmacy and health care claims is tracked to analyze psychotropic medication prescribing trends.

### **Psychotropic Oversight Policy and Procedures**

MDHHS continues to develop 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 will continue to review and amend policy in the context of changing general practice standards, new medical knowledge and foster care practice needs across the state.

### **Psychotropic Medication Oversight/Review Process**

Since the Psychotropic Medication in Foster Care policy was enacted in 2012, the oversight and review process has remained essentially the same. Physician reviews occur based on the

presence of specific medication regimens. Physician reviewer actions depend on the presence or absence of medical concern based on the medication regimen and/or specific health characteristics and may include:

1. No further action when no significant medical concerns are noted.
2. Written outreach to the prescribing physician outlining the concerns raised during the review when concerns are present but not serious.
3. Verbal outreach to the prescribing clinician when concerns are potentially serious.

## 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 2016.

The MDHHS local county offices, Business Service Centers and Child Welfare Field Operations Administration reviewed Michigan's Child Welfare Disaster Plan in 2017. MDHHS now has all county MDHHS plans comprehensively address all children under jurisdiction of that county instead of creating individual public and private agency plans. Any further modifications to the Child Welfare Disaster Plan process will be reported in the 2019 APSR.

### **Emergency Response Planning for State-Level Child Welfare Functions**

MDHHS has 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 offices 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) Centralized 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 Communication will coordinate communication on the MDHHS emergency response to the news media, MDHHS executive staff and human resources, persons served and the public.

**Ongoing goal:** If an emergency happens in Michigan that affects one or more communities, service provision in those communities or the state as a whole, MDHHS will mobilize the Michigan Child Welfare Disaster Plan, as described above.

**Status:** 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, which 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.

**City of Flint Water Emergency**

**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.
  - Specific evaluation of the health of children under MDHHS supervision who are or were placed in any placement setting that used city of Flint water from April 2014 to the present date.
  - Blood lead level testing was completed for all children under the age of 6 currently under the supervision of MDHHS and known to have current exposure to the Flint

city water catchment area or had exposure at any point in time from April 2014 to January 2016.

- For children with blood lead level testing at or above five mcg/dl, follow-up was mandated to occur with the child's primary care physician and all recommendations to be followed.
- All children that tested at or above five mcg/dl were referred to the local health department for home nursing case management services.
- A letter was mailed from the MDHHS Children's Service Agency regarding all closed foster care cases involving children that had potential exposure to Flint water catchment area. The letter recommended that:
  - Children under the age of 6 see their primary care physician for blood lead level testing.
  - For children ages 6 and over, the caregiver should inform the primary care physician of the child's potential lead exposure at their next appointment, or schedule an appointment immediately if the child was showing any health concerns.

**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 as a result of 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.

## STAFF AND PROVIDER TRAINING PLAN

The MDHHS Staff and Provider Training Plan was reviewed in 2017, and it was determined that updates were necessary. Changes in the updated Staff and Provider Training Plan include:

- Tracking and monitoring institutional and residential training processes utilizing the new learning management system (LMS) are described.
- Training evaluation: Results of levels one and two evaluation are provided, as well as a plan for developing level three evaluation methods.
- In the Foster and Adoptive Parent Training section, more information is provided about how the Office of Workforce Development and Training is improving the monitoring of training requirements and training quality for foster and adoptive caregivers.

### **Child Welfare Training Overview**

Training is tracked using the Office of Workforce Development and Training's Cornerstone OnDemand LMS. The LMS 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 LMS, 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:

- Protect MiFamily staff.
- 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 16 weeks of hire or promotion. The training consists of four weeks of classroom training and five weeks of on-the-job training.

- During the five weeks of on-the-job training, the new worker is completing structured field activities monitored by their supervisor and mentor. During these weeks, trainees read policy, complete online training, document casework in MiSACWIS, learn local procedures and get to know the community via structured activities.

- During classroom weeks, trainees receive instruction, feedback and coaching on the application of MiTEAM case practice skills.
- Throughout training, there is an emphasis on personal and child safety, family preservation and the continuum of care. The importance of parent/child visitation, creating networks of support and prioritizing the health and well-being of children are taught through a trauma-informed lens.
- A competency-based evaluation of the new worker is completed in partnership by the supervisor and trainer. Upon successful completion of nine weeks of training, the caseworker may be assigned a full caseload.
- Cases are assigned strategically to support caseworkers in applying new skills under the guidance of a mentor, oversight of the supervisor and with the support of peers.
  - The mentor completes a computer-based training to prepare them for mentoring a new hire.
- A progressive caseload may be assigned after completing the required weeks of training and passing two multiple-choice exams.
  - 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 meets 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 three 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 meets or exceeds expectations rating on the competency based evaluation.

### **University Partnerships and Child Welfare Certificate Program**

To ensure a pool of qualified child welfare staff, 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 provides social work students exposure to Michigan child welfare policies and practices through coursework and field placements. Students graduating with a child welfare certificate from an endorsed university receive 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 attain a certificate, students:

- Complete a core course in child welfare and courses in child development.
- Complete an elective course that supports the theory, knowledge, skills and values required to work with families and children.
- Complete a supervised, structured 400-hour field placement at MDHHS, a private agency or tribal child welfare program.
- Must achieve a 3.0 grade point average for the last 60 credits of their studies.

### **Program-Specific Transfer Training for Caseworkers**

When caseworkers who have completed pre-service institute in one program are reassigned to another program, they must complete a two-week program-specific training within six months of hire or promotion. Caseworkers spend between three and six days in a classroom depending on the program they transfer to, and complete additional on-the-job learning activities.

### **Initial Training for Supervisors**

All new child welfare supervisors must complete 40 hours of child welfare supervisor training within three months of hire or promotion. In addition, new MDHHS supervisors must complete new supervisor training within six months of hire or promotion. In 2017, the Office of Workforce Development and Training will merge the supervisor institute and the child welfare supervisor training. These trainings will be combined so child welfare supervisors complete a single initial training that encompasses both management competencies and program-specific skill development. Combining the new supervisor institute and child welfare supervisor training will allow child welfare licensing supervisors to receive program specific supervisor training.

### **Initial Training for Caseworkers and Supervisors**

#### **Level One Evaluation**

Each trainee completes a level one evaluation at the conclusion of training. The information gained from level one evaluations informs changes to the curriculum, trainers and facilities to improve the trainee experience. Level one evaluations are summarized and posted on an internal shared drive for training staff and managers to review.

### **Level Two Evaluation**

New caseworkers and supervisors complete multiple choice exams, providing summary data about knowledge and skills gained from training. The exams are administered in the LMS. Exam scores are provided to the supervisors, and areas needing extra support are highlighted.

In new caseworker training, the trainer and field supervisor complete a competency-based evaluation of each caseworker throughout training. These evaluations are kept on file locally. The competency evaluation questions are included with this training plan. Evaluations measure:

- Safety awareness.
- Cultural and self-awareness.
- MiTEAM case practice skills.
- Interviewing skills.
- Documentation skills.

### **Level Three Evaluation**

There are multiple methods of receiving level three evaluation data about how new staff are doing on the job after completing training:

- Regular meetings between the Office of Workforce Development and Training and Business Service Centers.
- Local office visits by trainers.
- Child welfare workforce trends identified through the Quality Improvement Council training sub-team.
- A survey will be sent to trainees and their supervisors three and 12 months after training completion. The first cohort of surveys will be sent for initial caseworker training in mid-2017.

### **Monitoring Initial Training**

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.

### **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 fiscal 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 LMS, register for instructor led training and add external training to their transcript. In Michigan, ongoing training is referred to as in-service training, differentiated from pre-service training.

In addition to searching the LMS for child welfare training, the Governor's Task Force on Child Abuse and Neglect created a [child welfare training clearinghouse](#) to provide easy access for child welfare staff and their supervisors to see schedules of external training opportunities.

### **Monitoring Ongoing Training**

LMS reports are accessed locally and centrally to monitor individuals', local offices' and regions' progress in completing ongoing training throughout the year. In October 2016, MDHHS changed the ongoing training monitoring period from fiscal year to calendar year. Further information will be provided in the 2019 training plan update.

### **University-Based Continuing Education**

MDHHS collaborates with Michigan universities to deliver ongoing training. The university training program was developed to promote competence and skill development of child welfare professionals to better serve children and families. Michigan State University leads the child welfare in-service training program, through a contractual partnership with the eight schools of social work in Michigan with master of social work programs.

Catalogs are regularly distributed to communicate the child welfare training opportunities available statewide. 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.

### **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" gives a step-by-step process to identify training and development needs, provide professional development opportunities and document them on the LMS.

There are multiple ways to identify ongoing training needs for the child welfare workforce:

- The Quality Improvement Council training sub-team provides information to the Office of Workforce Development and Training.
- The Business Service Center directors receive input from their counties and meet regularly with training to discuss how to best support the field. The training office has a standard process to receive and respond to training requests directly from the field.
- Collaboration with the Child Welfare Supportive Services unit and the Division of Child Welfare Licensing takes place to identify trends and monitor licensing and other requirements.
- Level one evaluation surveys administered to individuals who complete training include questions about what other training the person needs.
- The Children's Services Agency may identify statewide child welfare trends and collaborate with training staff to deliver training.

- Collaboration with the Quality Improvement Council to create a list identifying training topics appropriate for development in the coming year of the university-based ongoing training contract.

### **Continuing Education Units**

In addition to the continuing education units offered through the university contract, in 2016, the Office of Workforce Development and Training offered continuing education units for the following classes:

- Adult Community Placement Program Training.
- Adult Protective Services Program Training.
- Adult Interviewing and Investigation.
- Children at Risk.
- Critical Thinking.
- Crucial Accountability for Workers.
- Domestic Violence.
- Forensic Interviewing.
- Indian Child Welfare Act.
- Indian Child Welfare Act Refresher.
- Independent Living Services Program Training.
- Juvenile Justice Program Specific Transfer Training.
- Medical Mental Health Issues in Child Welfare.
- Safety by Design.
- Self-Awareness.
- Substance Affected Families.
- Supervisory Training for Juvenile Justice Programs.
- Trust.
- New Supervisor Institute.

Please refer to the “Title IV-E Training Matrix” for the list of classes that are funded with Title IV-E dollars.

### **Title IV-E Partial Tuition Reimbursement**

MDHHS has not reestablished a Partial Tuition Reimbursement program.

### **Training for Residential and Institutional Staff**

Residential foster care abuse neglect agency staff are required to meet training requirements based on licensing rules and contractual obligations. Residential foster care staff training records are audited by the Division of Child Welfare Licensing. This audience will begin having their training tracked in the LMS at the end of 2017.

Licensing Rule 128 states:

1. The licensee shall provide an orientation program for new employees. Job shadowing shall not be the only form of orientation. The orientation shall include the following:

- a. The institution's purpose, policies and procedures, including discipline, crisis intervention techniques and emergency and safety procedures.
  - b. The role of the staff members as related to service delivery and protection of the children.
2. The licensee shall provide a written plan of ongoing staff training related to individual job functions and the institution's program.
3. The licensee shall document that each staff person whose function is covered by these rules has participated in a minimum of 50 clock hours of training related to the employee's job function within the first year of employment and a minimum of 25 clock hours of training annually thereafter. At least 16 of the 50 hours provided in the first year shall be orientation provided prior to the assumption of duties.
4. Training opportunities for direct care staff includes:
  - a. Developmental needs of children.
  - b. Child management techniques.
  - c. Basic group dynamics.
  - d. Appropriate discipline, crisis intervention and child handling techniques.
  - e. The direct care worker's and the social service worker's roles in the institution.
  - f. Interpersonal communication.
  - g. Proper and safe methods of restraint and seclusion if the agency has an approved seclusion room.
  - h. First aid.
5. An employee shall not participate in restraining a resident or placing a resident in seclusion prior to receiving training on those topics. The training model shall be approved, in writing, by the department.

The Division of Child Welfare Licensing monitors training of residential staff by reviewing staff files in agency site visits. During annual and renewal inspections of child placing agencies, a sample of records are reviewed. Staff training is among the items reviewed.

Residential staff training documentation is included in the residential placement's personnel records. Division of Child Welfare Licensing staff reviews new hire training of residential staff during annual and renewal inspections. In annual inspections, training records of all staff hired in the intervening year are reviewed. For staff that have been employed for more than three years, a sample of records are reviewed.

### **Supporting and Affirming Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ) Youth**

MDHHS offers multiple training options to child welfare staff on providing appropriate and culturally sensitive services for LGBTQ youth and their families. See the Staff and Provider Training section of the APSR 2018 for details.

### **Anti-Racist, Multi-Cultural Training and Development**

The Office of Workforce Development and Training contracted with Eliminating Racism and Creating/Celebrating Equity in 2015 to build capacity of training staff to address the disproportionality of children of color in care in Michigan's child welfare system. Twelve

training staff participated in an intensive two-and-a-half day “Understanding and Analyzing Systemic Racism” workshop in 2016, bringing the total number of training staff who have attended this workshop to 35. Other opportunities provided for training staff under this contract in 2016 included a one-day non-violent communication training and a one-day introduction to systemic racism training.

### **Family Preservation Services Training**

Private agency service providers in the following family preservation programs complete core and special topic training:

- Families First of Michigan.
- Family Reunification Program.
- Families Together Building Solutions.

Family preservation training and technical assistance focuses on research-based service delivery using strength-based, solution-focused techniques. While family preservation core training attendance is limited to staff working in the specific programs, all child welfare staff are able to attend special topic trainings. This provides another avenue for workers to meet their ongoing training requirement and helps develop shared skills across the continuum of care.

### **Leadership Development**

Leadership training and support services are available to MDHHS and private agency leaders and future leaders. During 2016, the following opportunities were offered:

- New supervisor institute introduced management skills, such as team-building, trust and conflict resolution. This training is offered monthly.
- Employee engagement training was designed to address the results of the MDHHS Employee Engagement Survey. First and second line supervisors and senior leaders learned to effectively communicate and build trust with their team and manage change. Participants create their own engagement plans to apply on the job. This training was delivered by training staff and local office county directors.
- “Women in Leadership” is offered to women seeking to gain knowledge and skills on how to balance work and home and be successful in the workplace. This training is provided once per month at various locations throughout the state.
- “Building Successful Teams” utilizing the Positive Emotion Engagement Relationships Meaning Accomplishments model training was offered to first line supervisors and upper management. This training helps supervisors to build morale and assist in increasing work performance.

### **Foster and Adoptive Caregiver Training**

A four-day train-the-trainer course led by training staff and experienced caregivers is provided to MDHHS and private agency staff who provide training to local prospective or licensed foster and adoptive parents in compliance with Michigan’s licensing rules. The “Foster and Adoptive Parents’ Resource for Information, Development and Education (PRIDE)” curriculum is used.

A workgroup was convened to explore curricula for initial training for foster/adoptive and kinship caregivers. The workgroup determined that PRIDE is a useful model, and that several other foster/adoptive parent training models are successfully used across the nation.

For the performance-based funding pilot, the Pressley Ridge curriculum was approved for use in Michigan for training for those foster and adoptive caregivers wishing to attain their license. PRIDE curriculum supplements are utilized where topics are not covered in Pressley Ridge for the completion of the training, which occurs throughout the licensing process. Other curricula will be reviewed for use for initial training of foster/adoptive and kinship caregivers.

Ongoing training for foster and adoptive parents is provided by foster parent training coalitions, support groups, universities and a variety of other stakeholders. In 2018, the department hopes to receive funding to create regional recruitment and retention centers.

### **Collaboration**

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 2016 collaborative efforts:

- Training staff presented at the “Child Welfare Licensing Summit.”
- Several MDHHS local offices and Business Service Centers submitted training requests for training specifically for their office or region.
- The MiSACWIS project collaborates with the Office of Workforce Development and Training to deliver training to support successful MiSACWIS navigation.
- Training staff collaborated with the community health suicide prevention conference.
- The State Court Administrative Office, the Michigan Attorney General’s Office and the Prosecuting Attorneys Association of Michigan provide training on the model child abuse investigation protocol, forensic interviewing and facilitate consistent messaging to court personnel and child welfare professionals on legal matters.
- University of Michigan collaborated with the MDHHS in presenting the “35th Annual Child Abuse and Neglect Conference.” MDHHS training staff assists with training preparation and classroom support during the conference.
- Staff participate in the Health Equity Core committee to coordinate equity work across the department and collaborate on reducing disparities and improving health and wellbeing outcomes for marginalized groups.
- The training office collaborated with the Foster Care Review Board in presenting foster care report writing.